



iCare Guide for Hearing Claims Processing Overview

Presented by
Independent Care Health Plan (iCare)

Disclaimer:

- This information is provided as a courtesy from *iCare* to assist you with claims submission and billing. This does not replace Forward Health and CMS Guidelines. *iCare* relies upon Forward Health and CMS for payment rules and regulations for claim submission.

Services Requiring Prior Authorization

- Aural Rehabilitation
 - Use of Residual Hearing
 - Speech Reading or Lip Reading
 - Compensation Techniques
 - Gestural Communication Techniques
- Purchase of Any Special Modifications to Hearing Instruments
- Purchase or Rental of All Hearing Instruments
- Replacement of Any Hearing Instruments Not Subject to the Terms of the Volume Purchase Contract
- SLP Services
- Unlisted Otorhinolaryngological Service or Procedure

Medicare Plan

- iCare Medicare Plan
 - Routine Hearing Services Exams and Hearing Aid are NOT covered.

Medicaid

- iCare Medicaid
 - Hearing Services – When Medically Necessary
 - Hearing Exams/Aids
 - Covered benefit when the services are provided by an approved provider when the services are arranged through a Care Coordinator or Case Manager.
 - Below is a sample of covered devices, please refer to ForwardHealth on line manual for complete and up to date list
 - **Bone Anchor Hearing Device**
 - L8690
 - L8692
 - L7510
 - L8691
 - V5266

Medicaid Cont.

- Below is a sample of covered devices, please refer to ForwardHealth on line manual for complete and up to date list
- **Bone Anchor Hearing Device**
- L8690
- L8692
- L7510
- L8691
- V5266

- Cochlear Implants

L7510	L8621
L8614	L8622
L8615	L8623
L8616	L8624
	L8625
L8617	L8627
L8618	L8628
L8619	L8629

Medicaid Cont.

- Replacement Parts for Cochlear Implants
 - Reimbursable with CPT L7510

Replacement Part

Life Expectancy

Battery Charge Kit	1 Per Every 3 Years
Cochlear Auxiliary Cable Adapter	1 Per Every 3 Years
Cochlear Belt Clip	1 Per Every 3 Years
Cochlear Harness Extension Adapter	1 Per Every 3 Years
Cochlear Signal Checker	1 Per Every 3 Years
Microphone Cover	1 Per Year
Pouch	1 Per Year

Family Care Partnership

- Hearing Services are included in the Family Care Partnership Benefit Package
 - Hearing Aids
 - Batteries
 - Accessories
 - Assistive Listening Devices
 - Repair and Maintenance of Hearing Aids
 - Repair and Maintenance of Assistive Listening Devices

Covered Audiology Services

- Based on ForwardHealth for BadgerCare Plus and Medicaid
 - NOTE: There is a 5 year life expectancy on hearing aids for adults and 3 year life expectancy on hearing aids for children ages 17 and younger.


Contracted Hearing Aid Pricing

- Because the Fee Schedule for V codes is SYSMAN (plan determined rate), please submit the Hearing Aid Manufacturer/Style and Model(s)
- Submit on your Prior Authorization request
- Or submit on Claim (may include invoice) for reimbursement per topic #2996
- If the Manufacturer/Style and Model(s) is not submitted, the claim will be denied needing further information.


Accessories that should be billed under V5267

- Air Conduction Receiver
- Body and CROS Hearing Instrument Cords
- Bone Conduction Receiver and Headband
- Direct Audio Input Boot/Cords
- Harness for Body Aid (Children)
- Limitations apply and listed in ForwardHealth's Online Handbook under topic #2980

Clean Claim Guidelines - HCFA

 ICare Requirements for Clean Claim (CMS 1500)		
Box	Description	Comments
1a	Insured's ID Number	
2	Patient Name	
3	Birth Date and Sex	Date of birth must be valid date and not future date
5	Patient Address	
12	Patient's or Authorized Person's Signature and Date Signed	Acceptable alternatives: Unable to sign, signature on file, SOF, Computer generated, signature marked with "X", Authorization of File, Medicare/Medicaid Reclamation Claims, Transportation, Lodging
21	Diagnosis or Nature of Illness	
24a	Dates of Service	Claim must include one detail line, must be a valid date, From date cannot include a future date, cannot have a date span into the future, cannot span a calendar year
24b	Place of Service	Must be 2 characters
24d	Procedures, Services or Supplies	Must be at least 5 characters
24f	Charges	A negative amount will be neglected
24g	Days or Units	
24i/j	Taxonomy code and prefix	Must be present here or in Box 33b. Not required for SMV, personal care attendant, Blood bank or Community Care Organization. Prefix of PXC is required for all 5010 electronic submission, for paper submission either ZZ or blank is accepted.
24J (b)	NPI	Must be 10 numerical characters. Not required for SMV claims billed with POS 41,42,99
25	Federal Tax ID Number	Must be 9 numerical characters
28	Total Charge	Total charges must equal the sum of the line charges
31	Signature of Physician or Supplier Physician	Not required for SMV claims billed with POS 41,42,99
33	Physician/Provider's Name, Billing Address, Zip Code	
33a	Billing Physician/Provider NPI	Must be 10 numerical characters. Not required for SMV claims billed with POS 41, 42,99. The Medicaid provider must be certified as a billing provider.
33b	Taxonomy code and prefix	Must be present here or in Box 24i/24j. Not required for SMV, personal care attendant, Blood bank or Community Care Organization. Prefix of PXC is required for all 5010 electronic submission, for paper submission either ZZ or blank is accepted. For electronic submission: Loop Number

Clean Claim Guidelines – UB04

 iCare Requirements for Clean Claim (UB-04)		
Box	Description	Comments
1	Provider Name and Address	
4	Bill Type	
5	Federal Tax ID	
6	Statement Covers Period	From and Through Dates of Claim
8b	Patient Name	
9a-e	Patient Address	
10	Date of Birth	
11	Patient Sex	
12	Admission Date	Required Inpatient, Home Health and SNF
14	Admission Type	Inpatient claims only
15	Admission Source	
17	Discharge Status	Not required for rural health or federally qualified clinics.
18-28	Condition Codes	
29	Accident State	
42	Revenue Codes	If Revenue code of 0022, 0023, 0024 is listed in box 42 and there is no entry box on 44, reject claim for RUGS code missing
44	HCPCS/Rate	Required based on Type of Bill
45	Service Date	
46	Service Units	
47	Total/Line Item Charges	Negative Amount: Claim will reject for "No Dollar Amount". Total Charges must equal the sum of the line item charges or claim will reject "Total charge does not match line charge totals". Total charges with claim with Revenue Codes 0022, 0023, 0024 may be zero.
49	Unlabeled	
56	NPI	
57a-57c	Other Provider ID	
58a	Insured's Name	
59a	Relationship to Uninsured	
60a	Insured Identification Number	

Claims Filing Limits

- Timely filing limits for all providers is 120 days from the date of service, unless otherwise agreed upon and included in the Provider's service agreement with *iCare*.
- Providers are to submit all claims for services rendered where *iCare* Medicare is primary or *iCare* Medicaid is primary according to the terms of the contract. Timely filing limits apply to initial claim submissions, resubmissions and corrected claims.

iCare Provider Portal Access

Your time is valuable.

This portal provides you with access to current member eligibility information, claims status and authorization status at your convenience.

A PIN letter containing your unique PIN number is provided by iCare and is required to access the Provider Portal. You can request a PIN number by emailing the completed [Portal Access Request Form](#) to netdev@icare-wi.org.

The [iCare Portal User Guide](#) provides step by step instructions for registration and outlines existing functionalities. If you have any questions, please contact ProviderOutreach@icare-wi.org.

To access the portal, click here: [Provider Portal](#).

GENERAL CONTACT/INDIVIDUAL DEPARTMENT PHONE AND FAX NUMBERS

MAIN NUMBER

414-223-4847 or 800-777-4376

Claims/Appeals/Reconsiderations

Local: 414-231-1029

Fax: 414-231-1094

Out of Area: 877-333-6820

Email: providerservices@icarehealthplan.org

Eligibility and Provider Services

Local: 414-231-1029

Fax: 414-231-1094

Out of Area: 877-333-6820

Prior Authorization

Local: 414-299-5539

Out of Area: 855-839-1032

Fax: 414-231-1026

Provider Contracting

414-225-4741

Fax: 414-272-5618