

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAID PURCHASING ADMINISTRATION  
Olympia, Washington**

**To:** Hearing Aid Providers  
Audiologists  
Managed Care Organizations

**Memo #: 10-69**  
**Issued: October 06, 2010**

**From:** Doug Porter, Administrator and  
Medicaid Director Health Care  
Authority/Medicaid Purchasing  
Administration

**For information, contact:**  
1-800-562-3022 or go to:  
<http://hrsa.dshs.wa.gov/contact/default.aspx>

**Subject: Hearing Aids and Services: Update Authorization Criteria for Cochlear  
Implant and Bone Conduction (Baha®) Replacement Parts**

**Effective immediately**, the Department of Social and Health Services (the Department) will:

- No longer require providers to use modifier RT, LT, or RA when billing with procedure code V5040;
- Clarify and update the EPA criteria in section “H” within the Department/Medicaid Purchasing Administration (MPA) *Hearing Aids and Services Billing Instructions*; and
- Add EPA number 870000001 for replacement parts for cochlear implant and bone conduction (Baha®) replacement parts.

## Overview

All previously published policies remain the same unless specifically identified as changed in this memo.

**Effective immediately**, the Department will update the Coverage Table for Adults in section “C” within the Department/MPA *Hearing Aids and Services Billing Instructions* removing modifiers for procedure code V5040 as follows:

Procedure Code	Modifier	Brief Description	Policy Comments
V5040	RT, LT, RA	monaural, body worn, bone conduction	PA required for adults. Do not bill in conjunction with a monaural hearing aid.

**Effective immediately**, the Department will update and clarify section “H” in the Department/MPA *Hearing Aids and Services Billing Instructions* with the following information:

The Department pays for unilateral cochlear implantation supplies and repairs only when billed with EPA code 870000001.

**Note:** The client must pay for repairs and parts for additional speech processors not approved by the Department.

## What Is Expedited Prior Authorization?

Expedited prior authorization (EPA) numbers are designed to eliminate the need for written authorization. The Department establishes authorization criteria and identifies these criteria with specific codes, enabling providers to create an “EPA” number using those codes.

To bill the Department for diagnoses, procedures and services that meet EPA criteria on the following pages providers must **create a 9-digit EPA number** as follows:

- The first 5 or 6 digits of the EPA number must be **87000** or **870000**; and
- The last 3 or 4 digits must be the code assigned to the diagnostic condition, procedure, or service that meets the EPA criteria.

The Department denies claims submitted without the appropriate diagnosis, procedure code, or service as indicated by the last three digits of the EPA number.

The billing provider must document in the client’s file how EPA criteria was met, and make this information available to the Department upon request.

**Note:** When billing using a paper claim form, enter the EPA number in *field 23*. When billing electronically, enter the EPA number in the *Authorization* or *Comments* field.

## **Expedited Prior Authorization Criteria for Cochlear Implant and bone conduction (Baha®) replacement parts**

Use EPA 870000001 with **HCPCS Codes L8615-L8618, L8621-L8624** for cochlear implant and bone conduction (Baha®) replacement parts when the required criteria are met as follows:

- Unilateral Cochlear Implant or bone conduction (Baha®) (bilateral requires PA)
- The manufacturer's warranty has expired
- The part is for immediate use, not a back-up part; and
- The part is not an external speech processor (these require prior authorization).

### **How Can I Get the Department/MPA Provider Documents?**

To download and print the Department/MPA provider memos and billing instructions, go to the Department/MPA website at: <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).