

JOB AID

Submit a Prior Approval Request for Hearing Aids

Overview

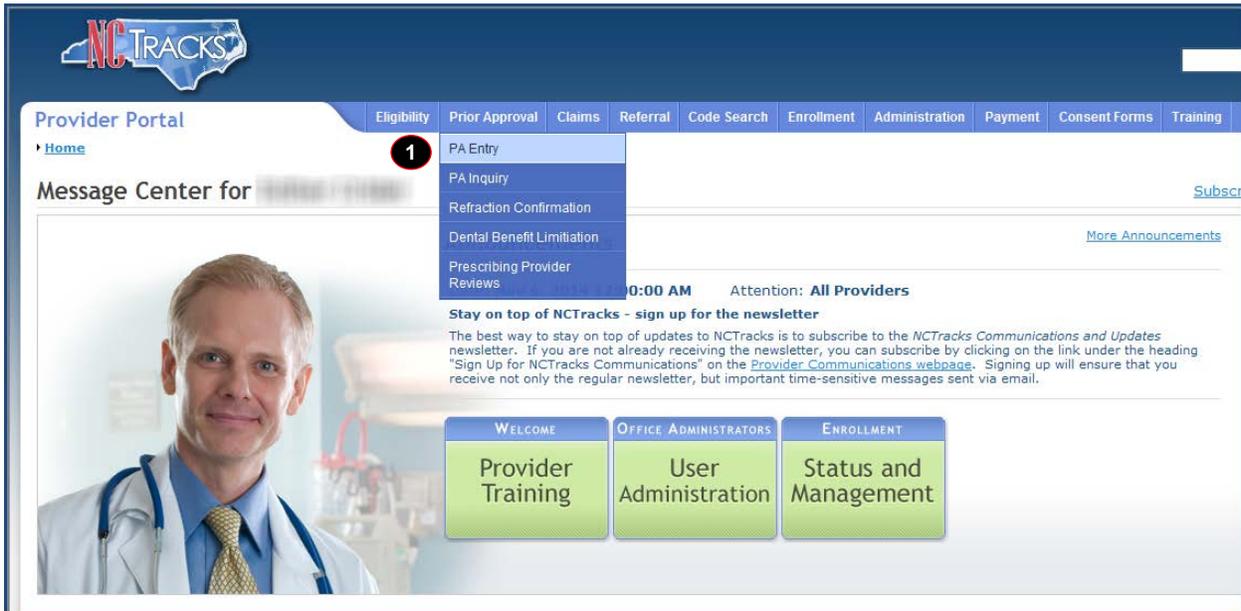
This job aid provides the steps for submitting a Prior Approval (PA) request for hearing aids.

For further information on Hearing Aid Services and coverage, refer to Clinical Policy No. 7 – NC Division of Medical Assistance Hearing Aid Services.

Submit a Prior Approval Request

Once logged into the NCTracks Provider Portal, the user accesses the Prior Approval Request page through the Prior Approval tab.

Note: The Prior Approval menu may be different from the one displayed on this document based on your access rights.



Step	Action
1	Hover over the Prior Approval tab and click on PA Entry .

The Prior Approval Request page displays.

The screenshot shows the 'Prior Approval Request' form in the NC TRACKS Provider Portal. The form has a header with the NC TRACKS logo and navigation tabs for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The main content area is titled 'Prior Approval Request' and includes a legend for required fields. The form fields are:

- PRIOR APPROVAL REQUEST TYPE**: A dropdown menu with a question mark icon.
- * Please select a Payer:** Radio buttons for DMA (selected) and DPH.
- * Health Plan:** A dropdown menu with 'NCXIX' selected.
- * PA Type:** A dropdown menu with 'HEARING AI' selected.
- Submit**: A button at the bottom right.

 Red circles with numbers 2 and 3 highlight the form fields and the submit button respectively.

Step	Action
2	Complete the required fields in the Prior Approval Request Type section of the page: <ul style="list-style-type: none"> • Select DMA as the payer. • Select the appropriate Health Plan for the request <ul style="list-style-type: none"> – NCXIX = Medicaid – NCXXI = Health Choice • Select HEARING AID as the PA Type.
3	Once the required fields are completed; click Submit .

Step	Action
4	<p>Complete the required fields in the Base Information section of the page:</p> <ul style="list-style-type: none"> • Select the appropriate Account Information. • Select the appropriate Group. • Select the appropriate NPI/Atypical ID. • Select the appropriate Locator Code. • Select the appropriate Taxonomy Code.

Step	Action
5	Under the Header Information tab, enter the Recipient ID in the Recipient Information section of the page.
6	Click Confirm . The recipient information will appear at the bottom of the section.

Step	Action
7	Enter the NPI or Atypical ID field in the Billing Provider section of the page. <ul style="list-style-type: none"> If applicable, click the checkbox for Billing Provider is the same as the requesting provider.
8	Click Validate .
9	Select the Address .
10	Select the Taxonomy Code .

Step	Action
11	Complete the required fields in the Fitting Audiologist/Hearing Aid Dealer and Fitter : <ul style="list-style-type: none"> Enter the First Name. Enter the Last Name. Enter the Phone number. <p>Note: The required fields in the Diagnosis Information section of the page are actually not required for a hearing aid prior approval request.</p>



Step	Action
12	<p>Click Next.</p> <p>You will be directed to the Detail Information tab.</p> <p>Note: You may click one of the following options:</p> <ul style="list-style-type: none">• Save Draft to save changes to complete later.• Clear Page to clear the data entered.• Cancel Request to close the request without submitting.

Detail Information Tab

Header Information * Detail Information Attachments

Payer: DMA PA Type: HEARING AI

Enter all applicable device, accessory and dispensing codes in the Proc Code field.

BASIC LINE ITEM INFORMATION

Line #	* Service Type	* Proc Code	* Code Type	* Requested Begin Date
New	FM SYS NEW	v5130	HCPCS CODE	07/06/2015

Health Care Services Delivery Information

Please provide the following additional information.

ServiceUnits: Unit Type: Choose

Modifier(s): 1: 2: 3: 4: Place of Service: Choose

Frequency: Frequency Period: Choose

Duration: Duration Type: Choose

Header Information * Detail Information Attachments

Payer: DMA PA Type: HEARING AI

Enter all applicable device, accessory and dispensing codes in the Proc Code field.

BASIC LINE ITEM INFORMATION

Line #	* Service Type	* Proc Code	* Code Type	* Requested Begin Date
New	FM SYSTEM	v5130	ADA CODE	07/06/2015

Health Care Services Delivery Information

Please provide the following additional information.

ServiceUnits: Unit Type: Choose

Modifier(s): 1: 2: 3: 4: Place of Service: Choose

Frequency: Frequency Period: Choose

Duration: Duration Type: Choose

Step	Action																										
13	<p>From the Detail Information tab; complete the Basic Line Item Information section:</p> <ul style="list-style-type: none"> Select the Service Type. <table border="1"> <thead> <tr> <th><u>Short Description</u></th> <th><u>Long Description</u></th> </tr> </thead> <tbody> <tr> <td><u>NEW HA B</u></td> <td><u>NEW HEARING AID BOTH</u></td> </tr> <tr> <td><u>NEW R HA</u></td> <td><u>NEW RIGHT HEARING AID</u></td> </tr> <tr> <td><u>NEW L HA</u></td> <td><u>NEW LEFT HEARING AID</u></td> </tr> <tr> <td><u>EAR MOLD</u></td> <td><u>EAR MOLD</u></td> </tr> <tr> <td><u>ACCESS</u></td> <td><u>ACCESSORIES</u></td> </tr> <tr> <td><u>INIT CARE</u></td> <td><u>INITIAL CARE KIT</u></td> </tr> <tr> <td><u>FM SYS NEW</u></td> <td><u>FM SYSTEM NEW</u></td> </tr> <tr> <td><u>FM SYS RPR</u></td> <td><u>FM SYSTEM REPAIR</u></td> </tr> <tr> <td><u>REPL FM S</u></td> <td><u>REPLACEMENT FM SYSTEM/PART</u></td> </tr> <tr> <td><u>REPAIR B</u></td> <td><u>HEARING AID REPAIR BOTH</u></td> </tr> <tr> <td><u>REPAIR R</u></td> <td><u>HEARING AID REPAIR RIGHT</u></td> </tr> <tr> <td><u>REPAIR L</u></td> <td><u>HEARING AID REPAIR LEFT</u></td> </tr> </tbody> </table>	<u>Short Description</u>	<u>Long Description</u>	<u>NEW HA B</u>	<u>NEW HEARING AID BOTH</u>	<u>NEW R HA</u>	<u>NEW RIGHT HEARING AID</u>	<u>NEW L HA</u>	<u>NEW LEFT HEARING AID</u>	<u>EAR MOLD</u>	<u>EAR MOLD</u>	<u>ACCESS</u>	<u>ACCESSORIES</u>	<u>INIT CARE</u>	<u>INITIAL CARE KIT</u>	<u>FM SYS NEW</u>	<u>FM SYSTEM NEW</u>	<u>FM SYS RPR</u>	<u>FM SYSTEM REPAIR</u>	<u>REPL FM S</u>	<u>REPLACEMENT FM SYSTEM/PART</u>	<u>REPAIR B</u>	<u>HEARING AID REPAIR BOTH</u>	<u>REPAIR R</u>	<u>HEARING AID REPAIR RIGHT</u>	<u>REPAIR L</u>	<u>HEARING AID REPAIR LEFT</u>
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Step	Action
	<ul style="list-style-type: none"> • Enter the Procedure Code. • Select the Code Type. • Select the Requested Begin Date. <p>Note: The Health Care Services Delivery Information section is optional. It is recommended to enter at least the requested number of units. However, a Prior Approval would be able to process with no need to complete these fields. If the user opts to complete these fields, they must NOT enter modifiers.</p>

The screenshot shows a 'Rendering Provider' form. At the top, there is a checkbox labeled 'Rendering provider is the same as the billing provider'. Below this, there are two input fields: 'NPI: 1114904927' and 'Atypical Id:'. A 'Validate' button is to the right. Below these is a 'Select Favorite...' button. The form is divided into two columns. The left column contains: 'Address: 701 DOCTORS DR', 'Last Name: KINSTON MEDICAL SPECIALISTS PA', 'Address1: 701 DOCTORS DR', 'Address2: STE N', 'City: KINSTON', and 'Phone: 2525592200'. The right column contains: 'Taxonomy Code: 193400000X - Single Specialty', 'First Name:', 'State: NC', and 'ZIP Code: 28501-1584'. At the bottom right, there are 'Add' and 'Clear' buttons. Red circles with numbers 14 and 15 highlight the NPI field and the Add button, respectively.

Step	Action
14	<p>In the Rendering Provider section:</p> <ul style="list-style-type: none"> • If applicable, click the checkbox for Rendering provider is the same as the billing provider. • Or manually enter the NPI or Atypical ID for the rendering provider. If entered manually, click Validate then select the Address and Taxonomy Code from their drop-down menus.
15	Click Add .

Hearing Aid Service Section

16

HEARING AID SERVICE

★ Please select the requested service

New Hearing Aid
 Hearing Aid Replacement
 Hearing Aid Repair
 Other

Ear Mold Information

Are you requesting an ear mold?

Yes
 No

Accessory Information

Are you requesting any accessories?

Yes
 No

FM System Information

Are you requesting a FM system?

Yes
 No

Other Device Information

Are you requesting any device other than those indicated above?

Yes
 No

Notes to Prior Approval Reviewer:

500 characters remaining

Step	Action
16	<p>In the Hearing Aid Service section, select the requested service as:</p> <ul style="list-style-type: none"> New Hearing Aid (continue to Step 16.1) Hearing Aid Replacement (continue to Step 16.2) Hearing Aid Repair (continue to Step 16.3) Other (continue to Step 16.4) <p>Once the requested service is selected, the screen expands to enter information on the requested hearing aid device or repair.</p>

Hearing Aid Service Section – New Hearing Aid

If the requested service is for a new hearing aid, the screen will expand with required fields specific to this request.

Step	Action
16.1	<p>Complete the required fields in the New Hearing Aid Information section:</p> <ul style="list-style-type: none"> Select the check box for Right Ear or Left Ear. You may also select both check boxes for Right Ear and Left Ear if applicable. Complete the required fields for each device. Note, as a provider, you will need to know and identify where to obtain the following information: <ul style="list-style-type: none"> Manufacturer Name/Model # Invoice Cost Type – select one of the following: <ul style="list-style-type: none"> Analog Digital Other Style – select one of the following: <ul style="list-style-type: none"> BTE CIC ITC ITE Other
16.1.1	<p>The system will prompt you to answer the following question: “Has the patient previously been provided with this service?”</p> <ul style="list-style-type: none"> Select Yes or No to answer the question. <p>If yes, the screen will expand with the Previous Services Rendered section.</p> <ul style="list-style-type: none"> Enter the Date Rendered. Enter the Funding Source.
16.1.2	Click Add .

Hearing Aid Service Section – Hearing Aid Replacement

If the requested service is for a hearing aid replacement, the screen will expand with required fields specific to this request.

Step	Action
16.2	<p>Complete the required fields in the Hearing Aid Information Replacement section:</p> <ul style="list-style-type: none"> Select the check box for Right Ear or Left Ear. You may also select both check boxes for Right Ear and Left Ear if applicable. Complete the required fields for each device. Note, as a provider, you will need to know and identify where to obtain the following information: <ul style="list-style-type: none"> Manufacturer Name/Model # Invoice Cost Type – select one of the following: <ul style="list-style-type: none"> Analog Digital Other Style – select one of the following: <ul style="list-style-type: none"> BTE CIC ITC ITE Other
16.2.1	<p>The system will prompt you to answer the following question; “Has the patient previously been provided with this service?”</p> <ul style="list-style-type: none"> Select Yes or No to answer the question. <p>If yes, the screen will expand with the Previous Services Rendered section.</p> <ul style="list-style-type: none"> Enter the Date Rendered. Enter the Funding Source.
16.2.2	Click Add .

Hearing Aid Service Section – Hearing Aid Repair

If the requested service is for hearing aid repair, the screen will expand with required fields specific to this request.

Step	Action
16.3	Complete the required fields in the Hearing Aid Repair Information section. Note, as a provider, you will need to know and identify where to obtain the following information: <ul style="list-style-type: none"> • Invoice Cost • Description • Documentation of Medical Necessity
16.3.1	Select Yes or No to answer the question; “ Has the patient previously been provided with this service? ” If yes, complete the required fields from the expanded screen as described in the previous step table of this document.
16.3.2	Click Add .

Hearing Aid Service Section – Other

If the requested service is for something other than a new hearing aid, hearing aid replacement or repair, the screen will not expand with any other fields.

Step	Action
16.4	Complete the complete the device information questions as explained in the following section of this document.

Hearing A Hearing Aid Service Section – Other

16. 4— If the requested service is for something other than a new hearing aid, hearing aid replacement or repair, select **Other** as the Hearing Aid Service. From here, complete the device information questions.

Hearing Aid Service Section – Device Information Questions

Several **Yes** or **No** questions regarding the hearing device are presented under the Hearing Aid Service section. These questions are not required to be answered and will default to a **No** answer. If you answer **Yes** to any of the questions, the screen will expand for you to provide more information regarding your answer.

Are you requesting an ear mold?

Step	Action
17	If you answer Yes ; you must complete the expanded fields: <ul style="list-style-type: none"> Ear: Select whether the mold is for the left, right, or both ears. Invoice Cost: Enter the total amount of cost.

Are you requesting any accessories?

Step	Action
18	<p>If you answer Yes; you must complete the expanded fields:</p> <ul style="list-style-type: none"> • Accessory Type: Select the accessory from the drop-down list. • Quantity: Enter the total number requested for that particular accessory. • Total Invoice Cost: Enter the total amount of cost.

Are you requesting an FM system?

Step	Action
19	<p>Note: You may refer to Clinical Policy #7 – Section 3.2.1.3: FM Systems, to learn more.</p> <p>If you answer Yes; you must complete the expanded fields:</p> <ul style="list-style-type: none"> • Type: Select the accessory from the drop-down list. • Manufacturer: Enter the name of the manufacturer. • Invoice Cost: Enter the total amount of cost. <p>Complete any other non-required field that you deem appropriate.</p>
20	<p>Answer the follow-up question; “Has the patient previously been provided with this service?”</p> <p>If yes, the screen will expand with the Previous Services Rendered section.</p> <ul style="list-style-type: none"> • Enter the Date Rendered. • Enter the Funding Source.

Step	Action
21	Click Add .

Are you requesting any device other than those indicated above?

Step	Action
22	<p>If you answer Yes; you must complete the expanded fields:</p> <ul style="list-style-type: none"> • Invoice Cost: Enter the total amount of cost. • Description: Place detailed information regarding other devices requested. • Documentation of Medical Necessity: Enter detailed information regarding the medical necessity for this device(s)
23	<p>Answer the follow-up question; “Has the patient previously been provided with this service?”</p> <p>If yes, the screen will expand with the Previous Services Rendered section.</p> <ul style="list-style-type: none"> • Enter the Date Rendered. • Enter the Funding Source.
24	Click Add .

Notes to Prior Approval Reviewer

Step	Action
25	Enter any pertinent information that will allow the PA reviewer to make a timely and correct decision on the approval for the requested hearing aid service.

Step	Action
26	<p>Click Next.</p> <p>You will be directed to the Attachments tab.</p> <p>Note: You may click:</p> <ul style="list-style-type: none"> • Previous to go back to the previous tab. • Save Draft to save changes to complete later. • Clear Page to clear the data entered. • Cancel Request to close the request without submitting.

Attachments Tab

You will be given the opportunity to attach any documents that support your request for a hearing device accessory or repair.

Note: You may refer to ~~Clinical Policy #7—Section 3.2.1.3: Hearing Aid Services, to complete this section.~~

Step	Action
27	<p>Note: You may refer to Clinical Policy #7—Attachment B: 3.2.1.3: Instructions for Submitting Attachments for Electronic Prior Approval Requests and Claims, to learn more.</p> <p>The question, “Does this Approval request have any attachments?” defaults to a No answer. Select Yes, if you will include supporting documents attached to this request.</p>
28	<p>Complete the required fields from the expanded Attachments section:</p> <ul style="list-style-type: none"> • Attachment Type: Lists types of supporting documentation. • Transmission Code: How the user will submit the documentation. <ul style="list-style-type: none"> – Fax – The application provides a fax number to fax the attachment. – Mail –The application provides a mailing address to mail the attachment. – Upload –The application provides an Upload File button to allow the user to locate and add the attachment to the PA request. <p>Note: Uploaded attachments are limited to nine total items, with all items not to exceed 25 MB, total. If the user attempts to load a file larger that 25MB, the spinning wheel icon may display indefinitely.</p> <ul style="list-style-type: none"> • Attachment Control #: The number the provider attaches to the documentation. • Attachment Supplement: File name of the attachment being added. Select the file to attach through the Upload File button. <p>Note: If selecting MAIL or FAX as the transmission option, the cover sheet</p>

Step	Action
	generated by the system MUST be included with the documentation to be sent. If it is not, CSC does will not be able to scan and attached the documentation to the appropriate PA.
29	Click Add .
30	<p>Click Submit.</p> <p>Note:</p> <ul style="list-style-type: none"> • Once submitted, the request will be validated by the system and a record will be submitted to NCTracks if no data errors or other issues are presented. If an error occurs, a message will appear indicating the type of error and the field(s) with the error will be highlighted. Once corrections have been completed, you may re-submit the request. • A confirmation page will display with the PA confirmation number and a link to a PDF for the information entered. • Other options aside from submitting the PA are: <ul style="list-style-type: none"> – Previous to go back to the previous tab. – Save Draft to save changes to complete later. – Clear Page to clear the data entered. – Cancel Request to close the request without submitting.