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.
### Step 2
Complete the required fields in the **Prior Approval Request Type** section of the page:
- Select **DMA** as the payer.
- Select the appropriate **Health Plan** for the request
  - **NCXIX** = Medicaid
  - **NCXXI** = Health Choice
- Select **HEARING AID** as the **PA Type**.

### Step 3
Once the required fields are completed; click **Submit**.
### Step 4
**Action:**
Complete the required fields in the **Base Information** section of the page:
- 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 5
**Action:**
- Under the **Header Information** tab, enter the **Recipient ID** in the **Recipient Information** section of the page.
- 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.  
   - 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.

11. Complete the required fields in the Fitting Audiologist/Hearing Aid Dealer and Fitter:
   - Enter the First Name.
   - Enter the Last Name.
   - Enter the Phone number.

Note: The required fields in the Diagnosis Information section of the page are actually not required for a hearing aid prior approval request.
<table>
<thead>
<tr>
<th>Step</th>
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</table>
| 12   | Click **Next**.  
|      | You will be directed to the **Detail Information** tab.  
|      | Note: You may click one of the following options:  
|      | • **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**

**Step** 13  
From the **Detail Information** tab; complete the **Basic Line Item Information** section:  
- __Select the Service Type.__

<table>
<thead>
<tr>
<th>Short Description</th>
<th>Long Description</th>
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<td>FM SYS RPR</td>
<td>FM SYSTEM REPAIR</td>
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<td>REPL FM S</td>
<td>REPLACEMENT FM SYSTEM/PART</td>
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<td>HEARING AID REPAIR BOTH</td>
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<td>REPAIR R</td>
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<td>REPAIR L</td>
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Select the Service Type.

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<td>HEARING AID REPLACEMENT/WARRANTY</td>
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<td>REPL N WARR</td>
<td>HEARING AID REPLACEMENT/NON-WARRANTY</td>
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</table>
### Step 14: Enter Procedure Code
- **Action:** Enter the **Procedure Code**.
- **Action:** Select the **Code Type**.
- **Action:** Select the **Requested Begin Date**.

**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.

### Step 15: Rendering Provider

14. **Action:** In the **Rendering Provider** section:
   - 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. **Action:** Click **Add**.
### Hearing Aid Service Section

![Hearing Aid Service Section](image)

<table>
<thead>
<tr>
<th>Step</th>
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</table>
| 16   | In the **Hearing Aid Service** section, select the requested service as:  
  - **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)  
  Once the requested service is selected, the screen expands to enter information on the requested hearing aid device or repair. |
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.

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| 16.1 | Complete the required fields in the **New Hearing Aid Information** section:  
  - 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:  
    - **Manufacturer**  
    - **Name/Model #**  
    - **Invoice Cost**  
    - **Type** – select one of the following:  
      - Analog  
      - Digital  
      - Other  
    - **Style** – select one of the following:  
      - **BTE**  
      - **CIC**  
      - **ITC**  
      - **ITE**  
      - Other  
  |
| 16.1.1 | The system will prompt you to answer the following question: **“Has the patient previously been provided with this service?”**  
  - Select **Yes** or **No** to answer the question.  
  If yes, the screen will expand with the **Previous Services Rendered** section.  
  - 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.

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</table>
| 16.2 | Complete the required fields in the Hearing Aid Information Replacement section:  
- 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:  
  - **Manufacturer**  
  - **Name/Model #**  
  - **Invoice Cost**  
  - **Type** – select one of the following:  
    - Analog  
    - Digital  
    - Other  
  - **Style** – select one of the following:  
    - BTE  
    - CIC  
    - ITC  
    - ITE  
    - Other |
| 16.2.1 | The system will prompt you to answer the following question; **“Has the patient previously been provided with this service?”**  
- Select Yes or No to answer the question.  
If yes, the screen will expand with the Previous Services Rendered section.  
- 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.

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</table>
| 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:  
  - 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.

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<th>Step</th>
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<tr>
<td>16.4</td>
<td>Complete the complete the device information questions as explained in the following section of this document.</td>
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**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?

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| 17   | If you answer Yes; you must complete the expanded fields:  
  • 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 | If you answer Yes; you must complete the expanded fields:
  - **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 | **Note**: You may refer to Clinical Policy #7 – Section 3.2.1.3: FM Systems, to learn more.
  
  If you answer Yes; you must complete the expanded fields:
  - **Type**: Select the accessory from the drop-down list.
  - **Manufacturer**: Enter the name of the manufacturer.
  - **Invoice Cost**: Enter the total amount of cost.
  
  Complete any other non-required field that you deem appropriate.

20 | Answer the follow-up question; **“Has the patient previously been provided with this service?”**
  
  If yes, the screen will expand with the Previous Services Rendered section.
  - Enter the **Date Rendered**.
  - Enter the **Funding Source**.
### Step 21
Click Add.

**Are you requesting any device other than those indicated above?**

- **Step 22**
  - If you answer Yes; you must complete the expanded fields:
    - **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)

- **Step 23**
  - Answer the follow-up question; “Has the patient previously been provided with this service?”
    - If yes, the screen will expand with the Previous Services Rendered section.
      - Enter the **Date Rendered**.
      - Enter the **Funding Source**.

- **Step 24**
  - Click Add.
# Notes to Prior Approval Reviewer

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<th>Step</th>
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<tbody>
<tr>
<td>25</td>
<td>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.</td>
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</table>
| 26   | Click **Next**.  
You will be directed to the **Attachments** tab.  
Note: You may click:  
- **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.

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| 27   | **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.  
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. |
| 28   | Complete the required fields from the expanded **Attachments** section:  
- **Attachment Type:** Lists types of supporting documentation.  
- **Transmission Code:** How the user will submit the documentation.  
  - **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.  
  **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 than 25 MB, the spinning wheel icon may display indefinitely.  
- **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.  
**Note:** If selecting MAIL or FAX as the transmission option, the cover sheet... |
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<td>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.</td>
</tr>
<tr>
<td>29</td>
<td>Click <strong>Add</strong>.</td>
</tr>
</tbody>
</table>
| 30   | Click **Submit**.  
**Note:**  
- 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:  
  - **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. |