

Social Services ProviderOne Billing Supplement for Providers of Hearing Hardware

Who should use this billing supplement?

The purpose of this billing supplement is to assist ProviderOne social services providers to properly bill for services provided to eligible clients when authorized by the case worker.

What procedure codes may I bill the agency?

Based on provider feedback, we have developed a Microsoft Excel workbook (see Figures 1-3 below) containing all procedure codes social services providers may possibly bill the agency for providing shared services¹ or equipment to eligible clients. This format will make it easy for providers to search for the appropriate social service code by procedure code or short description. The Excel workbook is available on the agency’s website under [Provider billing guides and fee schedules](#). Navigate to the program-specific billing guide. The Excel workbook is located under the title **Social Services**.

As noted in the instructions at the top of each page:

- Having a social service blanket code does not imply an item or procedure is covered by every social service program.
- The list is auto-populated until a procedure code (*Figure 1*), a key term or short description (*Figure 2*) or a Modifier (*Figure 3*) is entered in the search field.

Figure 1

Results	Group Description	Social Service Blanket or Service Code	HCPCS	Short Description	Modifier
1	Hearing Hardware	SA893	V5008	Hearing screening	-
2					
3					
4					
5					
6					

¹ Shared services are medical services shared between Washington Apple Health and the Department of Social and Health Services (DSHS).

Figure 2

Search by Item or Procedure Short Description: hearing

Results	Group Description	Social Service: Blanket or Service Code	HCPCS	Short Description	Modifier
1	Hearing Hardware	SA893	V5008	Hearing screening	-
2	Hearing Hardware	SA893	V5011	Hearing aid fitting/checking	-
3	Hearing Hardware	SA893	V5014	Hearing aid repair/modifying	RT or LT and
4	Hearing Hardware	SA893	V5050	Hearing aid monaural in ear	RT or LT and
5	Hearing Hardware	SA893	V5090	Hearing aid dispensing fee	-
6	Hearing Hardware	SA893	V5110	Hearing aid dispensing fee	-
7	Hearing Hardware	SA893	V5242	Hearing aid, monaural, cic	-
8	Hearing Hardware	SA893	V5243	Hearing aid, monaural, ite	-

Search by HCPCS or Proc Code | **Search by Description** | Modifier Definition ...

Figure 3

Search by entering the Modifier Code of the item in the grey box below and clicking "Enter".

Modifier XU

Results	Modifier Code	Modifier Short Description
1	UNUSUAL SEPARATE SERVICE	XU

Search by HCPCS | Search by Description | **Modifier Definitions**

How do I bill for services?

- Instructions on how to bill Direct Data Entry (DDE) claims can be found on the agency's [Billers and Providers](#) web page, under [Webinars](#).
- For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) web page
- Also, see the agency's [ProviderOne Billing and Resource Guide](#) for general billing information.

Note: To prevent billing denials, check the client's eligibility for other coverage **before** scheduling services and at the **time of the service**. See the agency's [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility and how to request a limitation extension or exception to rule. Providers must exhaust other coverage before submitting a request for payment to the agency under a social services authorization.

To reduce payment issues, providers must ensure an error-free authorization is in ProviderOne prior to completing a service when it will be paid for by social services. When claiming, providers should check that the authorization is consistent with their claim, including code, rate, units, etc.

National correct coding initiative

The agency continues to follow the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists the agency to control improper coding that may lead to inappropriate payment. The agency bases coding policies on the following:

- The American Medical Association's (AMA) CPT® manual
- National and local policies and edits
- Coding guidelines developed by national professional societies
- The analysis and review of standard medical and surgical practices
- Review of current coding practices

Procedure code selection must be consistent with the current CPT guidelines, introduction, and instructions on how to use the CPT coding book. Providers must comply with the coding guidelines that are within each section (e.g., E/M services, radiology, etc.) of the current CPT book.

The agency may perform a post-pay review on any claim to ensure compliance with NCCI. NCCI rules are enforced by the ProviderOne payment system. Visit the [NCCI](#) on the web.

Who do I contact if I have questions?

Visit the agency's [website](#) for further information about program coverage, how to bill, or who to contact with questions.