

interChange Provider Important Message

Birth to Three Fee Schedule Revision Announcement

Attention: Birth to Three Billing Providers.

The Department of Social Services (DSS) has made revisions to the Birth to Three Fee Schedule. Changes to the Birth to Three Fee Schedule will be made retroactive to **November 1, 2017**. Any claims that come in for these procedure codes will pay correctly. However, the changes will not be reflected on the fee schedule until after January 1, 2018 due to many other fee schedules being updated all at once for the annual HCPC changes.

The following changes were made to the Birth to Three fee schedule:

Procedure fee for procedure code V5267 (hearing aid or assistive listening device/supplies/accessories, not otherwise specified) has been increased to \$65.00 with a quantity of 1. Any hearing aid supplies or accessories over \$65.00 require prior authorization. Providers must only bill hearing aid supply/accessories actually dispensed to the HUSKY member for that month under this procedure code.

Procedure code L9900 (orthotic and prosthetic supply, accessory and/or service component of another HCPCS "L" code) has been added to the fee schedule in order for providers to bill for supplies and/or accessories associated with the auditory osseointegrated devices. This procedure code is manually priced and will always require prior authorization and must be billed at actual acquisition cost plus shipping.

Procedure code T1027 was revised from a fee of \$18.25 to \$21.00 per unit. This change is made retroactively to November 1, 2017. This fee applies when the total number of EI Service units per practitioner per day do not go over 6 units (1.5 hours) and the code is billed without any modifier. If more than six units are billed per practitioner per day, then this procedure code must be billed using the TF modifier which will result in the units for that day being paid at the lower rate.