

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 11/01/05
Provider Policy Manual	Current:	
Section: Hospital Inpatient	Section: 25.32	
Subject: Newborn Hearing Screens	Pages: 2	
	Cross Reference:	

Hearing screens should be conducted on all newborns to detect hearing impairment and to alleviate the adverse effects of hearing loss on speech and language development, cognitive and social development, and academic performance. Screening consists of a test or battery of tests administered to determine the need for in-depth diagnostic evaluation. Screens may be performed using auditory brainstem response, evoked otoacoustic emissions, or other appropriate technology approved by the United States Food and Drug Administration.

Newborn hearing screens should be administered as follows:

- The initial screen should be conducted during the same hospital admission as the infant's birth.
- If the infant fails the initial screen, a second screen should be administered prior to hospital discharge.
- If the infant fails the second screen, a third screen should be scheduled in a setting other than inpatient hospital.
- If the infant fails the third screen, the infant should be referred to a physician or audiologist for diagnostic testing.

Hearing screens are a covered service for all Medicaid eligible infants. No prior authorization is required.

Billing Requirements for Newborn Screens

Inpatient Hospital - Hearing screens performed during the same hospital admission as the infant's birth must be billed on the UB92 claim form using revenue code 470. Reimbursement is included in the hospital's per diem rate.

Outpatient Hospital - Hearing screens performed after discharge in the outpatient department of a hospital must be billed on the UB92 claim form using revenue code 470. The hospital receives an outpatient reimbursement rate.

Non-Hospital Based Providers - Hearing screens performed in the office of a physician or audiologist must be billed on the CMS-1500 claim form using HCPCS V5008. Physicians and audiologists receive fee for service reimbursement.

Billing Requirements for Diagnostic Testing

Infants failing three (3) hearing screens should be referred to a physician or audiologist for in-depth diagnostic testing.

Inpatient/Outpatient Hospital - Diagnostic testing performed in the hospital (inpatient or outpatient) must be billed on the UB92 claim form using revenue code 471. Reimbursement for inpatient services is included in the hospital's per diem rate. Reimbursement for outpatient services is made according to the hospital's outpatient reimbursement rate.

Non-Hospital Based Providers - Diagnostic testing performed in the office of a physician or audiologist must be billed on the CMS-1500 claim form using the appropriate code(s). Physicians and audiologists receive fee for service reimbursement.

Documentation

In order for DOM to fulfill its obligation to verify services rendered to Medicaid beneficiaries and paid for by Medicaid, the provider must maintain legible and auditable records that will substantiate the claim submitted to Medicaid. At a minimum, medical record documentation must contain the following on each beneficiary:

- Date(s) of service;
- Demographic information (Example: name, Medicaid number, date of birth, etc.);
- Reason for testing (i.e., universal or hearing loss risk factors);
- Interpretation/Results of testing;
- Recommendations;
- Follow-up, if applicable;
- Parent's or guardian's refusal of services, if applicable; **AND**
- Provider's signature or initials.

Records must be maintained a minimum of five (5) years to comply with all state and federal regulations and laws. DOM, the UM/QIO, and/or the fiscal agent have the authority to request patient records at any time to conduct a random review and/or documentation of services billed by the provider.