



# INDIANA HEALTH COVERAGE PROGRAMS

## PROVIDER REFERENCE MODULE

# Hearing Services

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## Revision History

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Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures current as of October 1, 2015 Published: February 25, 2016	New document	FSSA and HPE
1.1	Policies and procedures current as of April 1, 2016 Published: July 12, 2016	Semiannual Update <ul style="list-style-type: none"> <li>• Changed module name from <i>Audiology Services</i> to <i>Hearing Services</i></li> <li>• Specified “licensed” audiologist and “registered” hearing aid specialist throughout</li> <li>• Added managed care notebox to the <a href="#">Introduction</a> section</li> <li>• Listed hearing aid types and specified “digital” programmable hearing aids in the <a href="#">Hearing Aids</a> section</li> </ul>	FSSA and HPE
1.2	Policies and procedures as of April 1, 2016 (CoreMMIS updates as of February 13, 2017) Published: March 28, 2017	<ul style="list-style-type: none"> <li>• Changed hearing aid specialist references to hearing aid dealer</li> <li>• Added the Provider Healthcare Portal option to billing and PA instructions</li> <li>• Removed clinical fellowship year audiologist from the list of providers that must conduct audiological assessments in the <a href="#">Hearing Services Coverage and Prior Authorization Requirements</a> section</li> </ul>	FSSA and HPE



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*Note: For policy information regarding coverage of hearing services, see the [Medical Policy Manual](#) at indianamedicaid.com.*

## Introduction

The Indiana Health Coverage Programs (IHCP) provides coverage of hearing services for eligible members. The following sections outline coverage parameters, prior authorization (PA) requirements, and billing procedures for hearing services and hearing aids.

See *Hearing Services Codes* on the [Codes Sets](#) page at indianamedicaid.com for procedure code sets that licensed audiologists and registered hearing aid dealers must use when billing the IHCP. For information about augmentative and alternative communication (AAC) devices, see the [Durable and Home Medical Equipment and Supplies](#) module.

*Note: For Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise members, providers must contact the appropriate managed care entity (MCE) for specific policies and procedures. MCE contact information is included in the [IHCP Quick Reference Guide](#) available at indianamedicaid.com.*

## Hearing Services Coverage and Prior Authorization Requirements

Within the IHCP, hearing services are subject to the following requirements:

- A physician must certify in writing the need for audiology assessment or evaluation.
- The referring physician must complete Part 2 of the *Medical Clearance Form for Hearing Aids (Medical Clearance and Audiometric Test Form)*, available from the [Forms](#) page at indianamedicaid.com, no earlier than six months before providing the hearing aid.
- A licensed audiologist or otolaryngologist must conduct the audiological assessment. The IHCP does not reimburse for testing conducted by other professionals and cosigned by an audiologist or otolaryngologist.
  - An otolaryngologist must examine children 14 years old and younger. A licensed physician can examine older members if an otolaryngologist is not available.
  - If the audiological evaluation reveals one or more of the following conditions, the member must be referred to an otolaryngologist for further evaluation:
    - Speech discrimination testing must indicate a score of less than 60% in either ear.
    - Pure tone testing must indicate an air bone gap of 15 decibels or more for two adjacent frequencies in the same ear, with a speech discrimination score of less than 60%.
- When a licensed audiologist or a registered hearing aid dealer fits a member with a hearing amplification device, the provider must complete the *Medical Clearance Form for Hearing Aids (Medical Clearance and Audiometric Test Form)* in accordance with the instructions listed in this section. Providers must ensure that the form is complete and includes the proper signatures, where indicated. A registered hearing aid dealer must sign the Hearing Aid Contract portion of the form. This medical clearance form must be mailed or faxed along with the universal *IHCP Prior Authorization Request Form*, available from the [Forms](#) page at indianamedicaid.com, or submitted as an attachment to the prior authorization request on the Provider Healthcare Portal.

- The licensed audiologist or registered hearing aid dealer must complete the hearing aid evaluation. Before the IHCP grants PA, providers must document the results of the hearing aid evaluation on the PA request and must indicate that the member can derive significant benefit from amplification.
- The licensed audiologist must conduct all testing in a sound-free enclosure. If a member is institutionalized and his or her physical or medical condition precludes testing in a sound-free enclosure, the ordering physician must verify medical confinement in the initial order for audiological testing.
- The IHCP limits audiological assessments to one assessment every three years per member. If more frequent audiological assessments are necessary, providers must obtain PA, which is assessed on a case-by-case basis, based on documented otologic disease.
- Audiologists must be licensed and enrolled in the IHCP and receive direct reimbursement for services rendered. A registered audiology aide can provide services under the direct on-site supervision of a licensed audiologist under *Indiana Administrative Code 880 IAC 1-1*.
- The involved professionals must complete the member history.

Basic comprehensive audiometry includes pure tone, air and bone threshold, and discrimination. The IHCP reimburses for all other audiometric testing procedures on an individual basis, based on the medical necessity of the test procedure.

*Note: The IHCP considers hearing tests, such as whispered voice and tuning fork, to be part of the general otolaryngology services. Providers cannot fragment these services and bill them separately.*

The following hearing services do not require PA:

- Screening tests to determine the need for additional medical examination; however, screenings are not reimbursed separately under the IHCP
- Initial hearing assessments
- Determinations of suitability of amplification and recommendations about a hearing aid
- Determinations of functional benefit gained by use of a hearing aid

Hearing services provided by the following facilities are included in the facility's established *per diem* rate:

- Nursing facility
- Large, private intermediate care facility for individuals with intellectual disability (ICF/IID)
- Small ICF/IID

## Hearing Aids

The IHCP provides reimbursement for the purchase, repair, or replacement of hearing aids, including air conduction or conventional hearing aids, bone anchored or bone conduction hearing aids (BAHA), and programmable hearing aids, under the following conditions:

- PA is required for the purchase of hearing aids.
- When a member is fitted with a hearing aid by a licensed audiologist or a registered hearing aid dealer, the specialist must complete and submit a *Medical Clearance Form for Hearing Aids (Medical Clearance and Audiometric Test Form)*, available from the [Forms](#) page at indianamedicaid.com, with the PA request. Providers must perform professional hearing services associated with dispensing a hearing aid in accordance with the appropriate provisions of *Indiana Administrative Code 405 IAC 5-19-13, Hearing aids, purchase*.
- Hearing aids purchased by the IHCP become the property of the FSSA.



- The IHCP does not cover hearing aids for members with a unilateral pure tone average (500, 1,000, 2,000, or 3,000 hertz) equal to or less than 30 decibels.
- The IHCP authorizes binaural aids and contralateral routing of signals (CROS) type aids only when providers can document significant, objective benefit to the member.
- The IHCP covers digital, programmable hearing aids when the member meets certain criteria.
- The IHCP does not reimburse for canal hearing aids.

If a provider voluntarily provides a loaner hearing aid for a 30-day trial period, the loaner hearing aid for that 30-day trial period does not need PA. Purchase of a hearing aid becomes effective with the authorization of the PA request.

## ***Reimbursement for Manually Priced Hearing Aids***

Manually priced hearing aid procedure codes are reimbursed at 75% of the manufacturer's suggested retail price (MSRP). Providers are required to submit documentation of the MSRP for manually priced hearing aid codes, which are listed in *Hearing Services Codes* on the [Code Sets](#) page at indianamedicaid.com.

## ***Hearing Aid Dispensing Fee***

The IHCP established reimbursement rates for hearing aid dispensing fees. The dispensing fee, which is limited to once per five years per member, includes all services related to the initial fitting and adjustment of the hearing aid, orientation of the patient, and instructions on hearing aid use. The IHCP covers the following procedure codes for hearing aid dispensing fees:

- V5160 – *Dispensing fee, binaural*
- V5241 – *Dispensing fee, monaural hearing aid, any type*

The dispensing fee codes may be billed only in conjunction with hearing aid codes that have an established Medicaid rate. The dispensing fee codes may not be billed with hearing aid codes that are manually priced. The dispensing fee code should be billed with the date the hearing aid is delivered. Prior authorization is not required for these dispensing fee codes. Prior authorization is required if a dispensing fee is medically necessary more than once every five years.

If providers bill another dispensing fee for the same member within five years, they receive a denial with explanation of benefits (EOB) 6364 – *Dispensing fees for hearing aids are limited to one every five years.*

## ***Hearing Aid Maintenance and Repair***

The IHCP reimburses for the maintenance and repair of hearing aids, as defined in *405 IAC 5-19-14*, under the following conditions:

- The IHCP does not require PA for repairs for hearing aids and ear molds; however, the IHCP does not make reimbursement for such repairs more frequently than once in a 12-month calendar year, per hearing aid, per member. Providers can obtain PA for repairs more frequently for members under 21 years of age if the provider documents circumstances justifying the need.
- The IHCP does not require PA for batteries, sound hooks, tubing, or cords. Providers must use the appropriate HCPCS code and indicate the number of packages in the units field of the *CMS-1500* claim form, Provider Healthcare Portal professional claim, or 837P electronic transaction.

*Note: The IHCP designates one unit of code V5266 to represent four batteries; therefore, when submitting claims to the IHCP for reimbursement, providers are to report one unit of V5266 for each package of four batteries supplied.*

- The IHCP does not pay for repair of hearing aids still under warranty.
- The IHCP does not cover routine servicing of functional hearing aids.
- The IHCP makes no payment for repair or replacement of hearing aids necessitated by member misuse or abuse, whether intentional or unintentional.

## ***Hearing Aid Replacement***

The IHCP reimburses for the replacement of hearing aids, as defined in *405 IAC 5-19-15*, under the following conditions:

- The IHCP reimburses for the replacement of hearing aids, subject to the conditions listed in the [\*Hearing Aid Maintenance and Repair\*](#) section of this document.
- Requests for replacement of hearing aids must document all the following:
  - Change in the member’s hearing status
  - Purchase date of current hearing aid
  - Condition of current hearing aid
- The IHCP does not replace hearing aids before five years from the purchase date of a previously purchased hearing aid. Providers can prior authorize replacements more frequently for members under 21 years old, if the provider documents circumstances justifying the medical necessity (see *405 IAC 5-22-7* for more information).