



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Hearing Services

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Revision History

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	Scheduled update	FSSA and HPE
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2.0	Policies and procedures as of June 1, 2017 Published: December 12, 2017	Scheduled update: <ul style="list-style-type: none"> • Reorganized and edited as needed for clarity • Added the Audiologists and Hearing Aid Dealers heading and updated the section • Renamed the Audiological Assessments/Hearing Tests section, added subheadings, and updated text in the section and subsections • Added the Hearing Aid Purchase heading and updated the section • Updated the Hearing Aid Replacement section • Added the Cochlear Implants section and subsections 	FSSA and DXC

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Hearing Services

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, including audiological assessments, hearing aids, and cochlear implants.

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.

Audiologists and Hearing Aid Dealers

Audiologists (provider specialty 200) must be licensed and enrolled in the IHCP to receive IHCP reimbursement for services rendered. Hearing aid dealers (provider specialty 220) must be registered and enrolled in the IHCP to receive IHCP reimbursement for services.

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.

Audiological Assessments/Hearing Tests

IHCP reimbursement for audiological assessments is limited 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.

A physician must certify in writing the need for audiology assessment or evaluation. An otolaryngologist must examine children 14 years old and younger. Any licensed physician can examine older members if an otolaryngologist is not available.

Medical Clearance and Audiometric Test Form

When a member is to be fitted with a hearing amplification device, by either the audiologist or a registered hearing aid specialist, the *Medical Clearance and Audiometric Test Form* (the medical clearance form for hearing aids) must be completed in accordance with the following instructions and submitted with the request for PA:

- Any involved professionals must complete the member history (Part I of the form).
- The referring physician must complete Part II of the form no earlier than six months before the provision of the hearing aid.

- A licensed audiologist or otolaryngologist must conduct the audiological assessment and complete Part III of the form. The IHCP does not reimburse for testing conducted by other professionals and cosigned by an audiologist or otolaryngologist.
 - All testing must be conducted 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.
 - 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 indicates a score of less than 60% in either ear.
 - Pure tone testing indicates an air bone gap of 15 decibels or more for two adjacent frequencies in the same ear.
- The hearing aid evaluation (Part IV of the form) may be completed by a licensed audiologist or registered hearing aid dealers. The results must be documented on the PA request and must indicate that the member can derive significant benefit from amplification.
- A registered hearing aid dealer must sign the hearing aid contract portion of the form (Part V).

The *Medical Clearance and Audiometric Test Form* is available from the [Forms](#) page at indianamedicaid.com. Providers must ensure that the form is complete and includes the proper signatures, where indicated. The completed form must be mailed or faxed along with the universal *IHCP Prior Authorization Request Form*, also available from the [Forms](#) page at indianamedicaid.com, or submitted as an attachment to the prior authorization request on the Provider Healthcare Portal.

Reimbursement for Hearing Tests

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.

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.

Audiology services provided by a nursing facility or large private or small intermediate care facility for individuals with intellectual disability (ICF/IID) are not separately reimbursed, as audiology services are included in the facility's established *per diem* rate.

Hearing Services That Do Not Require Prior Authorization

The following hearing services do not require PA:

- Screening tests to determine the need for additional medical examination (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 Aids

The IHCP provides reimbursement for the purchase, repair, or replacement of hearing aids as described in the following sections.

Hearing Aid Purchase

The IHCP provides reimbursement for the purchase of hearing aids – including air conduction or conventional hearing aids, bone anchored or bone conduction hearing aids (BAHA), contralateral routing of signals (CROS)/bilateral-contralateral routing of signals (BiCROS), and programmable hearing aids – under the following conditions:

- PA is required for the purchase of hearing aids.
 - Hearing aids will be authorized only if they are medically necessary and significant, objective benefit to the member is documented.
 - The *Medical Clearance and Audiometric Test Form* must be completed and submitted with the PA request, as described in the [Medical Clearance and Audiometric Test Form](#) section of this module.
- 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. All hearing aids purchased by the IHCP that are no longer needed by a member must be returned to the county Division of Family Resources (DFR).
- 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 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 require 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 establishes 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 every 12 months, 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:

- Requests for replacement of hearing aids must:
 - Document a change in the member’s hearing status; and
 - State the purchase date and condition of the 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).
- The IHCP makes no payment for repair or replacement of hearing aids necessitated by member misuse or abuse, whether intentional or unintentional.

Cochlear Implants

The IHCP covers cochlear implants only if they are medically necessary and objective evidence of significant benefit to the member is documented. Effective April 28, 2017, PA is required for cochlear implantation. PA is also required for all prerequisite testing, as indicated in the [Medical Policy Manual](#).

Cochlear Implant Maintenance and Repair

The IHCP may reimburse for the maintenance or repair of a cochlear implant under the following conditions:

- The IHCP does not require PA for repairs for cochlear implants; however, the IHCP does not make reimbursement for such repairs more frequently than once every 12 months. Providers can obtain PA for repairs more frequently for members under 21~~48~~ years of age if the provider documents circumstances justifying the need.
- The IHCP does not require PA for batteries, headset/headpiece, microphone, and transmitting coil/cable. 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.
- The device must be in continuous use and must still meet the medical necessity needs of the member.
- The IHCP does not pay for repair of a cochlear implant that is still under warranty.
- The IHCP does not cover routine servicing of functional cochlear implants.
- The IHCP makes no payment for repair or replacement of cochlear implants necessitated by member misuse or abuse, whether intentional or unintentional.
- All charges for cochlear implant parts and repairs are to reflect no more than the usual and customary (U&C) charge to the public.

Cochlear Implant Replacement

The IHCP provides reimbursement for the replacement of cochlear implants under the following conditions:

- The IHCP does not replace cochlear implants before five years from the purchase date of a previously purchased cochlear implant. Providers can prior authorize replacements more frequently for members under 21 years old, if the provider documents circumstances justifying the medical necessity.
- Requests for replacement of cochlear implants must:
 - Document a change in the member’s status; and
 - State the purchase date and condition of the current cochlear implant
- For replacement of a cochlear implant with an upgraded model, the following requirements must be met:
 - Documentation substantiates that the newer generation technology provides additional capacity.
 - The current implant has been worn for at least four years.
- The IHCP makes no payment for repair or replacement of cochlear implants necessitated by member misuse or abuse, whether intentional or unintentional.