

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201130 JULY 26, 2011



Clarification of BT201117 – hearing aid reimbursement

On May 24, 2011, [BT201117](#) outlined changes to Indiana Medicaid hearing aid reimbursement, effective July 1, 2011. It is important that providers understand prior authorization (PA) is not required for the dispensing fee codes in the following table:

Hearing aid dispensing fee codes that do not require PA

Procedure Code	Description	Rate
V5241	Dispensing fee, monaural hearing aid, any type	\$200
V5160	Dispensing fee, binaural	\$350

The dispensing fee codes should be billed only in conjunction with hearing aid codes that have established Medicaid rates, and should 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.

The Indiana Health Coverage Programs (IHCP) limits the dispensing fee to one every five years. If providers bill earlier, they will receive a denial with explanation of benefits (EOB) 6364 – *Dispensing fees for hearing aids are limited to one every five years*. Providers can request PA if circumstances justify medical necessity.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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