



P R O V I D E R B U L L E T I N

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**To: All Indiana Health Coverage Programs Physicians,
Audiologists, and Hearing Aid Dealers**

Subject: Programmable Hearing Aids

Overview

Programmable hearing aids are covered by the Indiana Health Coverage Programs (IHCP), and are subject to prior authorization. Previously, both programmable and non-programmable hearing aids were submitted using Health Care Financing Administration Common Procedure Coding System (HCPCS) procedure codes V5050, V5060, V5130, and V5140. Effective 45 days from the date of publication of this bulletin, programmable hearing aids should be submitted using HCPCS procedure code V5299, *Hearing Service, Miscellaneous*. Billing for non-programmable hearing aids has not changed.

This bulletin provides detailed billing and reimbursement information relative to programmable hearing aids and addresses the criteria that will be used to make prior authorization (PA) determinations when requests for programmable hearing aids are received.

Coding and Reimbursement

Procedure code V5299, *Hearing Service, Miscellaneous*, must be used when submitting prior authorization requests or claims for programmable hearing aids.

Due to the variance in cost, programmable hearing aids will be manually priced. All claims must be submitted with the manufacturer's invoice. Providers should bill their usual and customary charge to the IHCP; however, reimbursement will be made at the lower of the provider's usual and customary charge or 130 percent of the manufacturer's invoice price.

Prior Authorization Criteria

Programmable hearing aids will be authorized only if they are medically necessary and significant, objective benefit to the member is documented. Coverage may be considered in the following specific instances:

- Fluctuating hearing loss (Meniere's disease, autoimmune sensorineural hearing loss, otogenic syphilis, large vestibular aqueduct syndrome, and other conditions resulting in fluctuant hearing loss)
- Progressive hearing loss (Meniere's disease, Alport's syndrome, and other conditions resulting in progressive hearing loss. A retrocochlear hearing loss must be excluded, particularly when the loss is asymmetrical)
- Severe recruitment or very narrow dynamic range
- Very young children who are hard to test or hard to fit
- Patients with hearing loss with unusual audiometric configurations

Documentation Requirements

The PA request must be accompanied by the following:

- A completed IHCP Medical Clearance and Audiometric Test (IHCP MCAT) form. Medical necessity for programmable hearing aids must be clearly documented in the sections entitled, "Recommendation Information" and/or "Special Conditions" on page two of the IHCP MCAT form. Health Care Excel (HCE) updated this form to reflect current policy for all types of hearing aids. The revised form is included with this bulletin.
- A record of the audiogram obtained not more than three months before the date of the request
- An otological examination report signed by the physician that includes the medical etiology of or diagnosis for the hearing loss
- A diagnosis that supports medical necessity must be included on the PA request and on the claim for programmable hearing aids
- A documented case history of the member's needs and lifestyle that include at least the following:
 - Past history of hearing aid use
 - Reason the programmable hearing aid(s), rather than a conventional hearing aid(s), is medically necessary

- Description of the hearing environment(s) in which the member has trouble hearing and to which he or she is subjected. The frequency and duration of exposure to these environments should also be included.
- Documentation of any other factors, such as lack of normal dexterity, should be included.
- Documentation must be provided that supports medical necessity of the programmable hearing aids outside of vocational needs.

Note: Digital hearing aids, whether programmable or otherwise, will not be authorized unless medical necessity has been clearly documented. Additionally, the programmable hearing aid(s) selected must be the most cost effective of the comparable, medically appropriate options supported by the documentation.

Additional Information

Questions about this bulletin may be directed to the HCE Medical Policy Department at (317) 347-4500. Questions about the billing procedures referenced in this bulletin may be directed to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

IHCP MEDICAL CLEARANCE AND AUDIOMETRIC TEST

Instructions: The Medical Clearance and Audiometric Test Form must be used for all hearing aid fittings under the Indiana Health Coverage Programs. This form must be completed and carry the proper signature where indicated, before requests will be considered for prior authorization.

PART I Member History		
Member's Name	RID Number	Age
If Institution, Admission Date	Previous Institution	
If unable to independently maintain the member's hearing aid, are there resources available to assist in maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
Medical Diagnosis	Hearing Diagnosis	
Has this member worn a hearing aid previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, purchase dates	IHCP Purchased?
If member previously owns/wears amplification, give the model and status of the instrument and settings.		
PART II Medical Clearance (to be completed by physician)		
<i>A hearing aid will not be approved for a patient prior to that patient's having had a medical examination. Preferably, this examination should be conducted by an otolaryngologist, if available and accessible, but a basic medical survey as indicated below can be performed by a licensed physician. All children under 15 years of age must be seen by an otolaryngologist before the hearing aid is fitted. The following minimal assessment is required before the fitting of any hearing aid:</i>		
1. Is there any evidence of infection or drainage from either ear?	Yes	No
2. Is there any significant headache, vertigo, dizziness, nausea, or vomiting?	Yes	No
3. Has the hearing loss been sudden in onset?	Yes	No
4. Is the patient able to hear and understand speech at conversational level?	Yes	No
5. Presence of pus in the eardrum?	Yes	No
6. Perforation of the eardrum?	Yes	No
7. Impacted cerumen?	Yes	No
8. Presence of external ear canal infection?	Yes	No
9. The possibility of the complete closure of the ear canal?	Yes	No
Remarks:		
I certify that I have examined the patient mentioned above and to my knowledge there is no medical or surgical contraindication to wearing a hearing aid.		
Otologic Diagnosis:		
<input type="checkbox"/> I recommend the patient to be fitted for a hearing aid. <input type="checkbox"/> I recommend the patient be referred for future medical evaluation.	Signature of Physician	Date

PART III Audiological Assessment (to be completed by audiologist or otolaryngologist)								
Member's Name						Age	RID Number	
<i>RE ANSI 1969</i>								
Frequency	500	1000	2000	3000	4000	Speech	Right	Left
Left-Air						SRT		
Left-Bone						Word Recognition (WRS)	/50 dbHL	/50 dbHL
Right-Air						Word Recognition (WRS)	/MCL	/MCL
Right-Bone								
Validity of Test Results: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						Special Tests:		
Hearing Aid recommended for: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Binaural <input type="checkbox"/> Hearing Aid not recommended								
Recommendation information:								
Signature (Testing conducted by Audiologist or Otolaryngologist)							Date	

If pure tone testing indicates a bone-air gap of 15 decibels (dB) or more for two (2) adjacent frequencies on the same ear, or if speech discrimination tests indicate a score of less than 60 percent in either ear, or if hearing loss in one (1) ear is greater than the other ear by 20 decibels (dB) in the pure tone average or 20 percent in the discrimination score, the patient must be referred for further assessment by an otolaryngologist, providing the physician has not already considered these conditions.

PART IV Hearing Aid Evaluation (to be completed by audiologist or hearing aid dealer)					
Ear	Left Aided	Right Aided	Unaided Left	Unaided Right	Binaurally Aided
Make/Model					
SRT					
MCL					
PB Quiet					
PB Noise(+5 S/N)					
PB Level					
Special Conditions:					
Signature (Evaluation conducted by Audiologist or Hearing Aid Dealer)					Date

PART V Hearing Aid Contract (to be completed by audiologist or hearing aid dealer)		
<p><i>Should there be complaints from a member, and/or other responsible persons directly interested in the member, as to the user's failure to receive satisfactory benefits from the instruments, the Indiana State Registered Hearing Aid Dealer must attempt to make satisfactory adjustment or follow the recommendation as deemed advisable by the IHCP. Failure to do so may cause payment to be withheld. If payment has been received by the Indiana State Registered Hearing Aid Dealer, the full refund will be made to the contractor.</i></p> <p><i>There is to be no solicitation of IHCP patients, for the purpose of fitting hearing aids. As a general policy, there are to be no replacement hearing aid fittings for IHCP patients where the hearing aid in use is less than five years old.</i></p> <p><i>"I have read the regulations and standards adopted and approved by the IHCP for the fitting and dispensing of hearing aids for IHCP cases and I have followed the procedures provided therein."</i></p>		
Audiologist/Hearing Aid Dealer's Signature		Date
Indiana License/Registration No.		Date