

Medicaid Reimbursement to Private Practice Audiologists: 03/15/2007

In Ohio audiologists in private practice can not bill and get reimbursement for diagnostic services to Medicaid patients. We are able to become providers for durable medical equipment, aka hearing aids. Physicians, hospitals, speech and hearing clinics can bill for all services.

Does your state Medicaid program reimburse audiologists in private practice for diagnostic testing for children and adults?

STATE:	RESPONSE:
Connecticut	<p>1. As of about 4 years ago, the State of CT stopped paying for audiologic services provided by private practicing audiologists as a way to save money. As in Ohio, audiologists can provide DME services but not audiology. Our DME number allows us to bill for a HT for the purpose of fitting a hearing aid. Our reimbursement is \$25.90.</p> <p>Nancy C. McMahon, Au.D., CCC-A</p> <p>2. In CT our statute regarding children is in the hearing aid dealer laws not the audiologist laws (set by the Department of Public Health)</p> <p>Statute reads as follows: "20-406-10. Sales to persons under the age of eighteen No licensed hearing aid dealer or person holding a temporary permit shall sell a hearing aid to a person under the age of eighteen (18) unless no more than ninety (90) days shall have elapsed since the later to occur of (a) the otolaryngological examination, or (b) the audiological examination, which are required by section 20-404 (a) (6) of the Connecticut General Statutes. (Effective February 9, 1979.)"</p> <p>Cathee Alex, Au.D. President CT Academy of Audiology</p>

<p>Florida</p>	<p>1. In Florida, as long as you are a Medicaid provider, it doesn't matter what your place of practice is. Audiologists in Florida can be reimbursed for "medically necessary" covered procedures.</p> <p>Robert C. Fifer, Ph.D.</p> <p>2. I have seen the reference to DME for hearing aids a couple of times. Here is a little tidbit that I hope may be helpful at some point - hearing aids are not on the roster of durable medical equipment. Cochlear implants are, but hearing aids, FM systems, and ALDs are not. I have the roster on my computer but cannot attach items to e-mails on the list serve. But if you would like to see it, it can be found at www.cms.hhs.gov. In the search box, type DME or Durable Medical Equipment and the search results should lead you to an Excel spreadsheet with the complete roster and pricing for DME items.</p> <p>Where this may help is that a DME license should not be necessary to dispense hearing aids.</p> <p>Robert C. Fifer, Ph.D.</p>
<p>Kentucky</p>	<p>We are allowed limited access only to children. We are trying to change this to the same access as physicians and clinics. It is discrimination to exclude audiologists in private practice.</p> <p>Pamela A. Ison, Au.D.</p>
<p>Louisiana</p>	<p>Louisiana audiologists can become providers for Medicaid and bill for diagnostic testing as well as durable medical equipment. A referral for audiological testing must come from the patient's primary care physician. Reimbursement rates are better than Medicare--\$54.00 for 92557 and \$22.50 for 92567, for example.</p> <p>Hearing aids must be pre-approved (lengthy process), and Medicaid pays \$575.00 per aid (for everything, including invoice cost of aid and related services). Earmolds can be billed separately at \$60.00 each.</p> <p>Glenn Waguespack</p>

<p>Maryland</p>	<p>1. Although the state of Maryland will reimburse audiologists the reimbursement is so low and the work (submit, resubmit, resubmit again, phone calls, etc) is so cumbersome it is not worth it. For hearing aids they reimburse 10%? less than the required invoice that is sent in therefore actually costing the provider to see the patient. Why do it?</p> <p>Caroline Aland State of Maryland Board</p> <p>2. As a follow up to what Caroline has stated, in Maryland for hearing testing children are reimbursed, but adults may or may not be reimbursed. If the adult has Medicare as primary, I find that Medicaid will pick up the copay of the testing. If Medicaid is the primary then most times it will not pay for the hearing test and states it is a none covered service. When reimbursed for testing it is very very low.</p> <p>I do not accept Medicaid for hearing aids, but will accept it for testing of children or a Medicare copay. By the way Medicaid only pays for children's aids in MD (none for adults).</p> <p>Sharon Sorensen</p>
<p>Massachusetts</p>	<p>In Massachusetts, audiologists in private practice or any setting can bill and be reimbursed for both hearing aid and diagnostic services (including VNG, ABR and VEMP). This is for both children and adults. Our practice stopped doing Medicaid hearing aids for a variety of reasons, not just poor reimbursement. They included the fact that we had to provide loaner BTEs for Medicaid patients if we did to non-Medicaid patients...that was OK, but if the Medicaid patient lost or damaged the loaner. Medicaid would not pay anything for replacement and we could not bill the patient for a replacement fee...the same applied if the patient lost their hearing aid in the first year of use...we could not bill the patient a replacement fee if the aid was lost...</p> <p>We continued on for a short time doing diagnostics only, but Medicaid informed us that we were subject to anti discrimination laws in that we could not "pick and choose" what we provided to Medicaid patients. For instance, if we provide HA and diagnostic services to non-Medicaid, we had to either drop Medicaid entirely or provide the same services to</p>

	<p>Medicaid patients as we do to non-Medicaid patients.</p> <p>David Citron, III, Ph.D., FAAA</p>
<p>Missouri</p>	<p>1. In the State of Missouri children are covered for all audiologic services, including hearing aids. The adult patient is covered for basic comp audiometry, tymps and reflexes. Hearing aids are no longer covered under the adult Medicaid program.</p> <p>The adult services must be billed by an audiologist with a code modifier that signifies medical necessity and must be ordered by a physician. It gets quiet complicated</p> <p>The reimbursement is quite low; but that I believe is so across all states.</p> <p>In Missouri, Audiologists can and are encouraged to obtain their own Medicaid and Medicare provider numbers.</p> <p>Larry Mazzeo Missouri</p> <p>2. Missouri Medicaid covers all hearing aids, FM systems, cochlear implants, repairs, batteries, and hearing aid and implant accessories for recipients under 21. For adults, only those in a nursing home, legally blind, or pregnant have coverage for hearing aids.</p> <p>For children, hearing aids and FM systems are covered at 20% over the wholesale cost of the item. So for example two hearing aids with a wholesale cost of \$1500 each, plus an FM system w/ a wholesale cost of \$2700 (two receivers and one transmitter) would result in a reimbursement of \$6840. Batteries for hearing aids are reimbursed at \$1.56 per battery. Cochlear implant batteries, cords, speech processors, etc. are reimbursed at 20% over wholesale.</p> <p>For adults, the max reimbursement for a hearing aid is approx \$530 for the aid, mold, and dispensing.</p> <p>Lisa Guillory, AuD</p>

Montana	<p>Montana: \$45 for evaluation. \$261.51 dispensing fee monaural only for adults. \$327.77 binaural, children only. Invoice cost of aid not to exceed \$400.00.</p> <p>Doug Rehder</p>
Texas	<p>In Texas, contracted Audiologists are reimbursed \$58.40 for audiological evaluations on adult Medicaid patients; however, hearing aids are reimbursed at an 18% discount off of manufacturers' suggested retail prices (MSRP) plus an earmold if needed. Only one aid is covered and the average hearing loss in the better ear must be greater than 45dB. For children on Medicaid, there is coverage from the Texas Department of State Health Services. Hearing aids are provided by the state; however, participating audiologists are paid \$40.00 for audiometry, \$16.09 for tympanometry, \$11.18 for acoustic reflexes, \$100.00 for auditory evoked potentials, \$43.91 for OAE's, \$55.00 for hearing aid evaluation and selection, \$62.12 for assessment for hearing aid, \$40.00 for fitting of hearing aids, and \$35.00 per ear for earmolds. If a child is on CHIPS rather than on Medicaid, the reimbursement is the same for adult Medicaid patients.</p> <p>Todd H. Porter, AuD</p>
West Virginia	<p>In WV, PP auds can be paid for testing on adults or children (a pitiful amount, but that has always been the case). Of course, a referral from the PCP is required. We can also be paid for fitting hearing aids only on children. It does require 2 different Medicaid numbers - one for diagnostics and one for DME. In addition to the reimbursement being unreasonably low, the hoops necessary for supplying HAs has driven most PP auds out of the arena. One advantage of this system, I guess, is that I cannot be accused of "picking & choosing" what services I provide - I only do diagnostics. It isn't worth it, but I consider it a charitable contribution to my community - if a majority of my patient load fell into this category I am sure I would feel differently, but that is not the case.</p> <p>I have no doubt that their cost-cutting programs have been very successful. If you do not provide any service it costs very little. I would like to know what the ratio of the Medicaid budget is for Direct Service vs. Management of the program.</p> <p>Michael Zagarella, AuD, CCC/A</p>

