

Medicaid Reimbursement for Hearing Aids: 05/18/2007

Connecticut has recently had a policy change for payment of Medicaid hearing aids. An audiologist has inquired on how other State Medicaid programs reimburse for hearing aids.

Please share information on your state's Medicaid reimbursement program for hearing aids by answering the following questions:

1. What state are you in?
2. Is there reimbursement for adults?
3. Is there reimbursement for children?
4. How much are you reimbursed?
5. Is there a limitation for monaural vs. binaural?
6. Is there a prior authorization requirement? If so, please provide details.
7. How are you reimbursed?
 - a. A predetermined fee schedule
 - b. Hearing Aid Cost + dispensing fee
 - c. Other method, please describe
8. If you are reimbursed by hearing aid cost plus a dispensing fee, how does your state determine the cost of the hearing aid?
 - a. Actual invoice
 - b. Invoice plus a mark-up (describe how mark-up is determined)
 - c. Other method
 - d. If you have this exact language regarding how the cost of the hearing aid is determined from your policy manual handy it would be helpful if you can paste that in this email as well.

STATE:	RESPONSE:
Delaware	<ol style="list-style-type: none"> 1. NO 2. YES 3. 4. NO 5. YES 6. A predetermined fee schedule <p>(SYNOPSIS, NOT EXACT LANGUAGE) In order to get hearing aids funded through insurance, they must be justified as a medical necessity. Despite the medical basis for hearing loss, however, Medicare does not pay for hearing aids. On the other hand, Delaware Medicaid will pay for hearing aids under certain conditions. For example, hearing aids for persons under the age of 21 are covered through Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Section 5.17 of Medicaid's Provider Policy Manual provides that such requests must be supported by:</p> <ul style="list-style-type: none"> • physician's "letter of medical necessity" with a complete medical diagnosis and supporting documentation; • a copy of an audiologist's evaluation;

	<ul style="list-style-type: none"> • a speech/language evaluation or progress reports; • discussion of trial assessment, including hearing testing; • explanation of why the particular hearing aid was selected rather than other models; • a full description of the hearing aid, including make and model number; • an itemized explanation of all charges; and • a copy of the vendor's invoice for the hearing aid. <p>The amount Medicaid covers depends upon the actual cost of the hearing aid to the provider, plus a dispensing fee of no more than \$400. Once the warranty expires, Medicaid will also pay for repairs up to 75% of the cost of a replacement device.</p> <p>Although there is a widespread perception that Delaware's Medicaid program will not pay for hearing aids for persons over the age of 21, the Medicaid official who reviews such requests recently informed DATI that Medicaid does not have a blanket prohibition against funding hearing aids for adults. Rather, requests should follow the procedure described in the bullets above; Medicaid will consider these requests on a case-by-case basis. These practices are shared by the Diamond State Partners, one of Medicaid's managed care organizations (MCOs).</p> <p>The news is even better when it comes to hearing aid coverage for those beneficiaries who subscribe to the First State Health Plan, Delaware Medicaid's other managed care organization. First State's definition of "durable medical equipment" (DME) includes hearing aids, and requests should follow First State's general DME procedure.</p> <p>Pamela J. P. Robinson</p>
Louisiana	<ol style="list-style-type: none"> 2. No 3. YES 4. Total of \$575.00--Includes cost of aid and any dispensing fees 5. NO 6. Yes, must submit online request 7. A predetermined fee schedule Fee of \$575.00 only
Maryland	<p>I am in Maryland but do not submit to Medicaid because they sent out a statement saying they would discount off of invoice. When I called to verify that this was not a typo I was told that they would indeed take the invoice (our cost) of the aid then discount it for reimbursement. When I pointed out that this actually costs us money the employee was unimpressed. Further when we did submit to Medicaid we were denied for a full year because they had mislabeled our profession AND despite following all the rules with the one set of aids we did submit we never got paid. We had our Medicaid reps come to our office and were in constant contact with them. This seemed to have no bearing on reimbursement. Unfortunately there are few audiologic providers in our state left who will manage Medicaid patients.</p> <p>Caroline Aland</p>
Mississippi	<ol style="list-style-type: none"> 2. No reimbursement for adults. 3. Reimbursement for children 4. \$577.50 for binaural, or invoice, whichever is less 5. No 6. For binaural, a Plan Of Care (POC) must be filed and approved- not for monaural, repairs, earmolds

	<p>7. Hearing aid cost + dispensing fee 8. Actual invoice - we file for dispensing fee, conformity eval</p>
Ohio	<p>2. YES 3. YES 4. Invoice + \$200 dispensing for monaural and \$300 dispensing binaural 5. YES (binaurals are only approved for consumers under the age of 21) 6. YES, a prior authorization request form along with an audiogram, and RX from a physician stating the hearing loss is not "medically correctable" 7. Hearing Aid cost + dispensing 8. Actual invoice</p>
Oklahoma	<p>2. NO 3. YES 4. 10% above invoice 5. NO 6. YES, PCP has to see the child and then will sign that the child is eligible for HA 7. Hearing aid cost + 10 % 8. Invoice + 10 %</p> <p>Eva K. Saffer, Ph.D., CCC-A</p>
Rhode Island	<p>2. YES 3. YES 4. \$575.00 for monaural and \$1050.00 for binaural. \$40.00 per earmold. They also cover repairs. 5. Yes 6. Yes, a prior authorization request form along with an audiogram, certificate of need from the MD, and a form signed by a Director of Nursing for nursing home residents on prior hearing aid use and probability of future 7. A predetermined fee schedule</p> <p>LF Duffy</p>
West Virginia	<p>2. NO 3. YES 4. 40% over invoice? 5. 6. Absolutely. ENT must provide CMN (Certificate of Medical Need) - then everything must be submitted to an intermediary for approval - this includes the invoice - which means you must submit the invoice before you have authorization - and the "invoice" cost includes a 2nd year warranty - whether it is actually included or not. Very few PP audiologists participate in this system. 7. Inadequately and very slowly / Hearing Cost + Dispensing Fee 8. Actual Invoice</p> <p>I stopped providing HAs to Medicaid patients when they went to this system (2 or 3 years ago). There are some ENTs and a couple private practice audiologists who work with the system - therefore, they are unwilling to change it. One of my main objections is that in the past the Case Worker used to decide who needed what - now they get to make no decisions - it is all done by a bunch of clerks who know nothing about HAs or HL or the actual children themselves. They took a bad system and made it worse!</p> <p>Michael Zagarella</p>

