

**NEW YORK STATE
MEDICAID PROGRAM**

**HEARING AID/
AUDIOLOGY SERVICES**

POLICY GUIDELINES

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Section 1: Requirements For Participation in Medicaid

A. Providers

1. Hearing aids must be dispensed by a provider who is licensed/registered by the appropriate authority, in the state in which the provider is located, is enrolled in the New York State Medicaid Program, and must have a national provider identification (NPI) number.

B. Multiple Operating Locations

1. Hearing Aid providers must enroll each location that furnishes care, services or supplies for which reimbursement is sought
2. An additional operating location cannot be added to an existing provider service address unless it is a result of an address change.

C. Out of State Providers

1. Prescribers and Dispensers- must be enrolled in the New York State Medicaid Program
<https://www.emedny.org/info/ProviderEnrollment/index.aspx>

D. Standards of Quality

1. Hearing Aid providers are expected to be knowledgeable about the items they dispense and to provide information to the member about the use and care of the item. In addition, they are expected to provide the necessary fittings and adjustments.
2. Hearing Aid providers are required to provide information regarding warranty services and to uphold the terms of the warranty.
3. Hearing Aid providers are responsible for any needed replacements or repairs that are due to defects in quality or workmanship.
4. Hearing Aid providers are expected to be knowledgeable about the Medicaid program's coverage criteria, frequency limits, and application of correct billing codes. Knowingly making a claim for same/similar, unfurnished or inappropriate services or items are unacceptable practices and are subject to system edits and recoupment.

Section 2: Hearing Aid/Audiology Services

- A. The Medicaid Program provides payment for eligible members, when medically necessary, to alleviate disability caused by the loss or impairment of hearing for:
1. Audiology service
 - i. shall be made available by a qualified audiologist upon referral of a licensed physician or nurse practitioner for audiometric examination and testing and, if necessary, a hearing aid evaluation.
 - ii. A referral is not required for a conformity evaluation or a hearing screening
 - iii. may be provided to eligible members:
 - a. by an approved speech and hearing center
 - b. by an Article 28 facility with an appropriate ENT or Audiology specialty
 - c. by a self-employed or salaried audiologist or audiologist/hearing aid dealer
 - d. by audiologists in group practice
 2. Audiometric screening
 - i. Hearing screening and testing can be provided by any licensed practicing provider who may administer hearing services within their scope of practice using accepted standards and practices for screening, medical clearance, testing, and evaluation.
 3. Hearing aid services and products
 - i. shall be made available based upon the results of an audiometric examination or testing by a qualified audiologist or otolaryngologist
 - ii. may be provided to eligible members:
 - a. by an approved speech and hearing center
 - b. by an Article 28 facility with an appropriate ENT or Audiology specialty
 - c. by a hearing aid dealer or audiologist/hearing aid dealer.
 4. Hearing aid repairs
 5. Replacement of accessories
- B. Phases Of Care
1. The phases of care for hearing aids/audiological services are:
 - i. Hearing Screening
 - ii. Medical Clearance
 - iii. Audiological Testing, Examination and Evaluation
 - iv. Hearing Aid Dispensing.

Section 3: Hearing Aid Recommendation Requirements

A. For All Eligible Members

1. To ensure that a member receives maximum and continuing benefit from the use of a hearing aid all recommendations from an otolaryngologist or an audiologist for hearing aids for Medicaid-eligible members must
 - i. be in compliance with Article 37 of the NYS General Business Law
 - ii. conform to the requirements outlined in this Policy Manual
 - iii. indicate that the member is in need of a hearing aid
 - iv. include the results of pure tone and speech (clinical) audiometry conducted in a sound treated room and/or test suite meeting the American National Standard Institute's specifications

2. The otolaryngologist or qualified audiologist may write either:
 - i. a general recommendation for a hearing aid
 - a. When a general recommendation is made, the hearing aid dealer may perform hearing measurements by means of an audiometer or other testing equipment used solely for the purpose of selecting, fitting, or dispensing an instrument designed to aid or improve human hearing
 - OR
 - ii. prescribe a specific device by indicating manufacturer and model required.
 - a. In support of a prescription for a specific hearing aid, sound field speech audiometry or equivalent testing methods must be performed. These tests must be conducted by or under the direction and personal supervision of an otolaryngologist or licensed audiologist. When a specific device is prescribed, the dealer must dispense as written.

3. Hearing aids must be dispensed within six months of the date of the recommendation.

B. Services Provided to Members Under 21 Years of Age

1. Newborn Hearing Screening
 - i. In New York State, newborn hearing screening is *mandated*. Maternity hospitals and birthing centers must screen newborns for hearing loss before discharge. Infants who fail screening tests must be referred for audiological evaluation as soon as possible.
 - ii. Timely follow-up is important for infants who do not pass their initial hearing screening and for those infants who fail two initial newborn screenings. Referral to the Early Intervention Program in the infant's county of residence can take place at two main junctures in the newborn hearing process:

- a. After an infant fails two hearing screenings, the infant may be referred to early intervention for a confirmatory (diagnostic) test; or
 - b. If an infant has failed initial screening does not receive follow-up screening within 75 days post-discharge, the facility responsible for reporting data to the Department (usually the birth facility) may refer the family to Early Intervention for the purpose of facilitating a second hearing screening.
- C. Hearing Screening for Children Under 21
1. Pure tone screening should be performed at ages specified in the current version of AAP's Recommendations for Preventive Pediatric Health.
 2. If a hearing impairment is suspected at any age, the child should be referred for age-appropriate hearing testing
 - i. It is recommended that providers refer the child to
 - a. a speech and hearing center certified by the Physically Handicapped Children's Program (PHCP) or other appropriately licensed or credentialed providers; or
 - b. the Early Intervention Program in the child's county of residence.
 3. For children less than three years of age:
 - i. follow the most recent version of American Academy of Pediatrics' (AAP) Recommendations for Preventive Pediatric Health Care for age-specific intervals at which subjective history and/or routine standardized hearing testing should be performed
 - ii. who have test findings indicative of hearing loss, or are deemed to be at increased risk for hearing problems should be referred for age-appropriate hearing testing
 4. Providers serving children under 21 years, should refer to the Hearing Section in the EPSDT/CTHP Manual for Child Health Plus A (Medicaid)
<https://www.emedny.org/ProviderManuals/EPSDTCTHP/index.aspx>

Section 4: Coverage Criteria/Documentation Requirements

- A. Monaural/Binaural Hearing Aid
1. documented medical need
 2. statement (psycho/social assessment) that the member is alert, oriented and able to utilize their aid appropriately
 - i. Hearing loss in the better ear of 30 dBHL or greater (re - ANSI 1969) for the pure tone average of 500, 1000 and 2000Hz

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- ii. A spondee threshold in the better ear of 30 dBHL or greater when pure tone thresholds cannot be established
 - iii. Hearing loss in each ear is less than 30 dBHL at the frequencies below 2,000 Hz and thresholds in each ear are greater than 40 dBHL at 2,000 Hz and higher
 3. The better ear must be fitted unless medical justification to the contrary can be documented
- B. Additional Binaural Hearing Aid Criteria
 1. Must also have one or more of the following:
 - i. significant vocational or educational demands
 - ii. previous user of binaural hearing aids within the past five (5) years supported by written documentation of medical need
 - iii. significant visual impairment, i.e. severe low vision as defined by the AMA best corrected visual of 20/200 or below or a visual acuity score of < 50
 - iv. children up to age 20
 - v. For adults 21 and older- Prior approval requests must be submitted using a binaural code.
 - a. The provider must not obtain a DVS authorization for a monaural hearing aid and then submit a PA request for a second hearing aid
- C. Replacement Hearing Aid
 1. A replacement hearing aid is a device that is recommended because the original device was:
 - i. lost, stolen or damaged and is outside the manufacturer's warranty
 - ii. in disrepair with a history of excessive repairs
 - iii. no longer providing adequate benefit.
- D. FM Systems, Assisted Listening Devices and Tinnitus Maskers are not reimbursable by Medicaid.
- E. Documentation Required
 1. The following documentation is required when requesting prior approval for hearing aids:
 - i. Completed prior approval form eMedNY 283202. The form is not required if the request is submitted online via ePACES or other HIPAA-compliant 278 transaction.
 - a. If the PA request is submitted online, all supporting medical documentation must be submitted by mail to Computer Sciences Corporation, utilizing the electronic transaction attachment scanning form available for download at: <https://www.emedny.org/info/phase2/paper.aspx>

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2. Audiogram dated within the previous year of order date that includes air conduction thresholds for both ears, bone conduction thresholds, and word recognition ability scores for both ears
3. Medical clearance
4. Psycho-social statement indicating the recipient's ability to use and care for hearing aids, and indication if the member will be assisted by a care-giver
5. If requesting binaural fit (or replacement of one aid when the member wears two), provide supporting documentation to verifying recipient's qualification
6. Hearing aid information, including:
 - i. Make/brand name
 - ii. model number
 - iii. serial number
 - iv. ear in which the aid will be worn
 - v. any applicable discounts from the manufacturer

If Aid is being Replaced or Repaired also provide:

- vi. year current aid was dispensed
 - vii. status of current hearing aid(s), as assessed by the provider, including history of hearing aid repair
7. If hearing aid is lost, provide letter from member or care-giver describing circumstances of the loss and the specific steps to be taken with the replacement aid to avoid future loss.
 8. If hearing aid is less than 5 years old, indicate why the request is for replacement rather than repair.
 9. Repair Requests
 - i. If requesting prior approval for the repair of hearing aids, the following documentation is required:
 - a. Completed prior approval form eMedNY 283202. The form is not required if the request is submitted online via ePACES or other HIPAA-compliant 278 transaction.
 - b. Audiogram dated within the past two years
 - c. If information is available, indicate if hearing loss remains stable or if there has been a significant change in hearing since original fitting which may require new amplification
 - d. Hearing aid information, including:
 1. Make/brand name
 2. model number
 3. serial number
 4. ear in which the aid will be worn

5. year current aid was dispensed
6. status of current hearing aid(s), as assessed by the provider, including history of hearing aid repair
 - e. Indication of the current charge for the repair showing Medicaid's twenty percent discount
- ii. If hearing aid is over 5 years old, indicate why the request is for repair rather than replacement
- iii. If the member is a binaural user, it should be stated as such and documentation should be provided to establish that the member meets the binaural guidelines
- iv. If the PA request is submitted online, all supporting medical documentation must be submitted by mail to Computer Sciences Corporation, utilizing the electronic transaction attachment scanning form available for download at: <https://www.emedny.org/info/phase2/paper.aspx>
- v. Please note not-for-profit agencies are reimbursed at invoice cost only and must submit a copy of the invoice.

Section 5: Statements Required/ Record Keeping

- A. Hearing aid dealers must meet the record-keeping requirements outlined in Information For All Providers, General Policy, available online at <https://www.emedny.org/ProviderManuals/AllProviders/index.aspx>
- B. Audiology services, except for screenings, shall be supported by a written statement of a physician or nurse practitioner referring the member to a qualified audiologist.
 1. A written referral must be maintained with the member's record.
- C. Hearing aid services shall be supported by written results of audiometry or equivalent testing as required by a hearing aid recommendation or prescription signed by a qualified audiologist or licensed otolaryngologist.
 1. For members under 21 residing in New York State Developmental Centers, the recommendation for a hearing aid may come from the Developmental Center.
- D. A statement of member rights and obligations shall be provided to the member by the hearing aid dispenser at the time the hearing aid is dispensed and a copy will be maintained in the members record. (See Sample in Appendix A of this Manual)
 1. This statement:
 - i. Will be signed by the member
 - ii. Will explain the trial period for that aid for forty-five (45) days immediately subsequent to dispensing
 - iii. Will explain the member's obligation to return to the dispenser:
 - a. for all necessary adjustments and calibrations of the hearing aid during the 45-day trial period
 - b. provide written confirmation of benefit from use of the hearing aid return an unsatisfactory hearing aid

- d. At the end of the forty-five (45) day trial period, a confirmation of benefit statement by the primary care giver or the member is required to provide verification of benefit from use of the hearing aid. (See Sample in Appendix B of this Manual)
 2. This statement is to be maintained in the member record and:
 - i. documents the assessment of the accuracy and the efficacy of the hearing aid fitting
 - ii. verifies that the proper hearing aid fitting was dispensed as recommended
 - iii. verifies the aid(s) function according to specifications, based on audiological data, behavioral observations, or member statement of benefit
 3. Should the primary care giver or the member fail to return and provide this statement, a written explanation from the dispenser may be used to support billing and maintained in the member record.
- E. In addition to meeting the general record keeping requirements, the provider filling an order for hearing aid services must keep on file the fiscal order signed by the prescriber and the delivery statement signed by the member for any item for which Medicaid payment is claimed.
- F. For audit purposes, these signed, written orders, in addition to other supporting documentation such as invoices and delivery receipts, must be kept on file for six years from the date of payment.
- G. Hearing aid dealers must maintain at each of their business locations the records specified in the Official Codes, Rules and Regulations of the New York State (NYS) Department of State available at: <https://www.dos.ny.gov/licensing/>

Section 6- Prior Authorization/Prior Approval Requirements

- A. Prior approval/prior authorization does not guarantee payment.
- B. When obtaining authorization through the Dispensing Validation System or Prior Approval, appropriate modifiers LT (left side) and RT (right side) must be used for monaural hearing aids, earmolds, hearing aid repairs, cochlear implants and auditory osseointegrated devices.
- C. Prior Authorization (Dispensing Validation System)
 1. Most hearing aids for children and adults are approved through the automated electronic Dispensing Validation System (DVS). A DVS is submitted in “real time” which means that the status of the request will be available by the end of your DVS session. DVS checks service limits on the procedure code requested, including frequency, units and age. If service limits are not exceeded, an immediate authorization number is returned. If service limits are exceeded, a prior approval must be requested.

2. When the description is preceded by a “#” in the Procedure Code Section, dispensing validation is required. Be sure to use the appropriate modifier- do not add any spaces.
3. A hearing aid DVS authorization will be granted for an approved period of service of 180 days, and can be cancelled by the provider within 90 days of the authorization date.

D. Prior Approval

1. When recommended by an otolaryngologist, a qualified audiologist or a facility licensed and certified under Article 28 of the Public Health Law to provide speech and hearing or audiology services, prior approval shall be required for all:
 - i. replacement of hearing aids for frequency limits
 - ii. replacement of one aid when the member wears two (provide supporting documentation to verify recipient’s qualification for binaural use as indicated in this Manual)
 - iii. binaural hearing aids for persons 21 years of age and older
 - iv. “_____” Underlined codes in the Procedure Code Section require prior approval if the person is 21 years of age or older
 - v. CROS and BICROS
 - vi. repairs costing \$70 or more
 - vii. batteries not listed in the Fee Schedule shall require prior approval regardless of the source of the order.

Section 7- Who May Dispense

A. For-Profit Providers

1. A person, partnership, association, organization, or corporation formally registered under the provisions of Article 37 of the General Business Law, with the NYS Department of State as a hearing aid dealer, or dispensing audiologist and enrolled in the Medicaid program, may dispense hearing aids to members.
2. The Secretary of State's approval of an application is contingent upon the applicant's compliance with specific standards, Official Codes, Rules and Regulations of the Department of State, available at:
<https://www.dos.ny.gov/licensing/>
3. Hearing aid dealers must continue to comply with these regulations. Failure to abide by these regulations will cause a hearing aid dealer to have his/her certificate of registration revoked. When this occurs, the hearing aid dealer automatically forfeits the right to participate in the Medicaid Program.

4. At the commencement of the trial period, (which is the date the aid is dispensed to the recipient), the for-profit dispenser may bill for
 - i. Ear molds
 - ii. Hearing aid device
 - iii. Accessories, provided the price of the accessory is not already included in the price of the aid
 - iv. Dispensing fee

B. Not-for-Profit Providers

1. Under the Medicaid Program, hearing aid devices and accessories may be dispensed on a not-for-profit basis by a licensed otolaryngologist or certified speech and hearing center which is approved to render services under the PHCP, or by an Article 28 Facility that is eligible to participate under Title XVIII of the Social Security Act (Medicare) and is certified to render speech and hearing or audiology services.
2. When billing for the initial and/or replacement hearing aid device, the not-for-profit dispenser may bill for:
 - i. Accessories, provided the price of the accessory is not already included in the price of the aid
 - ii. Ear mold
 - iii. Batteries
 - iv. Visits at the clinic rate of the facility to cover reasonable and necessary costs for the dispensing of the aid. Not-for-profit providers may not bill the Dispensing fee separately.
3. Speech and Hearing Centers Approved by the NYS Physically Handicapped Children's Program
 - i. Pursuant to Title V, Article 25 of the Public Health Law, Section 2580, Physically Handicapped Children, the DOH is authorized to approve speech and hearing services in health facilities and to designate facilities meeting the highest professional standards as eligible to provide services to children in the PHCP. Because of the scope of services in these facilities and the professional staff available through these facilities, their use is recommended as the referral agency under the Medicaid Program. A list of these approved centers may be obtained by calling the Growing Up Healthy Hotline at (800) 522-5006.

Section 8- Payment For Services Provided

A. General Guidelines

1. For payment to be made by the Medicaid Program, a member must be eligible on the date of service. It is the provider's responsibility to confirm the beneficiary's eligibility on the date the order is received and on the date of service.
 - ii. For more information regarding the Medicaid Eligibility Verification System, providers can access the following link: MEVS Manual <https://www.emedny.org/providermanuals/AllProviders/supplemental.aspx>
2. The item must be provided prior to being billed to the Medicaid Program. No item/service may be billed prior to being furnished.
3. When billing, appropriate modifiers LT (left side) and RT (right side) must be used and match the DVS or PA, for monaural hearing aids, earmolds, hearing aid repairs, cochlear implants and auditory osseointegrated devices.
4. Dispensing fees shall be payable to all qualified For-Profit hearing aid dispensers, for an initial or replacement aid, only after the aid is dispensed. The fee includes, but is not limited to the following, for the life of the hearing aid under normal use:
 - i. all repairs and/or replacement of defective parts plus labor within the warranty period
 - ii. cleaning by original dispenser
 - iii. all fittings
 - iv. all adjustments
 - v. all instructions to the member in the use of the device
 - vi. a one month supply of batteries at time of dispensing
 - vii. Administration fee- effective on and after July 1, 2003, the "administration fee" is a component of the dispensing fee code
 - a. If the aid is returned during the trial period the dispenser is entitled to retain payment for the administrative fee only.
 - b. Only the administrative portion of the dispensing fee may be retained for replacement of lost or stolen aids within the manufacturer's warranty.
5. Reimbursement amounts for the purchase of hearing aids and accessories are for new, unused items.
6. Reimbursement amounts are payment in full.
7. Any insurance payments including Medicare must be collected prior to billing Medicaid and must be applied against the total Medicaid reimbursement.
8. Payment will not be made for items provided by a facility or organization when the cost of these items is included in the facility's Medicaid rate, per Department

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regulation at Title 18 NYCRR 505.5 (d) (1) (iii). It is the dispensing provider's responsibility to verify with the facility whether the item is included in the facility's Medicaid rate.

9. Audiology services and audiometric screening and hearing aid services shall be reimbursed in accordance with the fee schedule set forth in the NYS Fee Schedule for Hearing Aid/Audiology Supplies and Services.

B. Claims

1. If the benefit of a hearing aid cannot be confirmed during the trial period:
 - i. When the member returns the aid to the dispenser:
 - a. the claim for the returned aid must be voided and
 - b. the claim for the dispensing fee must be adjusted to deduct the amount indicated as "dispensing" in the description of the dispensing fee procedure code
 - c. the administrative portion of the fee is still payable
 - ii. When the member does not return the aid to the dispenser:
 - a. the dispensing fee is forfeited
 - b. the acquisition cost of the aid may be reimbursable when requests are supported by documentation of reasonable attempts by the dispenser to provide continuity of service

- ### C. Reimbursement as listed on the fee schedule shall be made to qualified audiologists for a hearing aid evaluation and hearing aid check to confirm benefit from the aid, provided that the audiologist is not the dispenser of the aid and, therefore, ineligible for a dispensing fee (which includes payment for these services).

- i. The fee schedule is available online at:
<http://www.emedny.org/ProviderManuals/HearingAid/index.aspx>

- ### D. Should a member lose eligibility after an earmold(s) and/or hearing aid is ordered but before it is dispensed, Medicaid reimbursement will be made only for the earmold(s).

- ### E. Reimbursement for hearing aids/accessories must not exceed the lower of:
1. the maximum reimbursable amount for the item, as shown in the fee schedule for hearing aid/audiology services and as determined by the Department based on the average cost of products representative of that item; or
 2. the usual and customary price charged to the general public for the same or similar items.
 3. When there is no maximum reimbursable amount listed in the fee schedule for hearing aid/audiology services, payment for hearing aids must not exceed the lower of:

- i. the acquisition cost, net of any discounts or rebates, supported by a copy of the invoice, which must include the brand, model, and serial number of the dispensed hearing aid; or
 - ii. the usual and customary price charged to the general public for the same or similar items.
4. The invoice supporting the acquisition cost of a hearing aid shall list the following information for the hearing aid for which reimbursement is requested:
 - i. brand name
 - ii. model number
 - iii. serial number
 - iv. for custom products, the ear in which the aid will be worn, and
 - v. any applicable discounts from the manufacturer

Section 9- Definitions

For the purposes of the Medicaid Program and as used in this Manual, the following terms are defined to mean:

Article 28 Facility- is a facility certified to provide speech and hearing services or audiology services and is defined under Article 28, Section 2805 of the Public Health Law.

Audiologist- see Qualified Audiologist

Audiology Services- mean audiometric examinations or testing, hearing aid evaluations, conformity evaluations and hearing aid prescriptions or recommendations if indicated.

EPSDT- Early and Periodic Screening, Diagnosis and Treatment (also known as the Child Teen Health Program (CTHP)) means the federal benefit in New York State's Medicaid program for children and adolescents, which affords a comprehensive array of preventive health care and treatments for Medicaid recipients from birth up until age 21 years. To read more follow the link:

<https://www.emedny.org/ProviderManuals/EPSDTCTHP/index.aspx>

Hearing Aid Dealer- see Qualified Hearing Aid Dealer

Hearing aid products- means hearing aids, earmolds, batteries, special fittings and replacement parts.

Hearing Aid Services- means services that are provided in compliance with article 37 of the General Business Law. These services include the selecting, fitting and dispensing of hearing aids, hearing aid checks following dispensing, and hearing aid repairs.

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Otolaryngologist- means a physician licensed under article one hundred thirty-one (131) of the education law, who practices that branch of medicine which treats diseases of the ear, nose and throat

Provider- means an audiologist, hearing aid dispenser, certified clinic or speech and hearing center, with the appropriate specialty, enrolled in the Medicaid program.

Qualified Audiologist- means an individual who is licensed under article one hundred fifty-nine of the education law to evaluate hearing, and hearing and communication disorders and to engage in those practices defined in section eighty-two hundred three of the education law.

Qualified Hearing Aid Dealer- means any person, partnership, association or corporation engaged in the selecting, fitting and dispensing of hearing aids and currently registered in the State by the Department of State pursuant to Article 37-A, section 789 of the General Business Law.

APPENDIX A

MEMBER RIGHTS AND OBLIGATIONS

Minimum Hearing Aid Trial Period: _____ (date dispensed) to _____ (45 days immediately subsequent to dispensing).

During Trial Period _____ (Member Name) must return to the dealer for all necessary adjustments and calibrations of the hearing aid or to return the hearing aid.

At the end of the trial period the member must return to the dispenser and provide written confirmation of benefit of use of the hearing aid.

Dispenser Name

Member Signature

MMIS Provider ID #

Member Name (Please Print)

Member Medicaid ID #

APPENDIX B

HEARING AID CONFIRMATION OF BENEFIT STATEMENT

This is to verify that the _____ (brand, model and serial #)
hearing aid(s) provided to _____ (member name),
_____ (Member Medicaid ID #) and delivered _____
(month/year) is/are providing benefit and purchase is recommended. The following
information is offered in support of this statement of hearing aid benefit:

Signature

Please Print:

Name

Relationship to Member

Address

Date

Phone