



# Audiology & Hearing Aids

---

Presented by: Aleasha Horn, Program Officer

December 19, 2019

# Overview



Eligibility



Prior Authorizations



Criteria & Replacements



Manuals, Fee Schedules &  
Administrative Rules

# Eligibility

---

- It is important to check eligibility before ordering hearing aids for members.
- Eligibility is updated monthly.
- To check a members eligibility go to:

<https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>

# Types of Eligibility that do not have a Medicaid Hearing Aid Benefit

---

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Healthy Montana Kids (HMK) – CHIP (Blue Cross Blue Shield)
  - Sometimes confused with HMK Plus – HMK Plus is a Medicaid benefit and would qualify for Hearing Aids if the member meets the coverage criteria.



# Prior Authorization

---

- All hearing aids require prior authorization (PA). The following documentation must be dated within 90 days of the PA request.
  - Referral
  - Medical Clearance
  - Montana Medicaid Prior Authorization Form
  - Montana Medicaid Certificate of Medical Necessity
  - Copy of the Audiogram (Test Results)

# Referrals

---



- All Audiology services must be referred by a physician or a mid-level practitioner.
- Referrals must be written prior to the audiological evaluation.
- Verbal orders must be followed up by a written order and received by the provider within 30 days.
- Referrals and orders are valid for Medicaid purposes up to 90 days.

# Medical Clearance

---

- The referring physician or mid-level practitioner must indicate that an audiology evaluation would be medically appropriate and that there is no medical reason why the device would not be effective in correcting the member's hearing loss. ( i.e., an underlying medical condition)
- This may be included in the referral itself or it can be submitted as a separate document.

# Hearing Aid Forms

---

- Montana Medicaid Prior Authorization Request Form  
(Hearing Aid PA Request)
- Montana Medicaid Certificate of Medical Necessity  
(Hearing Aid CMN Form)

<https://medicaidprovider.mt.gov/forms>



# Monaural Hearing Aids

---

- For coverage of a monaural hearing aid for adults ages 21 and older, the following criteria must be met:
  - There is an average pure tone loss of at least 40 decibels for each of the frequencies of 500, 1000, 2000, and 3000 Hertz in the better ear, and
  - Word recognition or speech discrimination scores are obtained at a level to ensure pb max.

# Binaural Hearing Aids

---

- For coverage of binaural hearing aids for adults ages 21 and older, all of the following criteria must be met:
  - The two-frequency average at 1 KHZ and 2 KHZ must be greater than 40 decibels in both ears;
  - The two-frequency average at 1 KHZ and 2 KHZ must be less than 90 decibels in both ears;
  - The two-frequency average at 1 KHZ and 2 KHZ must have an interaural difference of less than 15 decibels;
  - The interaural word recognition or speech discrimination score must have a difference of less than 20%;
  - Demonstrated successful use of a monaural hearing aid for at least six (6) months; and
  - Documented need to understand speech with a high level of comprehension based on an educational or vocational need.

# Member's under the age of 21

---

- For coverage of monaural or binaural hearing aids for members under the age of 21, the following criteria must be met:
  - There is an average pure tone loss of at least 25 decibels for each of the frequencies of 500, 1000, 2000, and 3000 Hertz in the better ear.



# Replacements

---

- Hearing Aids will only be replaced once within a 5 year period if the original has been lost or is broken beyond repair when:
  - The warranty period has expired
  - The member still meets the coverage criteria, or
  - The original device no longer meets the member's need and a new/different device has been determined as medically necessary.

# Audiology Services Manual



Audiology services such as hearing aid evaluations and audio assessments can be performed by Audiologists who are currently licensed by the Montana Speech Language Pathologist & Audiologist Board and enrolled With Montana Medicaid as a provider. (provider type 08)



The Manual for Audiology services can be found at the following link:



<https://medicaidprovider.mt.gov/08>

# Hearing Aid Manual



Hearing aids can be dispensed by a licensed audiologist who is enrolled as a Hearing Aid Dispenser with Montana Medicaid. (provider type 09)



The Hearing Aid Manual can be found at the following link:



<https://medicaidprovider.mt.gov/08>

# Fee Schedules

---

- Reimbursement for Audiology Services will be the RBRVS rate or the rate set by the Department as it is published on the Audiologist Services Fee Schedule:

<https://medicaidprovider.mt.gov/08#186632841-fee-schedules--audiology>

- Reimbursement for Hearing Aids will be the Medicare set rate, the rate set by the Department, the submitted price on the invoice or 75% of MSRP as it is published on the Hearing Aid Services Fee Schedule:

<https://medicaidprovider.mt.gov/09#186662850-fee-schedules--hearing-aid>

# Codes to Submit with an Invoice

---

- V5014 Repair/Modification of a Hearing Aid (must include modifier)
- V5264 Ear Mold/Insert
- V5299 Hearing Service
- If an invoice with a description is not submitted for these codes the reimbursement will be the fee scheduled amount of \$22.93.

# Administrative Rules of Montana

---



<http://www.mtrules.org>

**Audiology Services**

37.86.702 through 37.86.705

**Hearing Aid Services**

37.86.802 through 37.86.805

**Billing, Reimbursement, Claims Processing, And  
Payment**

37.85.406

# Contact Information



**Aleasha Horn**

Audiology & Hearing Aid Program Officer

DPHHS Health Resources Division

**406-444-4518**

**[ahorn@mt.gov](mailto:ahorn@mt.gov)**

Provider Relations – Conduent

**1-800-624-3958**