

Billing Guidelines for:

23 Hearing Aid Dispenser and Related Supplies

Coverage and Prior Authorization Requirements



Prior authorization requirements apply to all recipients regardless of their primary insurance carrier. Required documentation must be submitted with the authorization request and not with the claim.

Audiological testing is limited to once per 12 rolling months and must be referred by an M.D. A certified and licensed audiologist must perform the testing. One test per 12 rolling months does not require prior authorization (use [form FH-6](#) to request additional testing).

Hearing aids and related supplies are covered for eligible recipients. Use [form FH-1](#) to request prior authorization when required for the services listed below.

- **Hearing aids:** Coverage for hearing aid(s) is limited to once every 24 rolling months plus any aids/supplies referred by a Healthy Kids Screening. Hearing aids exceeding \$350.00 per aid require prior authorization.
- **Accessories:** Hearing aid accessories are covered. Prior authorization is required.
- **Ear molds:** Ear molds are to be provided with each new hearing aid. Replacement is covered only when referred by a Healthy Kids Screening.
- **Supplies:** Hearing aid supplies do not require prior authorization, but are limited to coverage restrictions. Hearing aid batteries are limited to one package per aid per rolling 30 days. Batteries must be dispensed per rolling 30 days and do not require prior authorization.
- **Testing/Repair:** Testing/repair of hearing aid(s) is limited to once every 12 rolling months. Replacement of broken or lost hearing aid(s) must be prior authorized if the aid(s) is not covered by the manufacturer's warranty.



Notes

Providers are required to keep any records necessary to disclose the extent of services rendered and provide these records, upon request, to the Medicaid agency.

Reference

Refer to the Medicaid Services Manual, [Chapter 1300](#), section 1303.6 for additional information.