

PROTOCOLS FOR AUDIOLOGY

Members may access Audiological Services performed to determine hearing loss and evaluate the need for a Hearing Aid. Access to Hearing Aids includes both the instrument, and the fitting of the Hearing Aid, education, adjustments and repairs as indicated below.

The Audiologist will be responsible for first determining the eligibility of members to receive services, for meeting the elements of and documenting services as indicated below, and in order to receive payment, for submitting claim forms to CenCal Health.

“Audiologist” shall mean a person who performs procedures of measurement, appraisal, identification and counseling related to hearing and disorders of hearing; provides rehabilitation services for the modification of communicative disorders resulting from hearing loss affecting speech, language and auditory behavior; and recommends and evaluates Hearing Aids. An audiologist shall be licensed by the Speech Pathology and Audiology Examining Committee of the State Board of Medical Quality Assurance or similarly licensed by a comparable agency in the State in which he/she practices.

“Audiological Services” shall mean services for: the measurement, appraisal, identification and counseling related to hearing and disorders of hearing; the modification of communicative disorders resulting from hearing loss affecting speech, language and auditory behavior, and the recommendation and evaluation of Hearing Aids.

“Hearing Aid” shall mean any aid prescribed for the purpose of aiding or compensating for impaired human hearing loss.

“Medi-Reservation” shall mean a method of limiting the Medi-Services (or “Limited Services”) allowed under the Medi-Cal program, whereby a Member is entitled only to two visits or services per month.

Eligibility

Audiologist must confirm that the member presenting in his/her office is eligible for services under CenCal Health and is assigned to the referring PCP for the month in which he/she is to render services. This can be accomplished by verifying eligibility through one of CenCal Health’s systems. Information regarding eligibility is in the Member Services Section of this Provider Manual.

In the event the member is not eligible under the program(s) administered by CenCal Health, payment for any services provided to the member will not be the responsibility of CenCal Health.

Type of Services Provided

Audiological Services provided, by acting within the scope of their practice as authorized by California law, are covered for Santa Barbara Health Initiative (SBHI), San Luis Obispo Health Initiative (SLOHI) Healthy Families Program (HFP), Healthy Kids (HK), Prenatal PLUS 2 (PP2), and In-home Supportive Services (IHSS) members.

Audiological Services	• Audiological evaluation to measure the extent of hearing loss and hearing aid evaluation to determine the most appropriate make and
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<p>Hearing Aid Services</p>	<p>model of hearing aid.</p> <ul style="list-style-type: none"> • Hearing Aids, monaural or binaural, including ear mold(s), hearing aid instrument, the initial battery, cords and other ancillary equipment. Includes visits for fitting, counseling, adjustments, and repairs. • Surgically implanted FDA-approved hearing devices, including implantable cochlear devices for bilateral, profoundly hearing impaired individuals who are not benefited from conventional amplification (hearing aids).
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Covered Audiology and Hearing Aids Benefits for SBHI & SLOHI Members

Audiological Services for SBHI & SLOHI Members are considered Limited Services. One initial or first visit may be allowed for each Member in a six-month period for each Provider, and it is included in the two services per month limitation that applies to all Limited Service Providers. This initial visit, which does not require prior authorization from the Primary Care Physician (PCP) or Attending Physician, should be billed with HCPCS Code X4502.

Medi-Reservation – SBHI & SLOHI Members

Services must be reserved by the Audiologist for each visit provided. Services may be reserved by completing and submitting the Medi-Reservation Form found on CenCal Health’s website, www.cencalhealth.org. A confirmation number will be given once the Audiological Service is reserved. No prescriptions are required for Audiology Services.

Covered Audiology Benefits for IHSS Members

The following procedures are Covered Benefits:

- Audiological evaluation to measure the extent of hearing loss
- Hearing aid evaluation to determine the most appropriate make and model of hearing aid
- Hearing Aids – monaural or binaural hearing aids, including ear mold(s), the hearing aid instrument, the initial battery, cords and other ancillary equipment
- Visits for fitting, counseling, adjustments, repairs, etc., at no charge for one (1) year following the provision of a covered hearing aid

Covered Hearing Aids Benefits for IHSS Members

The following procedures are Covered Benefits:

- Hearing aid evaluation (from a contracting otolaryngologist or a licensed audiologist)
- Hearing Aids
- Visits for fitting, counseling, adjustments, repairs, etc., at no charge for one (1) year following the provision of a covered hearing aid.
- Implantation of hearing devices as indicated below

Limitations

- Visits for a 1-year period following the provision of a covered hearing aid are included in the fee for the initial hearing aid evaluation.
- The maximum benefit is \$1,000 every 36 months for the Hearing Aid instrument and ancillary equipment. This limitation does not apply to implantable cochlear devices and surgical services and procedures to implant a hearing device.

Covered Audiology and Hearing Aids Benefits for HFP, HK and PP2 Members

The following procedures are Covered Benefits, as may be indicated below:

- Hearing tests by a physician
- Hearing services by an audiologist
- Hearing Aids and services including audiological evaluation, hearing aid evaluation, monaural or binaural hearing aid including ear molds, initial battery, cords and other associated equipment.

Non-Covered Charges

- Batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase. Charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss.
- Replacement parts for hearing aids, repair of hearing aid after the covered 1-year warranty period and replacement of a hearing aid more than once in any period of 36 months.

Documentation of Services

The Audiologist shall document services by completing a claim form and submitting the form to CenCal Health. The Audiologist shall also provide documentation to the member's PCP.

Authorizations

Referral Authorization Forms (RAFs):

- SBHI & SLOHI Members – RAFs are NOT required for Audiological Services unless the services exceed the two per month limit.
- IHSS Members – RAFs are required for Audiological Services.
- HFP, HK and PP2 Members - Hearing tests are a benefit when provided by a physician, and a RAF may be required if the physician is not the member's PCP.
- All programs – RAFs are NOT required for ear molds (procedure codes V5264 and V5265) as well as for hearing aid repairs.

Additionally, some services may require a **Treatment Authorization Request (TAR) or an Authorization Request (AR)** to be approved by CenCal Health if the services are beyond the limitations set for the benefit. Please refer to the RAF and TAR/AR Sections of this Provider Manual for more information.

Billing for Covered Services

Audiologists bill CenCal Health for the Audiological and/or Hearing Aid services he or she has provided to the eligible member. In the event the member has other coverage, or third-party liability is involved, the Audiologist shall follow the terms and conditions of his/her Agreement with CenCal Health, or as indicated in "Other Health Coverage" in the Claims Section of this Provider Manual.

- Audiologists shall bill using Provider's Medi-Cal number for SBHI or SLOHI and shall bill using Provider's tax identification number (TIN) for HFP, HK, PP2 and IHSS;
- The ICD-9-CM diagnosis code(s) of the member's condition must be on the Claim;
- If member's condition is related to employment, then CMS-1500 box 10a must be checked "YES";
- If member's condition is related to an auto accident, then CMS-1500 box 10b must be checked "YES"

Co-payments

No co-payments for Audiological Services are required for any program, i.e., SBHI, SLOHI, HFP, HK, PP2 and IHSS.

Procedure Codes

Audiologists may bill for services within the range of Audiologic and Hearing Aid CPT codes as established by the American Medical Association's most recently published Current Procedural Terminology (CPT) book and the Healthcare Common Procedure Coding System (HCPCS) codes as compiled and published by the Department of Health and Human Services (HHS).

Reimbursement for Audiologic and Hearing Services

Provider shall be reimbursed by CenCal Health for Covered Services rendered to members as indicated in the Exhibit A of provider's Allied Amendment Agreement.