

PROTOCOLS FOR HEARING AIDS

Members may access Hearing Aid Services which includes both the instrument, and the fitting of the Hearing Aid, education, adjustments and repairs as indicated below.

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

“Hearing Aid Dispenser” shall mean a person engaged in the fitting or selling of Hearing Aids to an individual with impaired hearing. A Hearing Aid Dispenser shall be licensed as a Hearing Aid dispenser by the California Board of Medical Quality Assurance.

Eligibility

Hearing Aid provider 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

Hearing Aid 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.

Covered Hearing Aid Benefits for All Members

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.

Covered Hearing Aid Benefits for SBHI & SLOHI Members

Hearing aids are covered only when supplied by a Hearing Aid dispenser on prescription of an otolaryngologist or a qualified Attending Physician, and approved by the Member’s Primary Care Physician, if applicable. In addition, Members must have an audiological evaluation, including a Hearing Aid evaluation that must be performed by or under the supervision of the contracting otolaryngologist or by a licensed audiologist. Prior to prescribing a Hearing Aid, the otolaryngologist or other physician shall perform a complete ear, nose and throat exam.

Prior authorization is required for the purchase or trial period rental of Hearing Aids, and for Hearing Aid repairs that exceed a cost of \$25.00 per repair service. Claims for individual repair services shall not be cumulative for the purposes of

determining the need for prior authorization. All Hearing Aids are to be guaranteed for at least one year exclusive of earpiece, cord and batteries.

Covered Hearing Aid Benefits for HFP, HK and PP2 Members

The following procedures are Covered Benefits as indicated below:

Hearing tests, hearing aids and related services including:

- an hearing test to measure the extent of hearing loss
- a 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

Limitations for SBHI, SLOHI, HF, HK and PP2 Members

- There is no charge for visits for a 1-year period following the provision of a covered Hearing Aid for HFP, HK and PP2.
- Eyeglass Hearing Aids are covered for SBHI and SLOHI Members when the requirements of Title 22, CCR, §§ 51319(h) and 51317 are met at the same time.
- Initial Hearing Aid batteries for SBHI and SLOHI Members supplied with the Hearing Aid are covered when supplied with a Hearing Aid that has been prior authorized.
- Hearing Aid cords, receivers, ear molds, and hearing air garments are covered for SBHI and SLOHI Members without prior authorization.

Non-Covered Charges for SBHI, SLOHI, HF, HK and PP2 Members

- 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 or repair of Hearing Aid after the covered 1-year warranty period.
- Replacement of a Hearing Aid more than once in any period of 36 months.
- Surgically implanted hearing devices for HFP, HK and PP2 Members.

Covered Hearing Aids Benefits for IHSS Members

The following procedures are Covered Benefits:

- 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.
- 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).

Limitations for IHSS Members

- Hearing screening services are limited to one (1) visit per year.
- There is no charge for visits for a 1-year period following the provision of a covered hearing aid, and
- 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.

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

Authorizations

- SBHI & SLOHI - Hearing Aid providers are required to obtain a referral in the form of a prescription (Rx) from the member's PCP, an otolaryngologist or other qualified physician.
- HFP, PP2 or HK - Hearing tests for HFP, PP2 or HK members is a benefit when provided by a physician, and a Referral Authorization Form (RAF) may be required if the physician is not the member's PCP.
- IHSS - Hearing Aid providers are required to obtain Referral Authorization Forms (RAFs) from the member's PCP.
- All programs - Referral Authorization Forms (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

Hearing Aid providers bill CenCal Health for the Hearing Aid provider 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 Hearing Aid provider 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.

- 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).
- 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 Hearing Aids are required for any program, i.e., SBHI, SLOHI, HFP, HK, PP2 and IHSS.

Procedure Codes

Hearing Aid providers may bill for services within the range of Hearing Aid providers Hearing 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 Hearing Aids

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.