

Authorization Guidelines for Hearing Aids

A written prescription is required for all hearing aid appliances with the exception of ear molds (V5264 & V5265); however, the prescription is required to accompany the authorization for initial purchase requests only. For replacement and repairs of hearing aid appliances, the prescription must be kept on file in the member's medical chart which is subject to an audit by the plan.

Authorization Requirements:

A Treatment Authorization Request (TAR) or Authorization Request (AR) is required for the following with exceptions noted as applicable:

- A TAR/AR is required for all new hearing aids.
- A TAR/AR is required for the replacement of lost, stolen or damaged hearing aids as well as the replacement of hearing aids that no longer meet the needs of the member.
- A TAR/AR is required for the purchase or trial rental period of hearing aids.
- A TAR/AR is required for hearing aid repairs which exceed the cost of \$25.00 per repair service.
- Ear molds (V5264 & V6265) do not require prior authorization.
- Replacement hearing aid batteries are not covered.
- Hearing aids are not a Medicare benefit and thus do not require a denial letter from Medicare.

Authorization Documentation:

All TARs/ARs require documentation for medical necessity defined as:

- New Hearing Aids
 - Prescription signed and dated by the physician
 - Audiogram:
 - Average hearing loss level of 35 dB or greater for 500, 1000, and 5000 Hz, or:
 - Average hearing loss level of 30 dB, if the difference between the level of 1000 Hz and 2000 Hz is 20 dB or more, and:
 - Member's communication or safety is effectively improved with hearing aids through auditory contact
 - Specification of ear to be fitted

- Replacement of Lost, Stolen, or Irreparably Damaged Hearing Aids
 - Detailed description of events leading to loss or damage, signed by member and physician
 - Current audiogram which is no more than three (3) months old; if audiogram is older than three (3) months, a current audiogram should be provided based on the specifications in the “New Hearing Aids” section above
 - If the hearing aid is under warranty but irreparably damaged, a statement from the manufacturer that the aid is not repairable and thus the provider is requesting replacement
- Replacement of Hearing Aids that No Longer Meet the Member’s Needs
 - Comparative audiograms based on specifications above used for fitting both the old and new hearing aids
- Hearing Aid Repairs Exceeding \$25 Per Repair
 - Written description of the problem requiring repair
 - Specification of ear to be fitted
 - Hearing aid manufacturer’s name, unit, model designation, date of purchase and serial number
- Programmable or Digital Hearing Aid Systems (V5298)
 - New Hearing Aids:
 - Hearing aid manufacturer name
 - Model or serial number
 - Copy of manufacturer’s wholesale catalog page with the hearing aid description and price
 - Replacement of lost, stolen, or irreparably damaged hearing aids (may only be replaced if a loss and damage feature was included in the purchase price):
 - Documentation indicating the loss and damage feature provision
 - The hearing aid manufacturer name, model or serial number and the replacement fee

- Hearing Aid Supplies/Accessories (V5267)
 - Supply or accessory manufacturer name and model number
 - A copy of the wholesale catalog page with the supply or accessory description and the manufacturer price

Helpful Hints for TAR/AR Submission:

- Quantity for all hearing aid appliances should be one (1) with the exception of ear molds (V5364 & V5265); procedure codes for hearing aid appliances already assume a quantity based on the hearing aid being monaural (one ear) or binaural (both ears).
- CenCal Health has fourteen (14) calendar days to make an initial determination on a medical authorization. Health Services is required to process authorizations within five (5) business days of receipt of the authorization and all its necessary documentation.
- If submitting authorization through CenCal Health's website, please ensure that the documentation required for the authorization is faxed to the plan on the same day as the submittal of the web TAR/AR. Please add the TAR/AR number to each page of the documentation to ensure the information being faxed is attached to the correct authorization. Paper authorization forms should be mailed or faxed with all supporting documentation included.
- If there is a delay in providing the required documentation, please notify the Health Services Department at (805) 562-1082 or directly to the plan staff member requesting the additional documentation needed to process the authorization.
- Email is the most effective means of communication for authorizations; if you are not already receiving email notifications for authorization submission or if you need to update your email address, please contact the Provider Services Department at (805) 562-1676.