

PROVIDER BULLETIN

NO. 08-21

June 26, 2008

TO: Medicaid Providers

FROM: Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care

Re: Hearing Aid Policy Changes Effective July 1, 2008:

- Adult Clients Limited To One Hearing Aid Per Ear Every Four Years
- Billing Threshold Of \$500 Established For The Prior Authorization Requirement

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL, AND BILLING STAFF

Effective July 1, 2008, Medicaid adult clients (age 21 and older) are limited to one hearing aid per ear every four years if medically necessary. Requirements for clients age 20 and younger remain unchanged.

Information regarding whether a client's annual limit has been expended can be obtained by calling Medicaid Inquiry at 1-877-255-3092. Please note that the information provided by Medicaid Inquiry will be based on Medicaid paid claims data which may not include all hearing aids previously received by a client.

Prior authorization threshold: As of July 1, 2008, hearing aids of any type that are billed at \$500 or less will not require Medicaid prior authorization approval before payment. Provider still must complete all the documentation required for a prior authorization in 471 NAC 8-007. However, if the client meets the requirements, rather than submit the documentation to Medicaid for prior approval, the provider will retain the documentation, and must produce the documentation upon Department request. The provider still must submit a cost invoice when billing.

Providers who bill hearing aids above the \$500 threshold will still be required to obtain a prior authorization approval before Medicaid considers payment, and must submit both the prior authorization number and the cost invoice when billing.

"Prior authorization threshold" policy applies only to the billing of the hearing aids. Providers may bill for the dispensing fee regardless of whether aids require prior authorization.

Medicaid regulations addressing this change will not be printed and mailed. Rather, all Medicaid regulations are posted on-line at <http://www.dhhs.ne.gov/med/provhome.htm>

If you have questions or comments, please communicate via email with your Medicaid DME program staff specialist: mike.laughlin@DHHS.ne.gov