

471-000-205 Form MC-9HA, "Prior Authorization Document for Hearing Aids" and Completion Instructions



Division of Medicaid and Long-Term Care
Prior Authorization for Hearing Aids

Authorization Number

1. Client Medicaid Number		
Client Name		
2. Hearing Aid Dispenser NPI	Taxonomy	
Business Name		
Street		
City	State	Zip Code +4
Phone Number		

Form MC-9HA is used to authorize hearing aids (471 NAC 8-000). Copy this form for office use. Incomplete forms will be returned.

The hearing aid provider shall complete forms 1-5, attach a completed DM-5H to this MC-9HA form and forward to the Utilization Management Provider for review (See 471-000-205 for complete instructions).

3. Services to Be Authorized		Attach Invoice	
Code	Modifier	Description of Service	Amount
a.			
b.			
c.			
d.			

4. Physician Name (From DM-5H)	Physician NPI	5. ICD Version Indicator ICD-9 <input type="checkbox"/> ICD-10 <input type="checkbox"/>	6. ICD Diagnosis Code
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7. Additional Information

Form MC-9HA Instructions for Completion

Use: Form MC-9HA is used to prior authorize payment for hearing aids as required by the Nebraska Medicaid Program (471 NAC 8-000). Copy this form for office use. Incomplete forms will not be processed and returned.

Prior authorization is completed by the Utilization Management Provider. For instructions, contact the Nebraska Medicaid Program for information.

Completion: Providers shall complete Form MC-9HA as follows:

- 1. Client Medicaid number:** Enter the client's eleven-digit Nebraska Medicaid identification number
Client Name: Enter the client's full name
- 2. Hearing Aid Dispenser NPI:** Enter the ten-digit National Provider Identifier (NPI) of the hearing aid dispenser
Taxonomy: Enter the ten-digit Taxonomy code of the hearing aid dispenser
Business Name and Address: Enter the hearing aid dispenser's business name, street address, city, state and the complete nine-digit zip code.
Phone Number: Enter the phone number at which the person requesting authorization may be contacted
- 3. Services to be Authorized:** A maximum of four services can be requested on each prior authorization request. For each item or service requested, enter the information below:
Code: Enter the procedure code: See 471-000-508 for procedure codes used by Nebraska Medicaid
Modifier: Enter the procedure code modifier, if applicable
Description of Service: enter the description of the item requested
Amount: enter "IC" for items paid at invoice cost. Enter the dispenser's charge for other items requested with invoice or estimated cost
- 4. Physician Name:** Enter the name of the physician that signed the DM-5H "Physician's Report on Hearing Loss"
Physician NPI: Enter the ten-digit National Provider Identifier (NPI) of the physician that signed form DM-5H
- 5. ICD Version Indicator:** Check the appropriate ICD Version Indicator box for the date of service
- 6. ICD Diagnosis:** Enter the appropriate ICD Diagnosis dependent on the ICD Version Indicator checked in Box 5

Distribution: The hearing aid dealer attaches the completed Form DM-5H "Physician's Report on Hearing Loss" to the completed Form MC-9HA and submits to the Utilization Management Provider for review. The hearing aid dealer will be notified by the Utilization Management Provider and should submit a copy of the prior authorization and the MC-9HA with the claim for payment.