

471-000-508 NEBRASKA MEDICAID HEARING AID (HA) FEE SCHEDULE

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 8.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to CPT. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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MODIFIER INFORMATION**Modifier Definitions for Hearing Aids**

Modifier	Description
22	(Special) Ear Mold/Insert Not Included With Aid On Invoice
LT	Left Ear
RA	Replacement Ear Molds And Dispensing Fee When Under Warranty
RB	Repair Of Aid
RT	Right Ear

PRIOR AUTHORIZATION INFORMATION

Prior authorization is required for:

1. All hearing aids and assistive listening devices billed at \$501.00 or greater.
2. All repairs and accessories of \$150.00 or greater per line item; and

3. All replacements of lost or stolen hearing aids or assistive listening devices. The cost factor is not applicable.

All requests for prior authorization and supporting documentation must be submitted to the utilization management organization under contract with the Department.

Prior authorizations are good for one year unless otherwise noted for specific equipment. Medical necessity may expire within that year period therefore new medical necessity must be obtained if the medical necessity expires within the service dates of the claim.

Prior authorizations are done prior to the dispensing of the hearing aids or assistive listening devices. Prior authorizations are reviewed retroactively when the client is either a ward of the state or if someone becomes retroactively eligible for Medicaid.

CLAIM INFORMATION

The following information must be submitted with each claim:

1. A detailed physician's order for the item
2. A copy of the prior authorization
3. A clear description of the item dispensed such as brand/model
4. A copy of any Medicaid forms used
5. A copy of the quote, and
6. The actual cost invoice from the manufacturer with the client's name on it. An actual cost invoice is the supplier's invoice that the provider actually paid, and includes any discounts and rebates to the provider.

CLIENTS IN NURSING HOMES OR INTERMEDIATE CARE FACILITIES / DEVELOPMENTALLY DISABLED FACILITIES

1. Replacement batteries for hearing aids are covered under the facility's per diem;
2. Repairs for hearing aids will be paid directly to the provider not the facility; and
3. Dispensing fees for repairs will be paid directly to the provider not the facility.

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-08.pdf