

EFFECTIVE
10-09-2021

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

471 NAC 8

TITLE 471 NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 8 HEARING AIDS

001. SCOPE AND AUTHORITY. These regulations govern services provided under the Medical Assistance Act, Nebraska Revised Statute (Neb. Rev. Stat.) §§ 68-901 et seq.

002. DEFINITIONS. The following definitions apply:

002.01 ASSISTIVE LISTENING DEVICE. Any instrument or device that helps overcome hearing loss.

002.02 BEHIND THE EAR (BTE). All parts of the hearing aid are behind the ear (BTE) except for the ear piece that is connected by tubing to the behind the ear (BTE) parts.

002.03 COMPLETELY IN THE CANAL (CIC). The hearing aid is completely in the ear (ITE) canal.

002.04 HEARING AID. Any wearable instrument or device, including any parts, attachments, or accessories, but excluding batteries or cords, that is designed for or offered for the purpose of aiding or compensating for impaired human hearing and that is programmed to a specific individual's hearing loss. Over-the-counter amplification devices with generic settings are excluded.

002.05 IN THE CANAL (ITC). The hearing aid is mostly in the ear (ITE) canal.

002.06 IN THE EAR (ITE). The entire hearing aid fits in the area just outside of the ear canal known as the concha bowl.

002.07 OTOLARYNGOLOGY SPECIALIST. A physician who specializes with disorders and conditions of the ear, nose, and throat region and related areas of the head and neck.

002.08 RECEIVER IN THE CANAL (RIC). Hearing aid with most parts behind the ear (BTE) except the receiver that is in the ear (ITE) and connected by a wire to the behind the ear (BTE) parts.

003. PROVIDER REQUIREMENTS.

003.01 GENERAL PROVIDER REQUIREMENTS. Providers of hearing aids must comply with all applicable provider participation requirements codified in 471 Nebraska Administrative Code (NAC) 2 and 3. In the event that provider participation requirements in 471 NAC 2 or 3

conflict with requirements outlined in this chapter, the individual provider participation requirements in this chapter will govern.

003.02 STANDARDS OF PARTICIPATION. To participate in Medicaid, hearing aid dispensers must complete and sign Form MC-19, Service Provider Agreement, and submit the completed form to the Department for approval. Hearing aid dispensers must be licensed by the Department as a:

- (1) Hearing instrument specialist and audiologist;
- (2) Audiologist; or
- (3) Hearing instrument specialist.

003.02(A) OUT OF STATE PROVIDERS. If the services are provided outside Nebraska, the dispenser must be:

- (i) Licensed by the appropriate agency of the state in which they practice; and
- (ii) Enrolled with Medicaid as a hearing aid service provider.

003.02(B) HEARING AID BATTERIES. Pharmacies and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) providers may dispense hearing aid batteries if enrolled as a Medicaid provider.

004. SERVICE REQUIREMENTS.

004.01 GENERAL REQUIREMENTS.

004.01(A) MEDICAL NECESSITY. Medicaid incorporates the definition of medical necessity from 471 NAC 1 as if fully rewritten herein. Services and supplies that do not meet the 471 NAC 1 definition of medical necessity are not covered.

004.01(B) PRIOR AUTHORIZATION. Medicaid requires prior authorization for certain items and services, as outlined on the Nebraska Medicaid Hearing Aid Fee Schedule.

004.01(B)(i) PRIOR AUTHORIZATION PROCEDURE FOR HEARING AIDS, ASSISTIVE LISTENING DEVICES, AND ACCESSORIES. Medicaid requires that the following information be submitted when requesting prior authorization for all hearing aids and assistive listening devices billed at \$500.01 or greater per unit, and accessories of \$150 or greater per line item:

- (a) A complete audiogram;
- (b) The name of the examiner or dispenser performing the audiogram;
- (c) The type of hearing aid or assistive listening device being recommended and any accessories;
- (d) The estimated cost of the hearing aid or assistive listening device;
- (e) The estimated cost of each item being provided;
- (f) The hearing aid dispenser's provider number; and
- (g) The hearing aid dispenser's name, address and phone number.

004.01(B)(i)(1) PRIOR AUTHORIZATION FORM. Form DM-5H, Physician's Report on Hearing Loss, must be used when submitting a request for prior authorization. All requests for prior authorization, and supporting documentation,

must be submitted to the Department or the utilization management organization under contract with the Department.

004.01(B)(ii) PRIOR AUTHORIZATION PROCEDURE FOR REPAIRS. All requests for prior authorization, and supporting documentation, must be submitted to the Department or the utilization management organization under contract with the Department. Medicaid requires that the following information be submitted when requesting prior authorization for all repairs of \$150 or greater per line item:

- (1) The estimated cost of the repair;
- (2) The estimated cost of each item being provided;
- (3) The hearing aid dispenser's provider number; and
- (4) The hearing aid dispenser's name, address and phone number.

004.01(C) EAR, NOSE, AND THROAT (ENT) EVALUATIONS. Medicaid requires that a client be evaluated by a licensed otolaryngology specialist who is an approved Medicaid provider when the following criteria is met:

- (i) The client has a conductive hearing loss;
- (ii) The client has a unilateral hearing loss;
- (iii) The client has asymmetric hearing loss;
- (iv) The client reports dizziness; or
- (v) The client is age 16 or younger.

004.01(D) SERVICES PROVIDED FOR CLIENTS ENROLLED IN NEBRASKA MEDICAID MANAGED CARE. See 471 NAC 1.

004.01(E) HEALTH CHECK SERVICES. See 471 NAC 33.

004.02 COVERED SERVICES. Medicaid provides hearing aids and supplies to Nebraska Medicaid eligible clients. These services include hearing aids, hearing aid repairs, assistive listening devices, and other hearing aid services when the services are medically necessary and are prescribed by a physician. Medicaid covers in-the-ear (ITE), behind the ear (BTE), in the canal (ITC), completely in the canal (CIC), or receiver in the canal (RIC) hearing aids. Bone conduction aids will be approved with ear, nose, and throat (ENT) physician approval.

004.02(A) NUMBER OF HEARING AIDS. Medicaid covers:

- (i) For clients age 20 and younger, the number of hearing aids is dependent on medical necessity; and
- (ii) For clients age 21 and older, hearing aids are limited to not more than one aid per ear every four years and then only when medically necessary. Medical necessity is determined using the prior authorization procedure in this chapter.

004.02(B) REPLACEMENT OF HEARING AIDS AND ASSISTIVE LISTENING DEVICES. The provider must obtain prior authorization from Medicaid for all replacements of lost or stolen hearing aids or assistive listening devices.

004.03 NON-COVERED SERVICES. Medicaid does not cover:

- (A) Hearing aid batteries for residents of a nursing facility except with the initial fitting;
- (B) Accessories which are for convenience; or

(C) Items that are deemed to be not medically necessary.

005. BILLING AND PAYMENT FOR HEARING AIDS.

005.01 BILLING.

005.01(A) GENERAL BILLING REQUIREMENTS. Providers must comply with all applicable billing requirements codified in 471 NAC 3. In the event that individual billing requirements in 471 NAC 3 conflict with billing requirements outlined in this chapter, the individual billing requirements in this chapter will govern.

005.01(B) SPECIFIC BILLING REQUIREMENTS. Providers must submit claims to the Department on the appropriate claim form or electronic format. The provider or the provider's authorized agent must submit the provider's usual and customary charge for each procedure code listed on the claim.

005.01(B)(i) PROCEDURE CODES. Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) procedure codes used by Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule.

005.02 PAYMENT.

005.02(A) GENERAL PAYMENT REQUIREMENTS. Medicaid will reimburse the provider for services rendered in accordance with the applicable payment regulations codified in 471 NAC 3. In the event that individual payment regulations in 471 NAC 3 conflict with payment regulations outlined in this chapter, the individual payment regulations in this chapter will govern.

005.02(B) SPECIFIC PAYMENT REQUIREMENTS. Medicaid pays for covered hearing aid services at the lower of:

- (i) The provider's submitted charge; or
- (ii) The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule for that date of service.