DRAFT POLICY -- OPEN FOR PUBLIC COMMENT

This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

HHSC is performing a targeted review of the Hearing Devices benefit for Medicaid clients.

The following is a summary of changes in scope for this policy review:

- Updated; Policy updated to audit 02876 recommendations from the code validation work group back in May of 2020. Through audit 02876 we related hearing aid procedure codes to hearing device battery procedure codes. Policy updated to address Audit 02679 from the Code Validation Workgroup. Through Audit 02679 policy language was updated to the Auditory Brainstem Implant (ABI) section of the hearing devices policy.
- Clarified that clients must have received a hearing device supplies at least once in the prior 5 year rolling period.
- Updated the cochlear implants sections of the policy to include children 9 months of age or older.

The following is out of scope for this review:

- Any other policy language not indicated as being inserted or struck from the review.

New policy language has been underlined and deleted language has been struck-through to highlight proposed policy changes.

Note: The current language regarding the Hearing Devices benefit can be found in the Texas Medicaid Provider Procedures Manual (TMPPM), Vol 2: Vision and Hearing Services Handbook.

Hearing Devices

Statement of Benefits

NOTE: Hearing screening and testing information can be found in the Otology and Audiometry Services policy.

1. Hearing devices are benefits of Texas Medicaid and fall into two basic categories: nonimplantable hearing devices (hearing aids) and implantable hearing devices. Both categories of hearing devices require an individual client assessment identifying the appropriate type of device, the fitting/ implantation, the re-assessment to determine whether the device allows for adequate hearing, and the expendable supplies (e.g., batteries) necessary to keep the device functioning properly. Hearing devices are a benefit for clients of any age. Some types of hearing devices are age restricted.

Hearing Aids and Related Services

2. Monaural and binaural hearing aids are benefits of Texas Medicaid as outlined in this policy.

2.1 A monaural hearing aid is a benefit for clients of any age when benefit criteria are met.

2.2 Binaural hearing aids are benefits for clients who are 20 years of age or younger when benefit criteria are met.

3. All abnormal hearing screens for clients must be referred to a Texas Medicaid-enrolled provider that offers auditory services. Clients who are 20 years of age or younger with abnormal screening results must be referred to a Texas Medicaid-enrolled provider experienced with the pediatric population who offers auditory services.

4. Those clients whose jobs are contingent on their possessing a hearing aid, and those clients who appear to have vocational potential and who need a hearing aid may be referred to the Texas Workforce Commission (TWC) for hearing aids.

5. Hearing aid procedure codes:

5.1 Monaural hearing aids are benefits using the following procedure codes:

Table A: Procedure Codes—Monaural Hearing Aids

Procedure Code	Description
R-V5030	Description withheld due to copyright.
R-V5040	Description withheld due to copyright.
R-V5244	Description withheld due to copyright.
R-V5245	Description withheld due to copyright.
R-V5246	Description withheld due to copyright.
R-V5247	Description withheld due to copyright.
R-V5254	Description withheld due to copyright.
R-V5255	Description withheld due to copyright.
R-V5256	Description withheld due to copyright.
R-V5257	Description withheld due to copyright.

5.2 Monaural hearing aids identified by description as CROS are benefits for clients who are 20 years of age or younger using the following procedure codes:

Table B: Procedure Codes – Monaural Hearing Aids (CROS)

Procedure Code	Description
R-V5171	Description withheld due to copyright.
R-V5172	Description withheld due to copyright.
R-V5181	Description withheld due to copyright.

5.2.1 The benefit for monaural hearing aids is:

5.2.1.1 Clients who are 20 years of age or younger: One hearing aid for each ear per five-year period

5.2.1.2 Clients who are 21 years of age or older: One hearing aid, either left or right ear, per five-year period

5.2.2 Monaural hearing aids must be submitted with the appropriate hearing aid procedure code appended with modifier LT (left) or RT (right).

5.3 Binaural hearing aids are benefits for clients who are 20 years of age or younger using the following procedure codes:

Table C: Procedure Codes—Binaural Hearing

Procedure Code	Description
R-V5100	Description withheld due to copyright.
R-V5211	Description withheld due to copyright.
R-V5212	Description withheld due to copyright.
R-V5213	Description withheld due to copyright.
R-V5214	Description withheld due to copyright.
R-V5215	Description withheld due to copyright.
R-V5221	Description withheld due to copyright.
R-V5249	Description withheld due to copyright.
R-V5250	Description withheld due to copyright.
R-V5251	Description withheld due to copyright.
R-V5252	Description withheld due to copyright.
R-V5253	Description withheld due to copyright.
R-V5258	Description withheld due to copyright.

Procedure Code	Description
R-V5259	Description withheld due to copyright.
R-V5260	Description withheld due to copyright.
R-V5261	Description withheld due to copyright.

5.3.1 The benefit for binaural hearing aids is one set of hearing aids per five-year period.

6. The following additional hearing aid-related procedures are benefits for clients who are 20 years of age or younger, as outlined in this policy.

Table D: Procedure Codes—Hearing Aid Related (Clients who are 20 Years of Age or Younger)

Procedure Code	Description
R-V5267	Description withheld due to copyright.
R-V5298	Description withheld due to copyright.

7. The following additional hearing aid-related procedures are benefits as outlined in this policy.

Table E: Procedure Codes—Hearing Aid-Related

Procedure Code	Description	Covered Age Category
1-92590	Description withheld due to copyright.	All ages
1-92591	Description withheld due to copyright.	20 years of age or younger
1-92592	Description withheld due to copyright.	All ages
1-92593	Description withheld due to copyright.	20 years of age or younger
1-92594	Description withheld due to copyright.	All ages
1-92595	Description withheld due to copyright.	20 years of age or younger
R-V5010	Description withheld due to copyright.	All ages
R-V5011	Description withheld due to copyright.	All ages
R-V5264	Description withheld due to copyright.	All ages
R-V5265	Description withheld due to copyright.	All ages
R-V5266	Description withheld due to copyright.	All ages
R-V5275	Description withheld due to copyright.	All ages

8. The following dispensing fee procedure codes are benefits as outlined in this policy:

Table F: Procedure Codes—Dispensing Fee

Procedure Code	Description	Covered Age Category
R-V5090	Description withheld due to copyright.	All ages
R-V5110	Description withheld due to copyright.	20 years of age or younger
R-V5160	Description withheld due to copyright.	20 years of age or younger
R-V5200	Description withheld due to copyright.	20 years of age or younger
R-V5240	Description withheld due to copyright.	20 years of age or younger
R-V5241	Description withheld due to copyright.	All ages

9. Hearing aid warranty:

9.1 A hearing aid dispensed through Texas Medicaid must:

9.1.1 Be a new and current model that meets the performance specifications indicated by the manufacturer

9.1.2 Include, at minimum, a standard 12-month warranty that begins on the dispensing date of the hearing aid

9.2 The following hearing aid services are considered for coverage during the warranty period, within the limitations outlined in this policy:

9.2.1 Replacement of a hearing aid

9.2.2 Replacement of hearing aid batteries

10. Hearing aid repair:

10.1 Repair or modification of a hearing aid is a benefit and is limited to one per rolling year. Additional repairs beyond one per rolling year are considered, with documentation supporting the need for the requested repair, and are restricted to the limitations outlined in this policy.

10.2 Hearing aid repair is not a benefit during the 12-month manufacturer's warranty period.

10.3 Hearing aid repair or modification must be billed using the following procedure code:

Table G: Procedure Codes—Hearing Aid Repair

Procedure Code	Description
R-V5014	Description withheld due to copyright.

11. Hearing aid required package:

11.1 Providers must dispense each hearing aid purchased through Texas Medicaid with all necessary hearing aid accessories and supplies, including a one-month supply of batteries. The instructions for care and use of the hearing aid must be included with the hearing aid package.

12. Hearing aid trial period:

12.1 A trial period of up to 30 days is authorized by Texas Occupations Code §402.401. The 30-day trial period, and any charged rental fee, must meet the Texas Department of Licensing and Regulation (TDLR) rule requirements in 16 TAC §112.140.

12.2 Providers must allow each Texas Medicaid client a 30-consecutive-day trial period that begins with the dispensing date. This trial period gives the client time to determine satisfaction with a purchased hearing aid. During the trial period, providers may dispense additional hearing aids as medically necessary until the client is satisfied with the results of the hearing aid or until the provider determines that the client cannot benefit from the dispensing of an additional hearing aid. A new trial period begins with the dispensing date of each hearing aid.

12.3 Providers must inform recipients of the trial period and must inform the client in writing of the beginning and ending dates of the trial period.

12.4 If the client is not satisfied with the purchased hearing aid, the client may return it to the provider, who must accept it. If the aid is returned within 30 days, the provider may charge the client a rental fee not to exceed $2.00 per day. This fee is not a benefit of Texas Medicaid. Clients are responsible for paying any rental fees assessed for hearing aids returned during the 30-day trial period. Providers must obtain a client-signed acknowledgment statement indicating the client's acceptance of responsibility for any rental fees assessed. This statement must be maintained in the client's file.

12.5 The fitter/dispenser must allow 30 days to elapse from the hearing aid dispensing date before completing a 30-day trial period certification statement indicating that the client has completed the trial period and has accepted the dispensed hearing aid. The certification statement must be maintained by the provider in the client's file.

13. Hearing aid fitting and dispensing:

13.1 The fitting and dispensing visit includes the fitting, dispensing, and post-fitting check of the hearing aid. The provider(s) who sign the "Hearing Evaluation, Fitting, and Dispensing Report (Form 3503)" must maintain a copy of the report in the client's medical record.

13.1.1 The first revisit includes a hearing aid check.

13.1.2 The second revisit includes either real ear measurement or aided sound field testing according to the guidelines specified for the hearing evaluation. If the aided sound field test scores suggest a decrease in hearing acuity, the provider must include puretone and speech audiometry readings from the first evaluation. The second revisit is available as needed after the post-fitting check and first revisit.

13.1.3 Additional counseling is available as needed within a period of six months after the post-fitting check.

Implantable Hearing Devices

14. Implantable hearing devices are benefits of Texas Medicaid as outlined below. This category of hearing devices includes the cochlear implant device, the auditory brainstem implant (ABI), and the bone- anchored hearing device (BAHD).

Cochlear implants

15. A cochlear implant device is an electronic instrument, part of which is implanted surgically into the cochlea to stimulate auditory nerve fibers, and part of which is worn externally to capture and amplify sound. These devices are available in single and multi-channel models. Cochlear implants are used to provide an awareness and identification of sound and to facilitate communication for persons who are profoundly hearing impaired.

16. The cochlear implant device is a benefit for clients who are ~~12~~ 9 months of age or older.

17. The device must be Food and Drug Administration (FDA)-approved and age-appropriate for the client.

18. Codes related to the cochlear implant device and separate components are as follows:

Table H: Procedure Codes—Cochlear Implant Device and Separate Components

Procedure Code	Description
2/F-69930	Description withheld due to copyright.
9-L7368	Description withheld due to copyright.
9-L8499	Description withheld due to copyright.
9/J-L8614	Description withheld due to copyright.
9-L8615	Description withheld due to copyright.
9-L8616	Description withheld due to copyright.
9-L8617	Description withheld due to copyright.
9-L8618	Description withheld due to copyright.
9-L8619	Description withheld due to copyright.
9-L8621	Description withheld due to copyright.
9-L8622	Description withheld due to copyright.
9-L8623	Description withheld due to copyright.
9-L8624	Description withheld due to copyright.
9/J-L8625	Description withheld due to copyright.
9-L8627	Description withheld due to copyright.
9-L8628	Description withheld due to copyright.
9-L8629	Description withheld due to copyright.

Auditory brainstem implant (ABI)

19. An ABI is an electronic instrument, part of which is implanted surgically into the brain stem to stimulate auditory nerve fibers and part of which is worn externally to capture and amplify sound.

20. The ABI is a benefit for clients who are 12 years of age or older.

21. Procedure codes related to the ABI and separate components are as follows:

Table I: Procedure Codes—ABI and Separate Component

Procedure Code	Description
2/8-S2235	Description withheld due to copyright.
9-L8499	Description withheld due to copyright.
9/J-L8614	Description withheld due to copyright.

Bone Anchored Hearing Device (BAHD)

22. The BAHD is a device imbedded in the bone located in the post auricular area of the head. The transducer is anchored in the bone and connects to a coupling that protrudes through the skin. This coupling then connects to the sound processor amplifier. The vibrations from the transducer go directly to the skull bone, which excludes the skin from the vibration transmission pathway allowing for increased quality of hearing.

23. An implanted BAHD is a benefit for clients who are 5 years of age or older.

24. A BAHD sound processor that is specifically worn on a soft headband is a benefit for clients under 5 years of age. The BAHD sound processor is not implanted. A BAHD sound processor worn on a soft headband is reimbursed using 9/J-L8692.

24.1 If chosen by the client, a BAHD sound processor worn on a soft headband is also a benefit for clients who are 5 years of age or older.

25. Procedure codes related to the BAHD and separate components are as follows:

Table J: Procedure Codes—BAHD and Separate Components

Procedure Code	Description
9/J-L8690	Description withheld due to copyright.
9/J-L8691	Description withheld due to copyright.
9/J-L8692	Description withheld due to copyright.
9/J-L8693	Description withheld due to copyright.
9/J-L8694	Description withheld due to copyright.
2/F-69714	Description withheld due to copyright.
2/F-69715	Description withheld due to copyright.
2/F-69717	Description withheld due to copyright.

Table J: Procedure Codes—BAHD and Separate Components

Procedure Code	Description
2/F-69718	Description withheld due to copyright.
R-V5266	Description withheld due to copyright.

26. Bilateral BAHD procedures are not benefits of Texas Medicaid.

Electromagnetic Bone Conduction Hearing Device

27. The following procedure code is a benefit for removal or repair of an electromagnetic bone conduction hearing device

Table K: Procedure Codes—Removal/Repair of Electromagnetic Bone Conduction Hearing Device

Procedure Code	Description
2/8/F-69711	Description withheld due to copyright.

Auditory Rehabilitation

28. Auditory rehabilitation is a benefit of Texas Medicaid when medically necessary for clients who have received a surgically implanted hearing device, or who have prelingual or postlingual hearing loss when the treating physician has determined that auditory rehabilitation would be beneficial.

29. The benefit for auditory rehabilitation is one evaluation and 12 visits per 180 day period, without prior authorization.

29.1 Additional therapy services beyond the benefit outlined above are available through the client's speech therapy benefit. Please refer to the appropriate therapy policy for detailed information on speech therapy benefits.

30. The following procedure codes are benefits for auditory rehabilitation:

Table L: Procedure Codes—Auditory Rehabilitation

Procedure Code	Description
1-92626	Description withheld due to copyright.

Procedure Code	Description
1-92627	Description withheld due to copyright.
1-92630	Description withheld due to copyright.
1-92633	Description withheld due to copyright.

Provider Type(s)

- County Indigent Health Care Program 10/PA Physician Assistant
- N1 Nurse Practitioner/Clinical Nurse Specialist Physician (D.O.)
- Physician (M.D.)
- Physician Group (D.O.s Only) Clinic/Group Practice
- Audiologist
- Medical Supplier (DME) CCP Provider
- Ambulatory Surgical Center – Freestanding/Independent Ambulatory Surgical Center – Hospital Based
- Hospital - Long Term, Limited, or Specialized Care Hospital - Private Full Care
- Hospital - Private, O/P Service/Emergency Care Only (CHCs) Rehabilitation Center
- Hearing Aid

Place(s) of Service

- Office
- Home
- Inpatient Hospital
- Nursing Home (SNF/ICF) Outpatient Hospital
- Nursing Home (ECF) Other Locations

Authorization Requirements

31. Prior authorization requests may be submitted to the TMHP Prior Authorization Department via mail, fax, or the electronic portal. Prescribing or ordering providers, dispensing providers, clients' responsible adults, and

clients may sign prior authorization forms and supporting documentation using electronic or wet signatures. For additional information about electronic signatures, please refer to the "Electronic Signatures in Prior Authorizations" medical policy.

32. The following hearing devices and related services require prior authorization:

32.1 Hearing aid replacement

32.2 Hearing aid repair (beyond limitations outlined in this policy)

32.3 Implantable hearing devices and related surgical procedures

32.4 Sound processor repair or replacement

32.5 Batteries (beyond limitations)

32.6 Battery rechargers

32.7 Hearing aid related supplies (as outlined in this policy)

32.8 Auditory rehabilitation (beyond the limit of 12 visits per 6-month period as outlined in this policy for clients who are 12 months through 20 years of age).

33. Requests for prior authorization must be submitted by the provider to the Special Medical Prior Authorization (SMPA) department with documentation supporting medical necessity for the requested device, service, or supply.

33.1 Providers should use the Special Medical Prior Authorization (SMPA) Request Form for all prior authorization requests.

34. Requests for clients who are 20 years of age or younger who do not meet criteria as outlined in this policy may be considered through Texas Health Steps Comprehensive Care Program (THSteps-CCP).

Hearing Aids and Related Services

35. Hearing aids do not require prior authorization for the initial hearing aid(s). Initial hearing aid(s) refers to the first hearing aid(s) obtained by a client per five year period.

36. Prior authorization is required for the following hearing aid services:

36.1 Hearing aid replacement: requests for prior authorization must include documentation supporting medical necessity of the requested service:

36.1.1 Replacement is considered for prior authorization when loss or irreparable damage has occurred. A copy of the police or fire report, when appropriate, and measures to be taken to prevent reoccurrence must be submitted with the prior authorization request

36.1.2 Replacement will not be authorized when the equipment has been abused or neglected by the client, the client's family, or the caregiver

36.2 Hearing aid repair in excess of one per rolling year: requests for prior authorization must include documentation supporting the need for the requested repair

36.3 Hearing aid supplies: requests for prior authorization are considered with documentation showing that:

36.3.1 The client is 20 years of age or younger

36.3.2 The requested supply is medically necessary for the proper use or functioning of the hearing aid device

37. For clients who are 20 years of age or younger, a medically necessary hearing aid that is not currently a benefit of Texas Medicaid may be considered for prior authorization using procedure code R-V5298. Requests for prior authorization must include the following documentation:

37.1 The medical necessity for the requested hearing aid device

37.2 The name of the manufacturer

37.3 The model number, the serial number, and the dates that the warranty is in effect for the requested hearing aid

NOTE: Pricing will not be established with the prior authorization.

Implantable Hearing Devices

38. Prior authorization is required for the following implantable hearing devices, services, and supplies:

38.1 Cochlear implant surgery, device, and replacement parts

38.2 ABI surgery and device

38.3 BAHD implant surgery and device

38.4 Sound processor repair or replacement

38.5 Replacement batteries beyond the limitations outlined in this policy

Cochlear implants

39. Prior authorization is required for the cochlear implant surgical procedure, device, and replacement parts.

40. Documentation submitted for review should indicate whether the cochlear implant device (procedure code 9/J-L8614) will be provided by the facility or by the DME/medical supplier. The national provider identifier (NPI) or Texas provider identifier (TPI) of the supplier of the device must be included on the prior authorization request.

41. Prior authorization for a unilateral or bilateral cochlear implant may be granted for clients who are ~~12~~ 9 months of age or older with documentation of all of the following criteria:

41.1 Cognitive ability to use auditory cues and written documentation of agreement by the client or the client's parent/guardian that the client will participate in a program of post- implantation auditory rehabilitation. This documentation must be maintained in the client's medical record

41.2 Post-lingual deafness or pre-lingual deafness

41.3 Freedom from middle-ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system

41.4 No contraindications to surgery

41.5 Diagnosis of severe to profound bilateral sensorineural hearing loss with documentation of poor speech discrimination, and a recommendation for cochlear implant candidacy

41.6 Inability to derive benefit from appropriately fitted hearing aids

42. Battery replacement for the cochlear implant device:

42.1 Nonrechargeable batteries:

42.1.1 Nonrechargeable batteries (procedure codes 9-L8621 and 9-L8622) do not require prior authorization

42.1.2 Zinc air batteries (procedure code 9-L8621) are limited to a maximum of 50 per month

42.1.3 Alkaline batteries (procedure code 9-L8622) are limited to a maximum of 31 per month

42.2 Rechargeable batteries:

42.2.1 Rechargeable batteries (procedure codes 9-L8623 and 9-L8624) are limited to cochlear implants only and do not require prior authorization

42.2.2 Replacement rechargeable lithium-ion batteries (procedure codes 9-L8623 and 9- L8624) are limited to two batteries per calendar year

42.3 Additional batteries beyond the limitations outlined in this policy are considered for coverage through prior authorization based on medical necessity. Documentation must be submitted with the prior authorization request that supports the need for the additional batteries

42.4 Replacement batteries for clients with bilateral cochlear implants and two sound processors must be billed using a left (LT) and a right (RT) modifier with the appropriate battery procedure code.

42.5 Replacement batteries for the cochlear device (procedure codes 9-L8621, 9-L8622, 9-L8623, and 9-L8624) are limited to clients with a ~~previously billed~~ cochlear implant procedure, device, or supply that has been billed within the past 5 rolling years. The cochlear implant device and separate component procedure codes are located in the table titled 'Procedure Codes—Cochlear Implant Device and Separate Components'. Replacement batteries for clients who did not receive the cochlear implant through Texas Medicaid are considered for reimbursement on appeal with a physician's statement documenting medical necessity.

43. Battery recharger for the lithium ion rechargeable batteries:

43.1 The battery recharger unit for the lithium-ion batteries is considered for prior authorization using procedure code 9-L7368 and is limited to one replacement unit per five-rolling-year period.

43.2 Additional recharger units are considered through prior authorization with documentation of medical necessity for the requested replacement.

Auditory Brainstem Implant (ABI)

44. Authorization is required for the ABI surgical procedure, device, and replacement parts.

45. Prior authorization for the ABI may be granted for clients who are 12 years of age or older and is limited to a condition of neurofibromatosis, type II or schwannomatosis.

~~46.~~ ~~Replacement batteries for the ABI are considered for reimbursement using procedure code 9-L8621 or 9-L8622.~~ Nonrechargeable batteries (procedure codes 9-L8621 and 9-L8622) do not require prior authorization.

46.1 Zinc air batteries (procedure code 9-L8621) are limited to a maximum of 50 per month.

46.2 Alkaline batteries (procedure code 9-L8622) are limited to a maximum of 31 per month.

46.3 Additional batteries beyond the limitations outlined in this policy are considered for coverage through prior authorization based upon medical necessity. Documentation must be submitted with the prior authorization request that supports the need for additional batteries.

Bone Anchored Hearing Device (BAHD)

~~45.~~**47.** Authorization is required for the BAHD implant procedure, device, and replacement parts.

~~45.1~~**47.1** Authorization is required for BAHD sound processors that are worn on a soft headband.

~~46.~~**48.** Prior authorization for the BAHD may be granted for clients who are 5 years of age or older with all of the following:

~~46.1~~**48.1** Documentation of previous attempts at hearing aids and why these devices are inadequate or have failed

~~46.2~~**48.2** Documentation of hearing test scores for bone conduction thresholds and for maximum speech discrimination

~~46.3~~**48.3** Documentation of audiological testing showing good inner ear function

~~46.4~~**48.4** Documentation of a multi-disciplinary assessment including physical, cognitive, communicative, and behavioral limitations describing the client's auditory disability and expected benefit with use of the BAHD implant

~~46.5~~**48.5** Documentation of an appropriate diagnosis. Benefit-eligible conditions may include, but are not limited to the following:

~~46.5.1~~**48.5.1** Conductive hearing loss

~~46.5.2~~**48.5.2** Sensorineural hearing loss

~~46.5.3~~48.5.3 Other anomalies of external ear with impairment of hearing

~~46.5.4~~48.5.4 Anomalies of skull and face bones

~~47.~~49. Replacement batteries for the BAHD do not require authorization and are considered for reimbursement using procedure code R-V5266.

~~48.~~50. Replacement batteries for the BAHD (procedure code R-V5266) are limited to clients with a ~~previously billed~~ hearing device that has been billed within the past 5 rolling years. BAHD device and separate component procedure codes are located in the table titled 'Procedure Codes—BAHD and Separate Components'. Replacement batteries for clients who did not receive the hearing device through Texas Medicaid are considered for reimbursement on appeal with a physician's statement documenting medical necessity.

Sound Processor Replacement and Repair Guidelines

~~49.~~51. Replacement of a sound processor requires prior authorization. Documentation by the provider must explain the need for the replacement of the sound processor. The processor must be used for a minimum of 12 months before replacement of the unit will be considered. Evidence of purchase, such as the manufacturer's warranty, must be included with the prior authorization request documentation.

~~50.~~52. Repair of a sound processor is considered for prior authorization with documentation of medical necessity for the requested repair.

~~51.~~53. The repair of a sound processor is manually priced at the time the prior authorization is reviewed and granted. If the actual cost of the repair differs from the prior authorized fee, the provider must contact the SMPA department to update the authorization before filing a claim for the repair services.

~~52.~~54. Procedure codes for the replacement or repair of the sound processor are as follows:

Table M: Procedure Codes—Sound Processor Replacement and Repair

Procedure Code	Description
9-L8619	Description withheld due to copyright.
9-L8499	Description withheld due to copyright.

~~53.~~55. Providers must use Modifier RB with procedure code 9-L8499 when submitting a claim for a prior authorized sound processor repair.

~~54.~~56. Repair or replacement of a sound processor is not a benefit during the manufacturer's warranty period.

Reimbursement

Hearing Aids and Related Services

~~55.~~57. Hearing aid devices and all hearing services are reimbursed in accordance with the Texas Administrative Code 1 TAC §355.8141.

~~56.~~58. Hearing aid reimbursement includes:

~~56.1~~58.1 Acquisition cost of the hearing aid (the actual cost or net cost of the hearing aid after any discounts or rebates have been deducted)

~~56.2~~58.2 Manufacturer's postage and handling charges, including shipping insurance

~~56.3~~58.3 All necessary hearing aid accessories or supplies

~~56.4~~58.4 Instructions for care and use

~~56.5~~58.5 A one-month supply of batteries

~~57.~~59. Providers must submit with their claim, a manufacturer's invoice showing the net acquisition cost of the non-implantable hearing aid device.

~~58.~~60. Hearing aid documentation requirements:

~~58.1~~60.1 The Physician's Examination Report must be completed by the referring physician and must be maintained in the client's file. A new Physician's Examination Report must be completed any time there is a change in the client's hearing or a new hearing aid is needed.

NOTE: An advanced practice registered nurse (A.P.R.N.) or a physician assistant (PA) under physician supervision and delegation may also complete the Physician's Examination Report.

~~58.2~~60.2 The provider who signs the Hearing Evaluation, Fitting, and Dispensing Report (Form 3503) must maintain the form in the client's file. The form includes audiometric assessment results of the hearing evaluation and must provide objective documentation to support improved communication ability with amplification.

~~58.3~~60.3 Prior to dispensing a hearing instrument, a provider must enter into a written contract with the client that meets the TDLR rule requirements in 16 TAC §112.140. The signed contract should verify that:

~~58.3.1~~60.3.1 The client was evaluated and offered an appropriate hearing aid that meets the client's hearing need.

~~58.3.2~~60.3.2 The client has a 30-day trial period for their hearing aid.

~~58.3.3~~60.3.3 If the client is not satisfied with the purchased hearing aid, the client may return it to the provider within the 30 day trial period. If the device is returned within the 30 day trial period, the provider may charge the client a rental fee not to exceed $2.00 per day. This fee is not a benefit of Texas Medicaid. The 30 day trial period, and any charged rental fee, must meet TDLR rule requirements in 16 TAC §112.140.

~~58.3.4~~60.3.4 The client is responsible for paying the hearing aid rental fees.

~~58.4~~60.4 The contract must be executed prior to dispensing and must be maintained in the client's file.

~~58.5~~60.5 The client must receive a copy of the executed contract.

~~58.6~~60.6 All charges and fees associated with the trial period must be stated in the contract, which shall also include the name, address, and telephone number of TDLR.

NOTE: For hearing aids dispensed in a provider's office, if a client fails to return by the end date of the trial period, the provider must contact the client. After three attempts have been made, if the client does not return to the provider's office, the provider must document all contact attempts with the client and maintain this documentation in the client's file. Retrospective review may be performed to ensure documentation supports the contact attempts and the client's failure to return to the provider's office. This does not apply to clients receiving hearing aids in other places of service (e.g., nursing homes).

~~58.7~~60.7 Providers must include the model number, serial number, and warranty dates of the purchased hearing aid device in the client's medical record.

~~59.~~61. Retrospective review may be performed to ensure documentation supports the medical necessity of the device, service, or supply.

Hearing Aid Reimbursement - Additional Information

~~60.~~62. Ear molds, procedure codes R-V5264 and R-V5265, must be billed using modifier LT or RT.

~~60.1~~62.1 The date of service for ear molds is the date that they are dispensed to the client.

~~61.~~63. Ear molds for clients who are 20 years of age or younger may be provided to the client as medically necessary. Documentation supporting medical necessity must be maintained in the client's medical record.

~~62.~~64. Ear molds for clients who are 21 years of age or older are limited as follows:

~~62.1~~64.1 Custom ear molds, procedure code R-V5264, are limited to three ear molds per rolling year, any provider.

~~62.2~~64.2 Disposable ear molds, procedure code R-V5265, are limited to four ear molds per 30 days, any provider.

~~63.~~65. Services for residents in a skilled nursing facility (SNF), intermediate care facility (ICF), or extended care facility (ECF) must be ordered by the attending physician. The order must be on the client's chart, must state the condition that necessitates the hearing aid services, and must be signed by the attending physician.

~~64.~~66. Hearing evaluations must be recommended by a physician based on examination of the client.

NOTE: An advanced practice registered nurse (A.P.R.N.) or a physician assistant (PA) under physician supervision and delegation may also perform the client examination.

~~65.~~67. Home visit hearing evaluations and fittings are permitted only with documentation of client need in the physician's, A.P.R.N.'s or P.A.'s written order.

~~66.~~68. Providers of hearing evaluations must maintain a report in the client's medical record. Providers must include in the report hearing evaluation test data.

~~67.~~69. Hearing aid revisits must be billed as follows:

~~67.1~~69.1 Services for clients of any age who have a monaural device are reimbursed using procedure code 1-92592 (hearing aid check; monaural).

~~67.2~~69.2 Services for clients who are 20 years of age or younger who have binaural devices are reimbursed using procedure code 1-92593 (hearing aid check; binaural).

~~68.~~70. Hearing aid revisits are limited to a total of two per calendar year by any provider.

~~69.~~71. Reimbursement for hearing evaluations is made only to physicians or licensed audiologists. Hearing evaluations performed by fitters/dispensers are not reimbursed.

~~70.~~72. Licensed audiologists or hearing aid fitters/dispensers are reimbursed for the fitting and dispensing of a hearing aid device.

~~70.1~~72.1 The fitting visit may be reimbursed using procedure code R-V5011. This procedure code is limited to one visit per hearing aid for a five rolling-year period. Only one of the following limitations is allowed based on the type of hearing aid purchased (monaural or binaural):

~~70.1.1~~72.1.1 One visit per five rolling years for each individual monaural hearing aid purchased (one visit for each ear).

~~70.1.2~~72.1.2 One visit per five rolling years for each set of binaural hearing aids purchased (one visit for both ears).

~~70.2~~72.2 The dispensing fee may be reimbursed using the appropriate procedure code from Table E of this policy.

~~71.~~73. The licensed audiologist or fitter/dispenser must perform a post-fitting check of the hearing aid within five weeks of the initial fitting. The post-fitting check is part of the dispensing procedure and is not reimbursed separately.

~~72.~~74. Each hearing aid may be reimbursed once every five rolling years. Exceptions are considered on a case- by-case basis through the prior authorization process.

~~73.~~75. Repair of a hearing aid may be considered if repair is a better alternative than a new purchase. Texas Medicaid will reimburse one repair per rolling year without prior authorization.

~~74.~~76. Monaural hearing aids may be reimbursed for clients who have no medical contraindication for using a hearing aid and who have documentation of medical necessity. The following medical necessity documentation must be maintained in the client's medical record, which must include documentation demonstrating that the client meets the criteria indicated below:

~~74.1~~76.1 Hearing loss in the better ear of 35 dB or greater for the pure tone average of 500, 1000, 1500, and 2000 Hz.

~~74.2~~76.2 A spondee threshold in the better ear of 35 dB or greater when pure tone thresholds cannot be established.

~~74.3~~76.3 Documentation of communication need and a statement that the patient is alert and oriented and able to use the device appropriately by themselves or with assistance.

~~75.~~77. Claims for monaural hearing aids must list the appropriate procedure code and include an LT (left) or RT (right) modifier to be considered for reimbursement.

~~76.~~78. Clients who are 21 years of age or older (adult clients) must meet the hearing aid criteria outlined in this policy and have at least a 35-dB hearing loss in both ears to qualify for the purchase of a monaural hearing aid device.

~~77.~~79. Clients who are 20 years of age or younger (pediatric clients) must meet the hearing aid criteria outlined in this policy and have at least a 35-dB hearing loss in both ears to qualify for the purchase of binaural hearing aid devices.

~~78.~~80. Binaural hearing aids must be billed using the appropriate procedure code submitted with a quantity of one.

~~79.~~81. Replacement hearing aid batteries (procedure code R-V5266) do not require prior authorization and are limited to clients with a ~~previously paid~~ hearing aid that has been billed within the past 5 rolling years. The hearing aid procedure codes are located in the tables titled 'Procedure Codes—Monaural Hearing Aids', 'Procedure Codes—Binaural Hearing', 'Procedure Codes—Hearing Aid Related (Clients who are 20 Years of Age or Younger)', and 'Procedure Codes—Hearing Aid-Related'. Replacement batteries for clients who did not receive the hearing aid through Texas Medicaid are considered for reimbursement with a physician's statement documenting medical necessity.

~~80.~~82. Procedure codes 1-99211 and 1-99212 are denied when billed for the same date of service by the same provider as procedure codes 1-92592 or 1-92593.

Implantable Hearing Devices

Cochlear Implants

~~81.~~**83.** Cochlear implants are reimbursable for clients who are ~~12~~ 9 months of age or older.

~~82.~~**84.** Unilateral cochlear implantation must be billed using procedure code 2/F-69930 with the appropriate LT or RT modifier.

~~83.~~**85.** Bilateral cochlear implantation performed simultaneously must be billed using procedure code 2/F- 69930 with modifier 50 to indicate a bilateral procedure.

~~84.~~**86.** Replacement batteries for the cochlear device (procedure codes 9-L8621, 9-L8622, 9-L8623, and 9- L8624) are limited to clients with a ~~previously paid~~ cochlear implant procedure, device, or supply that has been billed within the past 5 rolling years. The cochlear device and separate component procedure codes are located in the table titled 'Procedure Codes—Cochlear Implant Device and Separate Components'. Replacement batteries for clients who did not receive the cochlear implant through Texas Medicaid are considered for reimbursement on appeal with a physician's statement documenting medical necessity.

~~85.~~**87.** Diagnostic analysis of the cochlear implant must be billed using the following procedure codes:

Table N: Procedure Codes—Diagnostic Analysis

Procedure Code	Description
1-92601	Description withheld due to copyright.
1-92602	Description withheld due to copyright.
1-92603	Description withheld due to copyright.
1-92604	Description withheld due to copyright.

~~86.~~**88.** Sound processor repairs must be billed using procedure code 9-L8499 with modifier RB.

~~87.~~**89.** Repair of a sound processor is manually priced at the time the prior authorization is reviewed and granted. If the actual cost of the repair differs from the prior authorized fee, the provider must contact the SMPA

department to update the authorization before filing a claim for the repair services.

Auditory Brainstem Implant (ABI)

~~88.~~90. ABI is considered for reimbursement for clients who are 12 years of age or older.

91. Replacement batteries for the ABI are considered for reimbursement using procedure code 9-L8621 or 9-L8622.

91.1 Zinc air batteries (procedure code 9-L8621) are limited to a maximum of 50 per month.

91.2 Alkaline batteries (procedure code 9-L8622) are limited to a maximum of 31 per month.

91.3 Procedure codes 9-L8621 and 9-L8622 must be billed using a left (LT) or right (RT) modifier. Since the ABI is not ear-specific, procedure codes 9-L8621 and 9-L8622 may be billed using either the LT or RT modifier.

~~88.1~~91.4 Replacement batteries for the ABI are limited to clients with a previously billed ABI surgical procedure, device, or replacement part that has been billed within the past 5 rolling years. The ABI device and separate component procedure codes are located in the table titled 'Procedure Codes—ABI and Separate Component'. Replacement batteries for clients who did not receive their ABI through Texas Medicaid are considered for reimbursement on appeal with a physician's statement documenting medical necessity.

~~89.~~92. Diagnostic analysis of the ABI is limited to two hours per day, any provider, and must be billed using the following procedure code:

Table O: Procedure Codes—ABI Diagnostic Analysis

Procedure Code	Description
1-92640	Description withheld due to copyright.

Bone Anchored Hearing Aid Device (BAHD)

~~90.~~93. BAHD is considered for reimbursement for clients who are 5 years of age or older.

~~91.~~94. Replacement batteries for the BAHD do not require prior authorization and are considered for reimbursement using procedure code R-V5266.

~~92.~~95. Replacement batteries for the BAHD (procedure code R-V5266) are limited to clients with a ~~previously billed~~ hearing device that has been billed within the past 5 rolling years. The BAHD device and separate component procedure codes are located in the table titled 'Procedure Codes—BAHD and Separate Components'. Replacement batteries for clients who did not receive the hearing device through Texas Medicaid are considered for reimbursement on appeal with a physician's statement documenting medical necessity.

~~93.~~96. Procedure codes 9/J-L8691, 9/J-L8692, ~~and~~ 9/J-L8693, and 9/J-L8694 are denied as part of another service when billed by any provider for same date of service as procedure code 9/J-L8690.

Electromagnetic Bone Conduction Hearing Device

~~94.~~97. The removal or repair of an electromagnetic bone conduction hearing device (2/8/F-69711) is limited to two procedures per lifetime, any provider.

Auditory Rehabilitation

~~95.~~98. Procedure code 1-92627 is an add-on procedure, and must be billed with the primary procedure code (1-92626) in order to be considered for reimbursement.

~~95.1~~98.1 Procedure code 1-92627 may be reimbursed up to 4 times per day to the same provider.

Non-Covered Services

~~96.~~99. Personal FM systems are not benefits of Texas Medicaid