Table of Contents

Audiology Services

This section covers all Medicaid services provided by audiologists and speech-language pathologists within the scope of their licensure and as deemed appropriate by the Idaho Department of Health and Welfare (DHW). Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Handbook sections that always apply to this provider type include the following.

- *General Billing Instructions;*
- *General Information and Requirements for Providers*; and
- *Glossary*.

Handbooks can only be used properly in context. Providers must be familiar with the handbooks that affect them and their services. The numbering in handbooks is also important to make note of as subsections rely on the content of the sections above them.

> ***Example***
>
> Section 1.2.3.a The Answer requires the reader to have also read Section 1, Section 1.2 and Section 1.2.3 to be able to properly apply Section 1.2.3.a.

References are included throughout the handbook for provider and staff convenience. Not all applicable references have been incorporated into the handbook. Not all references provided are equal in weight.

- Case Law: Includes references to court cases that established interpretations of law that states and providers would be required to follow.
- CMS Guidance: These references reflect various Centers for Medicare and Medicaid Services (CMS) publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- Federal Regulations: These references are regulations from the federal level that affected policy development. Usually these include the Code of Federal Regulations, the Social Security Act and other statutes. They are required to be followed.
- Idaho Medicaid Publications: These are communications from Idaho Medicaid to providers that were required to be followed when published. These are included in the handbook for historical reference. The provider handbook supersedes other communications unless the documents are listed in the Department's Rules, Statutes, and Policies webpage under policies in Medicaid's department library.
- Idaho State Plan: The State Plan is the agreement between the State of Idaho and the Centers for Medicare and Medicaid Services on how the State will administer its medical assistance program.
- Professional Organizations: These references reflect various publications of professional organizations that Idaho Medicaid reviewed in the formulation of their policy. Providers may or may not be required to follow these references, depending on the individual reference and its application to a provider's licensure and scope of practice.
- State Regulations: These references are regulations from the state level that affected policy development. They usually include statute and IDAPA. They are required to be followed.
- Scholarly Work: These references are publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.

1. Important Contacts

The Directory, Idaho Medicaid Provider Handbook contains a comprehensive list of contacts. The following contacts are presented here for provider convenience.

1.1 Gainwell Technologies

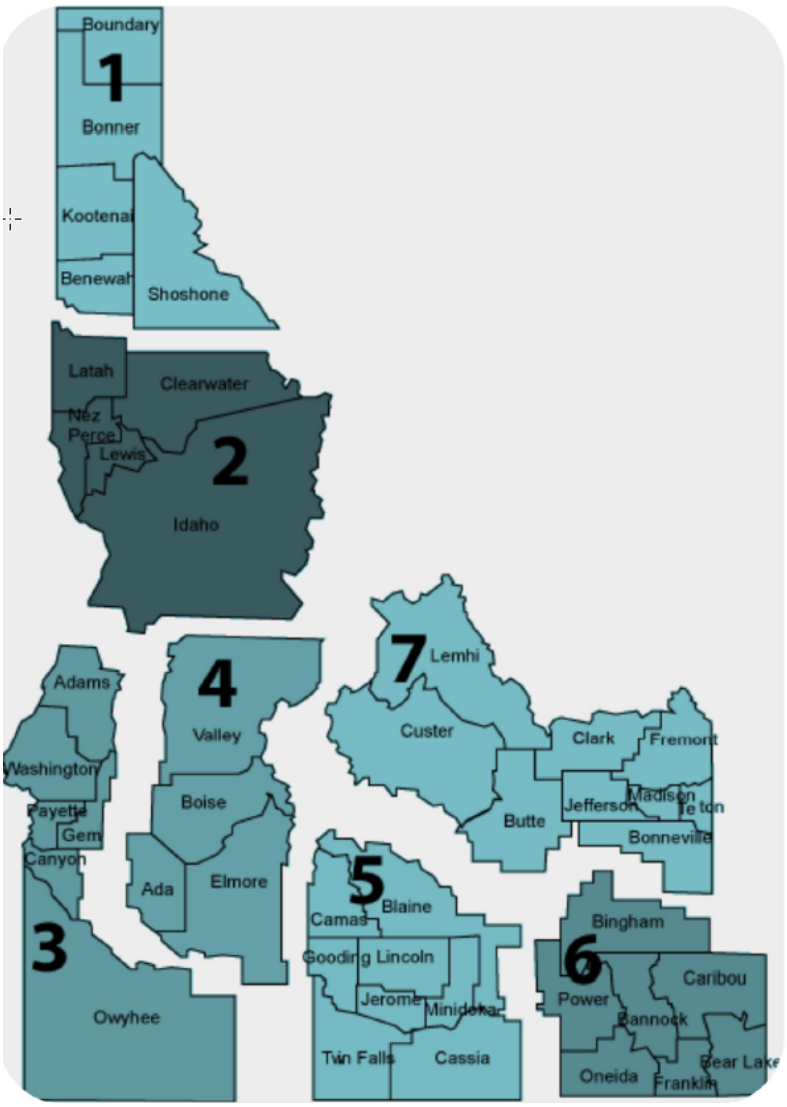
Gainwell Technologies is Idaho Medicaid's fiscal agent that handles all claims processing and customer service issues.

Gainwell Technologies Contact Information
Gainwell Technologies Provider Services P.O. Box 70082 Boise, ID 83707 Phone: 1 (888) 686-4272 Fax: 1 (877) 661-0974 IDProviderServices@gainwelltechnologies.com The Medicaid Automated Call Service (MACS) is available 24 hours a day, seven days a week. Provider service representatives are available Monday through Friday, 7:00 A.M.-7:00 P.M. MT.
Provider Enrollment P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2041 IDProviderEnrollment@gainwelltechnologies.com
Technical Services Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2040 IDEDISupport@gainwelltechnologies.com

1.2 Provider Relations Consultants

Gainwell Technologies Provider Relations Consultants help keep providers up-to-date on billing changes required by program policy changes implemented by the Division of Medicaid. Provider Relations Consultants accomplish this by:

- Conducting provider workshops;
- Conducting live meetings for training;
- Visiting a provider's site to conduct training; and
- Assisting providers with electronic claims submission



Region 1 and the state of Washington
1 (208) 202-5735
Region.1@gainwelltechnologies.com

Region 2 and the state of Montana
1 (208) 202-5736
Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon
1 (208) 202-5816
Region.3@gainwelltechnologies.com

Region 4
1 (208) 202-5843
Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada
1 (208) 202-5963
Region.5@gainwelltechnologies.com

Region 6 and the state of Utah
1 (208) 593-7759
Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming
1 (208) 609-5062
Region.7@gainwelltechnologies.com

Region 9 all other states (not bordering Idaho)
1 (208) 609-5115
Region.9@gainwelltechnologies.com

1.3 Telligen, Inc.

Telligen, Inc. is Idaho Medicaid's quality improvement organization (QIO) that reviews prior authorization requests for audiology services as listed on the Numerical Fee Schedule or when a prior authorization would otherwise be indicated.

Telligen, Inc.
670 E Riverpark Ln. Suite 120
Boise, ID 83706
Phone: 1 (866) 538-9510
E-mail: idmedicaidsupport@telligen.com

2. Provider Qualifications

2.1 Audiologists

Audiologists in any state are eligible to participate in the Idaho Medicaid Program. The audiologist must have a master's or doctoral degree in audiology. Audiologists must have a National Provider Identification (NPI). They must be licensed by the Idaho Division of Occupational and Professional Licenses and the state where the services are performed. Audiologists must also possess a certificate of clinical competence in audiology from the American Speech, Language and Hearing Association (ASHA) or be eligible for certification within one (1) year of employment. Providers must enroll as an Idaho Medicaid provider prior to providing services for Idaho Medicaid participants. Audiologists are eligible to be ordering, prescribing, referring and rendering providers as allowed in this handbook.

Audiologists must follow the provider handbook and all applicable state, and federal, rules and regulations. See the *General Provider and Participant Information*, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

2.1.1 References: Audiologists

(a) Federal Regulations

Condition of Participation: Personnel Qualifications, 42 CFR 484.115 (2019). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol5/pdf/CFR-2019-title42-vol5-sec484-115.pdf.

Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders, 42 CFR 440.110(c) (2019). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-110.pdf.

(b) State Regulations

"Audiologist, Licensed." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 744.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

2.2 Speech-Language Pathologists

Speech-Language Pathologists in any state are eligible to participate in the Idaho Medicaid Program. Speech-Language Pathologists must have a National Provider Identification (NPI). They must be licensed by the Idaho Division of Occupational and Professional Licenses and the state where the services are performed. Speech-Language Pathologists must also possess a certificate of clinical competence in speech-language pathology from the American Speech, Language and Hearing Association (ASHA) or be eligible for certification within one (1) year of employment. Providers must enroll as an Idaho Medicaid provider prior to providing services for Idaho Medicaid participants. Speech-Language Pathologists are eligible to be ordering, prescribing, referring and rendering providers as allowed in this handbook.

Speech-Language Pathologists must follow the provider handbook and all applicable state, and federal, rules and regulations. See the *General Provider and Participant Information*, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

2.2.1 References: Speech-Language Pathologists

(a) State Regulations

"Speech-Language Pathologist, Licensed." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 744.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

3. Eligible Participants

Participants with Medicaid Basic and Enhanced Plans are eligible to receive audiology services based on their age group. Only participants under the age of 21 are eligible to receive audiometric testing and hearing aid services. Adults 21 years of age and older are only eligible for testing to obtain a differential diagnosis. Providers must check participant eligibility prior to delivery of the service by calling MACS at 1 (866) 686-4272; or through the Trading Partner Account on Gainwell Technologies Idaho Medicaid website.

When billing for participants enrolled in other eligibility segments, refer to *General Provider and Participant Information*, Idaho Medicaid Provider Handbook for coverage.

3.1 References: Eligible Participants

(a) State Regulations

"Audiology Services: Participant Eligibility." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 741. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

3.2 Referrals

Providers must check eligibility for audiology services to see if the participant is enrolled in Healthy Connections, Idaho's Medicaid primary care case management (PCCM) model of managed care. If a participant is enrolled, there are guidelines that must be followed to ensure reimbursement for providing Medicaid covered services.

See *General Provider & Participant Information, Healthy Connections (HC),* for more information.

4. Covered Services and Limitations

Audiology services are diagnostic, screening, preventive, or corrective services provided by an audiologist that are related to hearing and/or balance. These include tests of the audiological and vestibular systems, e.g., hearing, balance, auditory processing, tinnitus, and programming of certain prosthetic devices. These services must be provided in accordance with Title 54, Chapter 29, Idaho Code, and require the order of a physician, nurse practitioner, or physician assistant. However, audiology services do not require supervision for services performed by a qualified audiologist. Services provided by a technician require supervision in accordance with the appropriate board of licensing.

Audiology services do not include equipment needed by the patient such as communication devices or environmental controls unless otherwise stated.

4.1 References: Covered Services and Limitations

(a) Federal Regulations

Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders, 42 CFR 440.110 (1986). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-110.pdf.

(b) Professional Organizations

Scope of Practice in Audiology. American Speech-Language-Hearing Association, https://www.asha.org/siteassets/uploadedfiles/sp2018-00353.pdf.

(c) State Regulations

"Audiology Services." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 740. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Audiology Services: Coverage and Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.2 Audiometric Testing

Audiometric tests, audiologic function tests, evaluation of central auditory function, and evaluation/programming of cochlear implants are covered audiology services for participants under 21 when medically necessary. Testing is only covered for participants over 21 for the testing of a differential diagnosis. Testing is not medically necessary if the type and severity of the current hearing limitation is already known. Reevaluation of a participant's hearing, outside of the periodicity chart for participants under 21, is only medically necessary when there is evidence of a change of the participant's hearing, tinnitus or balance.

Testing for a differential diagnosis is the process of determining a diagnosis when two or more conditions share similar symptomology. Documentation for testing a differential diagnosis shall include the different conditions being considered and how the test will differentiate between them.

A comprehensive exam (CPT® 92557) includes air, bone, and speech audiometry, which are all necessary for differential diagnosis. The audiometric test implies the use of calibrated electronic equipment. Other hearing tests, such as speech in noise testing, whispered voice or tuning fork, are considered part of the general otorhinolaryngologic services and are not reported separately.

All audiometric testing must be ordered in writing by a physician, nurse practitioner, or physician assistant prior to performing the test. Testing does not require a prior authorization when performed by a licensed audiologist, physician, nurse practitioner, or physician assistant. The Department will allow the impedance test to be waived based on the judgement of a physician. Reimbursement is limited to one set of tests each calendar year for routine services, but additional visits are permitted without a prior authorization when necessary as part of the treatment for a condition. Covered tests and examinations are found in Appendix A. All services include testing of both ears.

4.2.1 References: Audiometric Testing

(a) Idaho Medicaid Publications

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

(b) State Regulations

"Allowance to Waive Impedance Test." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Audiology Services: Coverage and Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Audiology Services: Procedural Requirements." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 743. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.3 Acoustic Reflexes

Testing for acoustic reflexes is a covered benefit for participants under the age of 21 with a physician or non-physician practitioner's order for a diagnostic hearing evaluation. It can be covered for participants 21 years of age and older, if provided for a differential diagnosis. Testing acoustic reflexes (CPT® 92568) includes both ipsilateral and contralateral reflexes on both ears for at least two frequencies. Providers performing acoustic reflexes for only ipsilateral reflexes or contralateral reflexes alone shall append modifier 52 to represent performing reduced services. However, 92568 cannot be used if the ipsilateral reflexes were tested at 1000 Hz as it is the inappropriate code for screening. Acoustic reflex testing is only covered when medically necessary for the individual participant's condition and not as a standard protocol.

4.3.1 References: Acoustic Reflexes

(a) Idaho Medicaid Publications

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

(b) Professional Organizations

Billing and Coding for Audiology Services. American Speech-Language-Hearing Association, https://www.asha.org/practice/reimbursement/audiology-billing-and-coding-for-services-faqs/.

(c) State Regulations

"Audiology Services: Coverage and Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Audiology Services: Procedural Requirements." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 743. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.4 Auditory Rehabilitation Status Evaluation

Auditory rehabilitation status evaluations (CPT® 92626 and 92627) are covered effective January 1, 2020 for participants under the age of 21. These codes are only covered to determine candidacy for a surgically implanted hearing device or evaluate the function of an implanted device. Providers cannot bill CPT® 92590, 92591, 92592, 92593, 92594, or 92595 on the same date of service as an auditory rehabilitation status evaluation as they are already included in the reimbursement for the evaluation.

4.4.1 References: Auditory Rehabilitation Status Evaluation

(a) Idaho Medicaid Publications

"New Codes Available for Audiology Services." MedicAide Newsletter, September 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/September%202020%20MedicAide.pdf.

(b) Professional Organizations

Cheyney, M., Needleman, A., and Jilla, A.M., "Specialty Series: Cochlear Implants." *Audiology Today, May/June 2020*; Vol. 32, No. 3, pages 48-52, https://www.audiology.org/sites/default/files/AT323-LR_0.pdf.

Coding for Evaluation of Auditory Rehabilitation Status. American Speech-Language-Hearing Association, https://www.asha.org/Practice/reimbursement/coding/Coding-for-Evaluation-of-Auditory-Rehabilitation-Status/.

4.5 Bone-Anchored Hearing Aid

Bone-Anchored Hearing Aid (BAHA) is covered for participants under 21 with a prior authorization when medically necessary. It is recommended that participants over the age of five, trial a soft band BAHA before surgery is scheduled. The participant must meet one of the following criteria:

- The participant is diagnosed with ear canal atresia, no ear canals, and unable to wear an ear mold;
- The participant is diagnosed with microtia, very small ear canal, and unable to wear an ear mold;
- The participant has persistently discharging ears and is unable to use air conduction aid;
- The participant has an ear condition made worse with ear molds; or
- Audiology test results indicate a pure tone average bone conduction threshold of up to 65 dB.

Purchase of an auditory non-osseo integrated sound processor includes the headband in its reimbursement.

4.6 Cochlear Implant

Cochlear implants are a covered benefit for Idaho Medicaid participants nine months of age to 21 with a prior authorization. There must be documented failure of non-implantable hearing devices for the participant to be eligible for this service.

Cochlear implant accessories (L8616, L8617 and L8618) do not require a prior authorization. Claims for these items shall be billed as a purchase only with the NU modifier.

Cochlear Implant Limitations			
Description	Codes	Shared Limit	Effective Date
Microphone for Use with Cochlear Implant Device, Replacement	L8616	1 per 5 years.	08/01/2020
Transmitting Coil for Use with Cochlear Implant Device, Replacement	L8617	1 per 5 years.	08/01/2020
Transmitter Cable for Use with Cochlear Implant Device, Replacement	L8618	1 per 5 years.	08/01/2020

4.6.1 References: Cochlear Implant

(a) Idaho Medicaid Publications

"Prior Authorization Changes for Durable Medical Equipment." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf .

4.7 Otoacoustic Emission Testing

Otoacoustic emission testing (CPT® 92587 and 92588) is only covered when medically necessary for the individual participant's condition and not as a standard protocol. Participants under the age of 21 are eligible for this service. It can be covered for participants 21 years of age and older, only when provided for a differential diagnosis. A physician or non-physician practitioner's order for a hearing evaluation is required before testing. 92587 is used for testing three to eleven frequencies. Providers should be aware that 92588 requires 12 distinct frequencies in each ear to bill. Both codes require an interpretation and report, so providers cannot bill for these tests using an automated system that returns a pass or fail result.

4.7.1 References: Otoacoustic Emission Testing

(a) Idaho Medicaid Publications

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

(b) Professional Organizations

CPT Coding for Otoacoustic Emissions: Frequently Asked Questions. American Speech-Language-Hearing Association, https://www.asha.org/practice/reimbursement/coding/cpt-coding-faqs-for-otoacoustic-emissions/.

(c) State Regulations

"Audiology Services: Coverage and Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Audiology Services: Procedural Requirements." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 743. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.8 Newborn Hearing Screening

The United States Preventive Services Taskforce no longer recommends hearing screening for newborns. Idaho Medicaid has determined that it will continue to cover hearing screenings for children 0-6 months of age. Hearing screenings are also covered for older ages per the American Academy of Pediatrics' Bright Futures periodicity schedule.

Newborn hearing screening performed by automated equipment is not considered the practice of audiology nor are the personnel considered to be audiology support personnel. These services are covered, but should not be billed as an audiology service.

4.8.1 References

(a) Federal Regulations

The Patient Protection and Affordable Care Act. H.R. 3590 (2010). Government Printing Office, https://www.govinfo.gov/content/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf.

(b) Idaho State Plan

"Health Check – Early Periodic Screening, Diagnosis and Treatment (EPSDT)." Idaho Medicaid Standard Plan, Attachment 3.1-A. Division of Medicaid, Department of Health and Welfare, State of Idaho.

"Preventive Services." Alternative Benefit Plan. Division of Medicaid, Department of Health and Welfare, State of Idaho.

(c) Professional Organizations

Hearing Loss in Newborns: Screening. United States Preventive Services Taskforce, https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hearing-loss-in-newborns-screening.

Newborn Hearing Screening. American Speech-Language-Hearing Association, https://www.asha.org/practice-portal/professional-issues/newborn-hearing-screening/.

Recommendations for Preventive Pediatric Health Care. American Academy of Pediatrics, https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

(d) State Regulations

"Newborn Hearing Screening Tests." IDAPA 24.23.01, *"Rules of the Speech, Hearing and Communication Services Licensure Board,"* Sec. 212. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/24/242301.pdf.

4.9 Speech in Noise Testing

Speech in noise testing is included in a comprehensive audiometric testing (CPT® 92557) or speech audiometry with speech recognition (CPT® 92556) and shall not be billed separately as an unlisted otorhinolaryngological procedure (CPT® 92700) or filtered speech test (CPT® 92571).

4.9.1 References: Speech in Noise Testing

(a) Professional Organizations

Billing and Coding for Audiology Services. American Speech-Language-Hearing Association, https://www.asha.org/practice/reimbursement/audiology-billing-and-coding-for-services-faqs/.

4.10 FM Communication Systems

An FM system works similar to a radio station transmitting on a special frequency. The system uses a microphone to transmit to a receiver used by the participant. An FM system is covered for participants under 21 with a central auditory processing deficit as demonstrated by any of the following criteria:

- Monaural separation closure deficits, which exhibits as problems filling in missing information in noisy situations;
- Temporal recognition deficits, resulting in reduced speech perception, both in content and intent; or
- Binaural separation/integration deficits which manifests as difficulty attending to one piece of information and ignoring noise.

Prior authorization requests for FM systems for participants without a hearing aid, must include the following information:

- The General Durable Medical Equipment Prior Authorization Form;
- Make/model of the system, including any option or accessories;
- Manufacturer or wholesaler's invoice or MSRP for the items requested;
- Test results that identify monaural, closure or temporal deficits per the criteria above;
- Documentation of medical necessity for the options or accessories; and
- A current physician or non-physician practitioner order.

FM system is covered for participants under 21 that have hearing aids, cochlear implants or BAHA. Prior authorization requests for FM systems for participants with a hearing aid, must include the following information:

- The General Durable Medical Equipment Prior Authorization Form;
- Make/model of the system, including any option or accessories;
- Manufacturer or wholesaler's invoice or MSRP for the items requested;
- Documentation of medical necessity for the options or accessories; and
- A current physician or non-physician practitioner order.

4.10.1 References: FM Communication Systems

(a) Idaho Medicaid Publications

"Attention Providers of Durable Medical Equipment (DME)." MedicAide Newsletter, December 2015, https://www.idmedicaid.com/MedicAide%20Newsletters/December%202015%20MedicAide.pdf.

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

(b) State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.11 Hearing Aids

Monaural or binaural hearing aids are covered for participants under the age of 21 by Idaho Medicaid under the durable medical equipment benefit of home health services. Hearing aids are not a covered benefit for adult participants age 21 and older.

Medicaid will reimburse for medically necessary monaural or binaural hearing aids when there is documented hearing loss of at least thirty decibels based on the standard Pure Tone Average (500, 1000, 2000 hertz). Binaural hearing aids must also have documentation that the participant qualifies for a hearing aid in each ear. Non-implantable hearing aids are covered without a prior authorization once every three years per ear. Implantable hearing aids require documented failure of non-implantable options and a prior authorization. The hearing aid selected must be the most cost-effective type and model that meets the participant's needs. The provider is responsible for ensuring all items and services meet medical necessity per the General Information and Requirements for Provider, Idaho Medicaid Provider Handbook.

Hearing aid purchases include in the reimbursement fitting and refitting of the aid and earmolds for the first two years and instructions on how to use the devices. Claims should be submitted with the date dispensed. The claim must be submitted by the hearing aid vendor as a professional claim and may not be billed on a UB-04. The following components are separately billable from the hearing aid.

- Ear molds;
- Exam and selection;
- Follow-up testing; and
- Batteries.

Prior authorization requests for hearing aids for participants under the age of 21 due to not meeting established criteria, must include the following information:

- The General Durable Medical Equipment Prior Authorization Form;
- A note that consideration is being requested under EPSDT due to not meeting criteria;
- A copy of the audiometric test results;
- Make/model of the hearing aid, including any option or accessories;
- Justification for the options or accessories; and
- A current physician or non-physician practitioner order.

4.11.1 References: Hearing Aids

(a) Federal Regulations

Home Health Services, 42 C.F.R. Sec. 440.70 (2016). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-70.pdf.

Safe Medical Devices Act of 1990. H.R. 3095 (1990). Government Printing Office, https://www.congress.gov/bill/101st-congress/house-bill/3095.

(b) Idaho Medicaid Publications

"Attention Hearing Aid Vendors: New Limitations." MedicAide Newsletter, March 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202019%20MedicAide.pdf.

"Attention Hospital Suppliers of Hearing Aids." MedicAide Newsletter, December 2015, https://www.idmedicaid.com/MedicAide%20Newsletters/December%202015%20MedicAide.pdf.

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

(c) State Regulations

"Hearing Aids Under EPSDT." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 882.05. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 745.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 011.16. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.11.2 Hearing Aid Examinations and Checks

A hearing aid examination and selection visit includes services for both ears and hearing aid checks. Services are covered for participants under the age of 21. Claims for these services shall only bill one unit for the visit per date of service and cannot be combined with codes for a hearing aid check. Hearing aid checks are intended as a mechanism for the provider to check the hearing aid after the initial issuance. Two hearing aid checks are allowed per year following the exam and selection visit.

4.11.3 References: Hearing Aid Examinations and Checks

(a) Idaho Medicaid Publications

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

"**Medicaid Program Integrity Unit:** Hearing Aid Visits." MedicAide Newsletter, July 2014, https://www.idmedicaid.com/MedicAide%20Newsletters/July%202014%20MedicAide.pdf.

(b) State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

"Non-Implantable Hearing Aids." IDAPA 16.03.09, "*Medicaid Basic Plan Benefits,"* Sec. 742.01.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.12 Ear Molds

Ear molds are covered for participants under the age of 21 by Idaho Medicaid under the durable medical equipment benefit of home health services as disposable medical supplies. Disposable Medical Supplies (DMS) DMS refers to healthcare related items that are consumable, disposable, and cannot withstand repeated use by more than one individual. Effective October 1, 2020, refills on DMS will be allowed to be dispensed within ten days of the participant's current supply running out. No more than a one-month supply of necessary medical supplies can be dispensed per rolling month unless authorized by the Department.

Additional ear molds are available six months after the initial set, if medically necessary. Two units per ear are allowed each year without a prior authorization. The fitting of ear molds, or any refitting, is included for a period of two years in the purchase of a hearing aid by the Department. Refitting of an earmold is covered without a prior authorization once every 48 months after the last fitting or hearing aid purchase. Refitting doesn't include the need for additional ear molds due to the participant's growth since the last fitting.

For all items that are provided on a recurring basis and shipped or delivered to the participant, providers are required to have contact with the participant or caregiver/designee prior to dispensing a new supply of items. The provider must contact the participant within 14 calendar days prior to the delivery, and the participant must request a refill of supplies before they are dispensed. DMS cannot be automatically filled or shipped even with authorization of the participant. Documentation of the contact and participant order must be completed at the time of the encounter and kept on file. Retrospective statements will not be permitted as documentation of contact. Contact is required to ensure items remain necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order such as a change of address.

4.12.1 References: Ear Molds

(a) Idaho Medicaid Publications

"Attention DME Providers: Corrections." MedicAide Newsletter, April 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/April%202018%20MedicAide.pdf.

"Attention DME Providers: Rolling Months and Limitations." MedicAide Newsletter, March 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202018%20MedicAide.pdf.

"Attention DMEPOS Suppliers Dispensing Refill Orders, Documentation Must Show the Participant Has Nearly Exhausted Their Supplies and be Kept in the Participant Record." MedicAide Newsletter, July 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/July%202018%20MedicAide.pdf.

Hearing Aid Providers, Information Release MA03-48 (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

"Hearing Aids Under EPSDT." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 882.05.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Home Health Services, 42 C.F.R. Sec. 440.70 (2016). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-70.pdf.

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

"Medicaid Program Integrity Unit: Durable Medical Equipment and Supplies Billing Requirements." MedicAide Newsletter, June 2015, https://www.idmedicaid.com/MedicAide%20Newsletters/June%202015%20MedicAide.pdf.

"Refills on Disposable Medical Supplies." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf .

(b) State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

"Non-Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.01.a. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.01.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.13 Batteries

Hearing aid and cochlear implant batteries (HCPCS L8621, L8622 and V5266) are covered for participants under the age of 21 by Idaho Medicaid under the durable medical equipment benefit of home health services as disposable medical supplies. Disposable Medical Supplies (DMS) refers to healthcare related items that are consumable, disposable and cannot withstand repeated use by more than one individual. Effective October 1, 2020, refills on DMS will be allowed to be dispensed within ten days of the participant's current supply running out. No more than a one-month supply of necessary medical supplies can be dispensed per rolling month unless authorized by the Department. All batteries are purchased items that shall be billed with the NU modifier.

Battery Limitations		
HCPCS	Description	Limitations
L8621, L8622	Cochlear Implant Batteries	36 per month
L8623, L8624	Cochlear Implant Ion Batteries	2 per 3 years.
V5266	Hearing Aid Batteries	8 per month per side

For all items that are provided on a recurring basis and shipped or delivered to the participant, providers are required to have contact with the participant or caregiver/designee prior to dispensing a new supply of items. The provider must contact the participant within 14 calendar days prior to the delivery, and the participant must request a refill of supplies before they are dispensed. DMS cannot be automatically filled or shipped even with authorization of the participant. Documentation of the contact and participant order must be completed at the time of the encounter and kept on file. Retrospective statements will not be permitted as documentation of contact. Contact is required to ensure items remain necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order such as a change of address.

4.13.1 References: Batteries

(a) Idaho Medicaid Publications

"Attention DME Providers: Corrections." MedicAide Newsletter, April 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/April%202018%20MedicAide.pdf.

"Attention DME Providers: Rolling Months and Limitations." MedicAide Newsletter, March 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202018%20MedicAide.pdf.

"Attention DMEPOS Suppliers Dispensing Refill Orders, Documentation Must Show the Participant Has Nearly Exhausted Their Supplies and be Kept in the Participant Record."

"Attention DMEPOS Suppliers Dispensing Refill Orders, Documentation Must Show the Participant Has Nearly Exhausted Their Supplies and be Kept in the Participant Record." MedicAide Newsletter, July 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/July%202018%20MedicAide.pdf.

"Finalized Limitations on Hearing Aid and Cochlear Implant Batteries." *MedicAide Newsletter,* October 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/October%202020%20MedicAide.pdf.

Hearing Aid Providers, Information Release MA03-48 (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

Home Health Services, 42 C.F.R. Sec. 440.70 (2016). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-70.pdf.

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

"Medicaid Program Integrity Unit: Durable Medical Equipment and Supplies Billing Requirements." MedicAide Newsletter, June 2015, https://www.idmedicaid.com/MedicAide%20Newsletters/June%202015%20MedicAide.pdf.

"Prior Authorization Changes for Durable Medical Equipment." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf .

"Refills on Disposable Medical Supplies." *MedicAide Newsletter,* August 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf .

(b) State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

"Non-Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.01.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.14 Speech Generating Device

See the Therapy Services, Idaho Medicaid Provider Handbook for information about coverage of speech generating devices.

4.15 Replacement

Replacement of durable medical equipment, such as hearing aids, that have exceeded their warranty, is still medically necessary for a participant under 21, and is no longer functional, may be eligible for reimbursement by Medicaid. Equipment should only be replaced when it is more cost effective than repairs, or if the repaired equipment would no longer meet the medical needs of the participant. Equipment that has reached its reasonable useful lifetime (RUL) does not constitute sufficient reason for replacement.

Replacement of equipment or supplies that have been lost as a result of theft require a police report on file with the provider, which should be submitted with any resulting prior authorization request. If items are damaged by fire or a natural disaster, etc., then the participant's home or renter's insurance would be the primary payer. If the participant does not have insurance, it should be documented and provided in any related prior authorization request.

Idaho Medicaid has no obligation to repair or replace any piece of durable medical equipment or supply that has been damaged, defaced, lost, or destroyed as a result of neglect, abuse, or misuse of the item. Replacement for these circumstances is the responsibility of the participant. An exception may be made for participants under the age of twenty-one (21) through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for information on EPSDT or when billing a participant is allowable.

Prior authorization requests for hearing aids for participants due to replacement, must include the following information:

- The General Durable Medical Equipment Prior Authorization Form;
- A copy of the audiometric test results;
- Make/model of the hearing aid, including any option or accessories;
- Justification for the options or accessories;
- Documentation that replacement is more cost-effective than repair;
- A current physician or non-physician practitioner order; and
- If applicable, the manufacturer denied the warranty due to user misuse/abuse.

Modifiers should be included on claims for equipment to distinguish between repair and replacement. Modifier RA should be used for replacement items and modifier RB should be used to denote parts for a repair.

4.15.1References: Replacement

(a) State Regulations

"Durable Medical Equipment and Supplies: Participant Responsibility." IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 751. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Durable Medical Equipment and Supplies: Quality Assurance." IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 756. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

"Non-Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.01.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.16 Repair and Modification

Durable medical equipment, such as hearing aids, that have exceeded their warranty, is still medically necessary, and is no longer meeting the medical needs of a participant under 21, may be eligible for reimbursement by Medicaid to replace or repair the item. This includes items not originally purchased by the Department. Repairs and modifications will only be covered when they are less costly than a replacement. Repairs do not require an order if the equipment was originally purchased by Idaho Medicaid, but modifications do. The Department has no responsibility for the repair of hearing aids that have been damaged as a result of neglect, abuse or use of the device in a manner for which it was not intended.

Providers are responsible for all repairs and modifications within the first two years of purchase at no additional cost to Medicaid or the participant. Repairs and modification thereafter are limited to once per year unless ordered by the attending physician with documentation of a major physical change. Prior authorization is required for all repairs and modifications. If the manufacturer denies the warranty due to user misuse/abuse, this information must be supplied when requesting approval for repair or modification.

Prior authorization requests for repairs of durable medical equipment, must include the following information:

- The General Durable Medical Equipment Prior Authorization Form;
- A copy of the audiometric test results;
- Make/model of the hearing aid, including any option or accessories;
- Justification for the options or accessories;
- Documentation that repair is more cost-effective than replacement;
- If applicable, a current physician or non-physician practitioner order; and
- If applicable, the manufacturer denied the warranty due to user misuse/abuse.

Modifiers should be included on claims for equipment to distinguish between repair and replacement. Modifier RA should be used for replacement items and modifier RB should be used to denote parts for a repair.

4.16.1 References: Repair and Modification

(a) Idaho Medicaid Publications

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

(b) State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

"Non-Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.01.b. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf

"Non-Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.01.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.17 Upgrades

Providers cannot bill Idaho Medicaid for an item or service different than what is provided to the participant. Doing so would be incorrect coding. Providers also cannot bill Medicaid for an item and allow the participant to pay the difference for an item of different quality. Per the Provider Agreement, IDAPA 16.03.09.210.03, "Medicaid Basic Plan Benefits," and CFR providers must accept Idaho Medicaid's payment as payment in full. However, if the participant desires to purchase a separate non-covered item, this would not be considered an upgrade. For example, if a second hearing aid is denied for not being medically necessary the participant could decide to purchase that item separately. See the General Information and Requirements for Provider, Idaho Medicaid Provider Handbook for more information about charging participants and the prohibition on gift giving.

4.17.1 References: Upgrades

(a) Federal Regulations

Acceptance of State Payment as Payment in Full, 42 C.F.R. Sec. 447.15 (2013). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec447-15.pdf.

(b) Idaho Medicaid Publications

House Bill 260 Budget Reductions – Audiology Services, Information Release MA11-15 (5/25/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov.

State-Only Code Changes, Information Release MA03-16 (5/1/2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, http://healthandwelfare.idaho.gov/Providers/ProvidersMedicaid/InformationReleases/tabid/264/ctl/ArticleView/mid/1942/articleId/1258/MedicaidInformation-Release-MA0316.aspx.

(c) State Regulations

"Acceptance of State Payment." IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 201.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(f)(iii) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/.

Rulemaking Authority, Idaho Code 56-264(5) (2012). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-264/.

4.18 Warranty Requirements

Non-implantable hearing aids purchased by the Department are required to include a warranty or insurance for two years. Implantable hearing aids are required to have a one-year warranty. Providers are required to maintain warranty and insurance information on file on each hearing aid purchased from them by the Department and are responsible for exercising the use of the warranty or insurance during the first year following the purchase of the hearing aid.

Payment will not be made for the cost of materials or labor covered under the manufacturer's warranty. If the warranty period has expired, the provider must have documented on file the date of purchase and warranty period. Warranty information from the Manufacturer must also be available to the Department upon request. If the manufacturer denies the warranty due to user misuse/abuse, this information must be supplied when requesting approval for repair or replacement.

4.18.1 References: Warranty Requirements

(a) Federal Regulations

Exceptions: Warranties, 42 CFR 1001.952(g) (2016). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol5/pdf/CFR-2019-title42-vol5-sec1001-952.pdf.

(b) State Regulations

"Durable Medical Equipment and Supplies: Provider Reimbursement." IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 755.07. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 745.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Non-Implantable Hearing Aids." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.01.a. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf

5. Documentation Requirements

Documentation requirements applicable in specific situations are listed throughout the handbook for provider convenience. General documentation requirements are also required and found in the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

Documentation for services must include all of the following:

- The physician or non-physician practitioner's order to evaluate and/or treat;
- The participant's medical diagnosis and description of the current medical condition that makes the services or items medically necessary; and
- Any supporting information that establishes medical necessity.

Documentation for medical equipment and supplies must include all of the following:

- The participant's medical diagnosis and description of the current medical condition that makes the services or items medically necessary;
- Any supporting information that establishes medical necessity.
- Estimation of the date range items will be needed, and the frequency of use. As needed (PRN) orders will not be accepted without instructions on how/when the medical equipment or supplies will be used;
- For supplies such as hearing aid batteries, the description and quantity of the supply needed per month;
- A full description of any medical equipment requested including brand name and model. All modifications or additions to basic equipment must be documented in the attending physician or non-physician practitioner's order;
- A physician or non-physician's detailed written order;
- Verification that the participant has met face-to-face with the ordering physician or non-physician practitioner within six months of an order for equipment or supplies;
- Proof of delivery to the participant by obtaining the participant or their designee's signature and date of receipt. If the signature is ineligible, the provider must note the name on the delivery slip.

5.1 References: Documentation Requirements

5.1.1 CMS Guidance

"Proof of Delivery Documentation Requirements." MLN Matters SE19003, January 2019, Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019-TransmittalsItems/SE19003.html.

(a) Idaho Medicaid Publications

"DMEPOS Suppliers and Medical/Surgical Providers Who Order, Certify or Prescribe Items/Services for Medicaid Participants." *MedicAide Newsletter,* January 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/January%202019%20MedicAide.pdf.

(b) State Regulations

"Audiology Services: Coverage and Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Audiology Services: Procedural Requirements." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 743. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Physician Orders." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 753.01.d. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Provider Documentation Requirements." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

5.2 Orders

An order must be signed and dated by the physician or non-physician practitioner. The order remains valid for one year from the date of the signature. The order must include the participant's name, diagnosis and the results of the basic comprehensive audiometry exam. Orders may be a photocopy, facsimile image, electronic, or handwritten documents. Someone other than the physician or non-physician practitioner may write the order, however, they must review, and personally sign and date the completed order. Signatures must meet the requirements under the Documentation subsection of the General Information and Requirements for Provider, Idaho Medicaid Provider Handbook. If the order does not specify the diagnostic to be performed, the audiologist may select the appropriate test based off their professional training.

Detailed written orders are required for all durable medical equipment and supplies prior to submitting a claim. However, equipment repairs do not require an order if the equipment was originally purchased by Idaho Medicaid. The written order must be sufficiently detailed including all the details of the order for audiology services as well as all options or additional features that will be separately billed or that will require an upgraded code. The date of the order cannot precede the required face-to-face encounter that evaluates the need for item. The order does not have to be written by the physician or non-physician practitioner that conducted the encounter, but they must have reviewed the encounter's documentation. If the written order is for supplies that will be provided on a periodic basis, the written order should include appropriate information on the quantity used, frequency, and duration of need.

If a provider bills for any item without a complete detailed written order, Medicaid can deny or recoup any reimbursement for the item.

5.2.1 References: Orders

(a) CMS Guidance

"What Suppliers Need to Know About Orders for DMEPOS Items." MLN Matters SE18009, December 2018, Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.cms.gov/Outreach-and-Education/Medicare-LearningNetwork-MLN/MLNMattersArticles/Downloads/SE18009.pdf.

(b) Idaho Medicaid Publications

"DMEPOS Suppliers and Medical/Surgical Providers Who Order, Certify or Prescribe Items/Services for Medicaid Participants." *MedicAide Newsletter,* January 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/January%202019%20MedicAide.pdf.

"DMEPOS Suppliers and Ordering, Prescribing Physician and Non-Physician Practitioners, Written Order Prior To Delivery (WOPD) Requirements, and Order/Prescription Maximum Duration of One Year." MedicAide Newsletter, January 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/January%202019%20MedicAide.pdf.

"Medicaid Program Integrity Unit: Durable Medical Equipment and Supplies Billing Requirements." *MedicAide Newsletter,* June 2015, https://www.idmedicaid.com/MedicAide%20Newsletters/June%202015%20MedicAide.pdf.

(c) State Regulations

"Audiology Services: Coverage and Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 742. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Physician Orders." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 753.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

6. Prior Authorizations

A prior authorization (PA) is a written, faxed or electronic approval from the Department or its designee that permits payment or coverage of an item or service that is only covered by such an authorization. Some items and services always require a PA, but others may only require a PA under these circumstances:

- The participant has exhausted their benefit;
- The participant does not meet the established criteria, but can demonstrate a medical need; or
- The participant has an alternative benefit such as EPSDT or waiver that can only be accessed through a PA.

Items and services that require a PA must receive approval before they can be delivered to the participant except as otherwise noted. It is the provider's responsibility to verify the participant's eligibility on the date of service and to request any required PA. PA requirements specific to a service or item are listed throughout the handbook for the provider's convenience. For information regarding if a PA is required, providers can:

- Check participant eligibility and if a PA is required through your Trading Partner Account at www.idmedicaid.com;
- Contact Gainwell Technologies at 1 (866) 686-4272; and
- Check the Idaho Medicaid Numerical Fee Schedule available online for items that always require a PA and the authorizing entity.

Participants with Medicare as their primary insurance do not require a PA from Idaho Medicaid for Medicare approved items and services. Participants with a different primary payor, or a participant with Medicare receiving services non-covered by Medicare, do require a PA from Idaho Medicaid as if they were Medicaid only participants.

A request for a PA or an approved authorization for services does not guarantee payment. All other Department requirements must be fulfilled. Authorizations only confirm medical necessity criteria for the item or service based on the documentation submitted. The Department's review of prior authorizations includes general criteria requirements in addition to any item specific criteria. They do not review if a provider or place of service is appropriate or any other considerations. Reimbursement is dependent on the participant also being eligible on the date authorized services are rendered and the request must meet any other requirements such as:

- Meet medical necessity as established in section 011 or 880 of IDAPA 16.03.09, "Medicaid Basic Plan Benefits";
- Meet all policy requirements;
- Be appropriate and effective treatment for the participant's current medical condition;
- Be furnished by providers with the appropriate credentials;
- Be the most cost-effective method of meeting the participant's medical needs; and
- Meet all federal and state regulations.

Medicaid issues a written notification of authorization or denial for all written requests for PA. Participants will receive a mailed notice of decision with information on their appeal rights and how to request a hearing if they disagree with the Department's decision. Providers receive notifications based on their profile's preferences. If the participant or provider disagrees with the Department's decision they can consider requesting a reconsideration or file an appeal.

Approved authorizations are valid only for the period between the start and stop dates. If the service is going to be delivered outside of the approved dates, a new PA request must be submitted. Requests should be made before the expiration of the previous request to avoid breaks in care.

When authorized services or items are billed, PA numbers must be included on the appropriate claim line. Effective May 1, 2014, the claim line will be denied if the PA number is not present. Claims for inpatient services must have the prior authorization number on the header or each claim line, or the claim will deny. Some authorizations may also include modifiers as part of the approval. If the modifier listed in the authorization is missing from the claim line it will deny. The PA number and any required modifier are found on the paper Notice of Decision (NOD) letter or online through the Trading Partner Account (TPA) under View Authorizations.

Claims will be denied for any medical item or service that requires a PA from Idaho Medicaid, that was provided prior to obtaining authorization. An exception may be allowed on a case-by-case basis in which, despite efforts on the part of the provider to submit a timely request or due to events beyond the control of the provider, PA was not obtained; e.g., a hospital discharge outside of business hours, etc. An explanation of the delay in submission must accompany the PA request and be submitted to the Department with any supporting documentation and a request for an exception. In addition, the provider may not bill the Medicaid participant for equipment and supplies not reimbursed by Medicaid when the PA was not obtained in a timely manner or because the provider failed to verify that a PA was required.

If an individual was not eligible for Medicaid at the time items or services requiring a prior authorization were provided but was subsequently found eligible, a request must be submitted with all required documentation within 30 days of the date the provider became aware of the individual's Medicaid eligibility. The medical item or service will be reviewed by the Department retroactively using the same medical necessity guidelines that apply to other prior authorization requests. If approved, the provider should refund to the participant any amount previously collected for the item or service.

See the General Billing Instructions, Idaho Medicaid Provider Handbook for more information on billing prior authorized services.

6.1 References: Prior Authorizations

(a) CMS Guidance

State Medicaid Director Letter (09/04/1998). Center for Medicaid and State Operations, Department of Health and Human Services, https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD090498.pdf.

(b) Federal Regulations

Excessive Claims or Furnishing of Unnecessary or Substandard Items and Services, 42 CFR 1001.701 (2019). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol5/pdf/CFR-2019-title42-vol5-sec1001-701.pdf.

"State Plans for Medical Assistance." Social Security Act, Sec. 1902(a)(10)(d) (1935). Social Security Administration, https://www.ssa.gov/OP_Home/ssact/title19/1902.htm.

Sufficiency of Amount, Duration, and Scope, 42 CFR 440.230(d) (2019). Government Printing Office, https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-230.pdf.

(c) Idaho Medicaid Publications

"Attention DMEPOS Suppliers." MedicAide Newsletter, March 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202018%20MedicAide.pdf.

"Prior Authorization Number on Claims." MedicAide Newsletter, March 2014, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202014%20MedicAide.pdf.

(d) State Regulations

"Prior Authorization – Equipment and Supplies." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 752.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Prior Authorizations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 753.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

6.2 Requests for Prior Authorization

Telligen, Inc. is Idaho Medicaid's quality improvement organization (QIO) that reviews prior authorization requests for audiology services and durable medical equipment and supplies including hearing aids procedures as listed on the Numerical Fee Schedule or when a prior authorization would otherwise be indicated. Prior authorization requests will be rejected if there is no clear indication that a prior authorization is required. Providers should note the reason for the request if the item or service does not always require a prior authorization. All prior authorization requests must use the Telligen Qualitrac provider portal. To apply for access to the Telligen Portal please fill out the registration packet located in the document library on the Telligen site.

Prior authorization requests must be submitted with a detailed written physician or non-physician practitioner's order, and the items listed in the Documentation Requirements subsection, and any additional items within the item specific criteria. Providers must confirm and request items using correct coding verified through the Pricing, Data Analysis and Coding (PDAC) website for durable medical equipment and supplies. Requests for codes that do not have a price on file on the Idaho Medicaid Numerical Fee Schedule must include pricing documentation with their request. See the *General Billing Instructions*, Idaho Medicaid Provider Handbook regarding acceptable documentation for manually priced goods and services. Incomplete or incorrectly filled out prior authorization requests will be denied for improper documentation.

Telligen staff may request additional documentation to establish medical necessity for the item. The requested documentation must be received by Telligen within two working days or the request may be denied.

Authorizations are usually completed within ten business days, but complex requests may require additional time.

See the QIO Provider Manual for information about requesting prior authorizations from the QIO, Telligen.

6.2.1 References: Requests for Prior Authorization

(a) Idaho Medicaid Publications

"Changes to QIO Prior Authorization and Post Payment Review Submission Procedures." *MedicAide Newsletter, June 2023*, https://www.idmedicaid.com/MedicAide%20Newsletters/June%202023%20MedicAide.pdf.

(b) State Regulations

"Prior Authorization – Equipment and Supplies." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 752.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Prior Authorizations." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 753.04.c. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

6.3 Modifying a Prior Authorization

Modifications may be requested by contacting the issuer of the prior authorization, the Medical Care Unit or Telligen, with the prior authorization number, requested change and justification. Submit any additional documentation if the change is not supported by the original submission.

6.4 Status of a Prior Authorization

The status of a prior authorization request through Telligen may be checked online at the provider portal, or by contacting Telligen, Inc. customer service at 1 (866) 538-9510.

A notice of decision will be mailed to the participant once the review is complete. If you have questions on a Denial, click on the Notes, which will explain the reason for the Denial.

6.5 Prior Authorization Reconsiderations

Providers should request reconsiderations of a prior authorization (PA) decision when requests are denied for being incomplete, extenuating circumstances should be considered, or additional documentation is being submitted to support medical necessity. Reconsiderations shall be requested within 28 days of the Department's decision. Providers must include the PA number on the request for it to be considered with previous documentation. If the PA number is not provided, a denial may be issued for an incomplete request. Reconsiderations are submitted to the same reviewer as the original request.

Upon completion of the reconsideration review, Medicaid or its designee will issue a second Notice of Decision for Medical Benefits. If the provider or participant disagrees with the PA reconsideration decision made by Medicaid or its designee, they may file a Request for Appeal. The provider or participant has 28 days from the mailing date of the second Notice of Decision for Medical Benefits to submit a formal appeal.

6.6 Prior Authorization Appeals

Providers and participants may appeal a prior authorization (PA) decision made by Medicaid or its designee, by sending a request in writing. Appeals are for when there is a disagreement about the decision made based on documentation already provided. Appeals should not be used to submit new documentation for consideration. Participants and Providers should use the Prior Authorization Reconsideration process if they have additional details that may change the Department's decision.

Appeals are requested by submitting a cover letter detailing why the formal appeal is requested and including a copy of the PA denial letter. Appeals are sent to:

Division of Medicaid
Idaho Department of Health and Welfare
P.O. Box 83720
Boise, ID 83720-0036
Fax: 1 (208) 364-1811
MedicaidAppeals@dhw.idaho.gov

6.6.1 References: Prior Authorization Appeals

(a) State Regulations

Appeal and Fair Hearing, Idaho Code 56-216 (1941). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-216/.

Board — Composition — Officers — Compensation — Powers — Subpoena — Depositions — Review — Rules, Idaho Code 56-1005(6) (2009). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH10/SECT56-1005/.

Board — Composition — Officers — Compensation — Powers — Subpoena — Depositions — Review — Rules, Idaho Code 56-1005(7) (2009). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH10/SECT56-1005/.

"Burden of Proof – Provider Cases." IDAPA 16.05.03, *"Contested Case Proceedings and Declaratory Rulings,"* Sec. 133. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160503.pdf.

Contested Cases, Idaho Code 67-5240 (1992). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH52/SECT67-5240/.

"Department Responsibility." IDAPA 16.05.03, *"Contested Case Proceedings and Declaratory Rulings,"* Sec. 100. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160503.pdf.

Exhaustion of Administrative Remedies, Idaho Code 67-5271 (1992). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH52/SECT67-5271/.

"Filing of Appeals." IDAPA 16.05.03, *"Contested Case Proceedings and Declaratory Rulings,"* Sec. 101. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160503.pdf.

Right of Review, Idaho Code 67-5270 (1992). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH52/SECT67-5270/.

7. Reimbursement

Providers must be enrolled to receive reimbursement from Idaho Medicaid. Medicaid will reimburse for the least costly means of meeting the participant's need. Providers must confirm and bill DME items with correct coding verified through the Pricing, Data Analysis and Coding (PDAC) website. The date of service is the date of delivery, and not a date span for when the items were used.

Idaho Medicaid reimburses medically necessary audiology items and services on a fee-for-service basis. Usual and customary fees are paid up to the Medicaid maximum allowance listed in the Numerical Fee Schedule. Rates are set at 90% of the Medicare fee schedule when the code becomes covered by Idaho Medicaid, if available.

For medical equipment and supplies that do not have a price on the Idaho Medicaid Numerical Fee Schedule, reimbursement will be seventy-five percent (75%) of the manufacturer's suggested retail price (MSRP), or the manufacturer/wholesaler's invoice to the supplier plus ten percent (10%) and shipping, if shipping is listed on the invoice. Rental payments are based on 1/10 of the Medicaid allowance. Except where noted durable medical equipment is considered purchased after ten months of rental payments. Some participants may be responsible for a co-pay for services, but participants cannot be billed for charges in excess of the fees allowed by the Department.

See the *General Billing Instructions*, Idaho Medicaid Provider Handbook regarding policy on billing, prior authorization, and requirements for billing all other third-party resources before submitting claims to Medicaid.

See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for information on when billing a participant is allowable including co-pays.

7.1 References: Reimbursement

(a) Idaho Medicaid Publications

"Attention DMEPOS Suppliers." MedicAide Newsletter, March 2018, https://www.idmedicaid.com/MedicAide%20Newsletters/March%202018%20MedicAide.pdf.

"DMEPOS Suppliers and Medical/Surgical Providers Who Order, Certify or Prescribe Items/Services for Medicaid Participants." *MedicAide Newsletter,* January 2019, https://www.idmedicaid.com/MedicAide%20Newsletters/January%202019%20MedicAide.pdf.

(b) State Regulations

"Durable Medical Equipment and Supplies: Provider Reimbursement." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 755. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"General Payment Procedures." IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 230. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Limitations." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 745.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

"Payment Procedures." IDAPA 16.03.09, *"Medicaid Basic Plan Benefits,"* Sec. 745.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160309.pdf.

8. Appendices

Appendix A. Covered Audiology Services

Only the following CPT® and HCPCS are covered for audiology services on or after January 1, 2021. Services that should be coded under any other code are non-covered for audiology services. Effective July 1, 2011 procedures indicated with one asterisk (*) are not payable to participants over the age of 21.

Covered Audiology Services	
CPT®/ HCPCS	Description
92502	Otolaryngologic examination under general anesthesia
92504	Binocular microscopy (separate diagnostic procedure)
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92511	Nasopharyngoscopy with endoscope (separate procedure)
92512	Nasal function studies (e.g., rhinomanometry)
92516	Facial nerve function studies (e.g., electroneuronography)
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92531-92534	Vestibular Function Tests, Without Electrical Recording
92537-92538	Vestibular Function Tests, With Recording
92540-92542	Vestibular Function Tests, With Recording
92544-92548	Vestibular Function Tests, With Recording
92550-92553	Audiologic Function Tests
92555-92557	Audiologic Function Tests
92560-92565	Audiologic Function Tests
92567-92572	Audiologic Function Tests
92575-92579	Audiologic Function Tests
92582-92597	Audiologic Function Tests
92601-92604	Evaluative and Therapeutic Services
92607-92612	Evaluative and Therapeutic Services
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92620	Evaluation of central auditory function, with report; initial 60 minutes
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626-92627	Evaluation of auditory rehabilitation status
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour
92650-92653	Audiologic Function Tests
92700	Unlisted Otorhinolaryngological service or procedure
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

Covered Audiology Services	
CPT®/ HCPCS	Description
99201-99205	Evaluation and Management: Office or Other Outpatient Services – New Patient
99211-99215	Evaluation and Management: Office or Other Outpatient Services – Established Patient
99221-99223	Evaluation and Management: Initial Hospital Care
99231-99233	Evaluation and Management: Subsequent Hospital Care
99234-99236	Evaluation and Management: Observation or Inpatient Care Services
99238-99239	Evaluation and Management: Hospital Discharge Services
99354-99357	Evaluation and Management: Prolonged Services
99360	Evaluation and Management: Standby Services
L8691	Auditory Osseointegrated Device, External Sound Processor, Replacement
T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes
V5008	Hearing Screening
*V5014	Repair/Modification of A Hearing Aid
*V5030	Hearing Aid, Monaural, Body Worn, Air Conduction
*V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction
*V5050	Hearing Aid, Monaural, In the Ear
*V5060	Hearing Aid, Monaural, Behind the Ear
*V5100	Hearing Aid, Bilateral, Body Worn
*V5120	Binaural, Body
*V5130	Binaural, In the Ear
*V5140	Binaural, Behind the Ear
*V5171-V5172	Hearing aid, contralateral routing device, monaural
*V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)
*V5211-V5215	Hearing aid, contralateral routing system, binaural
*V5221	Hearing aid, contralateral routing system, binaural, bte/bte
*V5254-V5257	Hearing Aid, Digital, Monaural
*V5258-V5261	Hearing Aid, Digital, Binaural
*V5264-V5265	Ear Mold/Insert
*V5266	Battery for Use in Hearing Device
*V5281- V5282	Assistive Listening Device, Personal Fm/Dm System
*V5284-V5290	Assistive Listening Device
*V5298	Hearing Aid, Not Otherwise Classified
V5299	Hearing Service, Miscellaneous
*V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)
*V5362	Speech screening
*V5363	Language screening

8.1.1 References: Covered Audiology Services

(a) Idaho Medicaid Publications

"New Codes Available for Audiology Services." MedicAide Newsletter, September 2020, https://www.idmedicaid.com/MedicAide%20Newsletters/September%202020%20MedicAide.pdf.

"New Codes Available for Audiology Services." MedicAide Newsletter, January 2021, https://www.idmedicaid.com/MedicAide%20Newsletters/January%202021%20MedicAide.pdf.

Appendix B. Non-Covered Audiology Services

The following services are explicitly non-covered under Idaho Medicaid.

Non-Covered Audiology Services	
CPT®/ HCPCS	Description
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals.
92549	Computerized dynamic assessment of balance and postural instability with motor control and adaptation test.
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour.
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification.
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure).
92630	Auditory rehabilitation; prelingual hearing loss.
92633	Auditory rehabilitation; postlingual hearing loss.
V5230	Hearing aid, binaural, glasses.
V5240	Disp fee, contralateral routing sys, binaural.
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified.
V5364	Dysphagia screening

Appendix C. Section Modifications

This table lists the last three years of changes to this handbook as of the publication date.

Audiology Services, Provider Handbook Modifications				
Version	**Section**	**Update**	**Publish Date**	**SME**
7.0	All	Published version	08/16/2023	TQD
6.7	Appendix A. Covered Audiology Services	Added asterisk to non-covered services for adults.	08/03/2023	W Deseron T Kinne
6.6	6.4. Status of a Prior Authorization	New section.	08/03/2023	W Deseron T Kinne
6.5	6.3. Modifying a Prior Authorization	New section.	08/03/2023	W Deseron T Kinne
6.4	6.2. Requests for Audiology Services	Renamed Requests for Prior Authorization. Updated process.	08/03/2023	W Deseron T Kinne
6.3	6. Prior Authorizations	Updated process.	08/03/2023	W Deseron T Kinne
6.2	1.3. Telligen, Inc.	New section.	08/03/2023	W Deseron T Kinne
6.1	1.3. Medicaid	Deleted.	08/03/2023	W Deseron T Kinne
6.0	All	Published version	11/18/2022	TQD
5.1	1.2 Provider Relations Consultants	Updated contact phone numbers for PRCs	11/18/2022	A Boparai M Payne J Kennedy-King
5.0	All	Published version	6/17/2022	TQD
4.1	1.2 Provider Relations Consultants	Updated to add Region 9 contact information	6/14/2022	G Branscum M Payne J Kennedy-King
4.0	All	Published version	4/5/2022	TQD
3.1	6.5 Prior Authorization Appeals	Removed 3232 Elder Street address due to permanent closure of building	4/5/2022	M Payne E Garibovic
3.0	All	Published version	02/02/2021	TQD
2.18	Appendix B Non-Covered Audiology Services	Added Dysphagia screening.	02/01/2021	W Deseron E Garibovic
2.17	Appendix A a) References	Renamed References: Covered Audiology Services. Added references.	02/01/2021	W Deseron E Garibovic
2.16	Appendix A Covered Audiology Services	Added new codes for coverage. Deleted Dysphagia screening from coverage.	02/01/2021	W Deseron E Garibovic
2.15	6.5 Prior Authorization Appeals and Prior Authorization and Retro-eligibility	Section deleted. Content incorporated in Prior Authorization section.	02/01/2021	W Deseron E Garibovic
2.14	6.4 Prior Authorization for Participants with Third-Party Liability	Section deleted. Content incorporated in Prior Authorization section.	02/01/2021	W Deseron E Garibovic
2.13	6.3.1 References: Prior Authorization Request Procedure	New section.	02/01/2021	W Deseron E Garibovic
2.12	6.3 Requests for Durable Medical Equipment and Supplies	Updated section to clarify requirements.	02/01/2021	W Deseron E Garibovic
2.11	6.2 Requests for Audiology Services	Updated section to clarify requirements.	02/01/2021	W Deseron E Garibovic
2.10	6.1 References: Prior Authorizations	Added references.	02/01/2021	W Deseron E Garibovic
2.9	6. Prior Authorizations	Updated section to clarify requirements.	02/01/2021	W Deseron E Garibovic

Audiology Services, Provider Handbook Modifications				
Version	**Section**	**Update**	**Publish Date**	**SME**
2.8	4.9.1 References: Speech in Noise Testing	New section.	02/01/2021	W Deseron E Garibovic
2.7	4.7.1 References: Otoacoustic Emission Testing	Added reference.	02/01/2021	W Deseron E Garibovic
2.6	4.4.1 References	Name changed to References: Auditory Rehabilitation Status Evaluation. Added references.	02/01/2021	W Deseron E Garibovic
2.5	4.3.1 References: Acoustic Reflexes	Added reference.	02/01/2021	W Deseron E Garibovic
2.4	4.1 References: Covered Services and Limitations	Added reference.	02/01/2021	W Deseron E Garibovic
2.3	3. Eligible Participants	Non-substantive word change.	02/01/2021	W Deseron E Garibovic
2.2	2.1.1 References: Audiologists	Updated reference.	02/01/2021	W Deseron E Garibovic
2.1	1.3. Medicaid	Removed fax number.	02/01/2021	W Deseron E Garibovic
2.0	All	Published version	12/29/2020	TQD
1.0	All	Initial document – Published version	12/16/2020	W Deseron E Garibovic