



Early Hearing Detection & Intervention

Iowa Department of Public Health



Hearing Aids and Audiological Services for Children *Questions & Answers*

Q: Will this funding be available in the future?

A: Funding is available on first come, first serve basis through June 1, 2013 or until the money runs out. The funding was made possible through an appropriation to the Iowa Department of Public Health in the 2007-2012 legislative sessions. The IDPH contracts with Provider Claim Systems to screen eligibility, make referrals as needed to Medicaid and/or hawk-i, process claims, reimburse approved providers and submit activity reports for the Hearing Aids and Audiological Services for Children program. The money could cease to exist, increase or decrease depending on legislative action in 2013.

Q: What are the eligibility requirements?

- A:**
- Iowa children under the age of 21.
 - Individuals must currently reside in Iowa.
 - Applicant must not be eligible for hearing aids and/or audiological services under Title 19 or *hawk-i*.

The intent of this funding is to provide payment for hearing aids and/or audiological services for children who otherwise would not be able to afford these services. We ask that you only apply for this program if the needed hearing aids and/or audiological services are not fully covered by another source and would produce an undue financial hardship for your family. Your consideration will ensure that the greatest number of children will be served by this funding.

Q: How do I enroll in this program?

A: Parents should complete the brief two page Hearing Aids and Audiological Services application located on the Early Hearing Detection and Intervention Program website, www.idph.state.ia.us/iaehdi/parents.asp or call (800) 547-6789 to request that an application be mailed.

Completed applications and required documents can be faxed or mailed to:

Provider Claim Systems
P.O. Box 1608
Mason City, IA 50402-1608
Phone: (800) 547-6789 – toll free
Fax: (641) 422-2713

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Q: Do I need to re-apply for this funding each year?

A: Yes. You need to complete the application located on the Early Hearing Detection and Intervention Web site at <http://www.idph.state.ia.us/iaehdi/parents.asp> or by calling Provider Claim Systems at (800) 547-6789.

Q: Can I (service provider) have the family apply for this funding instead of billing Medicaid or private insurance first?

A: No. This funding is payor of last resort. You must bill Medicaid, *hawk-i* and/or all private insurance first.

Q: We have insurance, but hearing aids are excluded in coverage. Do I still need to state “Yes” for insurance and list our Insurer’s name on the application?

A: Yes. Please mark B- Insurance Information with a “Yes” and list your Insurance company’s name in Question #1. Please mark Question #2 with “No”.

Q: Does this funding supplement Medicaid or *hawk-i* payments?

A: No. Medicaid or *hawk-i* payments are considered payment in full.

Q: Does the service provider have to be a Medicaid provider?

A: Yes. The service provider must be an Iowa Medicaid Provider in good standing.

Q: Will we know ahead of time the services our applications will be approved for?

A: After the application is processed, you will receive written correspondence from Provider Claim Systems regarding your child’s eligibility determination. If your child is eligible, we will also include a list of approved services.

Hearing Aids and Audiological Services for Children *Questions & Answers*

Q: What services qualify?

- A:**
- Repair/modification of hearing aid
 - Hearing aid, monaural, behind the ear
 - Hearing aid dispensing fee, monaural
 - Hearing aid, binaural, in the ear
 - Hearing aid, binaural, behind the ear
 - Hearing aid dispensing fee, binaural
 - Hearing aid, bicros, glasses
 - Ear mold/insert, not disposable, any type
 - Battery for use in hearing aid
 - Hearing aid supplies, accessories
 - Assistive listening device, not otherwise specified
 - Assistive listening device, dispensing
 - Service handling charge
 - Pure tone audiometry, air only
 - Pure tone audiometry, air and speech audiometry threshold
 - Speech audiometry threshold
 - Speech audiometry threshold with speech
 - Comprehensive audiometry threshold evaluation
 - Tympanometry (impedance testing)
 - Conditioning play audiometry
 - Auditory evoked potentials for evoked response audiometry; comprehensive
 - Auditory evoked potentials for evoked response audiometry; limited
 - Visual reinforcement audiometry
 - Evoked otoacoustic emissions, limited
 - Hearing aid examination and selection, monaural
 - Hearing aid examination and selection, binaural

qualifying services continued on page 4

Hearing Aids and Audiological Services for Children *Questions & Answers*

What services qualify? *continued from page 3*

- Hearing aid check, monaural
- Hearing aid check, binaural
- Electroacoustic evaluation for hearing aid, monaural
- Electroacoustic evaluation for hearing aid, binaural
- Office/outpatient visit related to audiological services
- Consultations related to audiological services

The department may elect to cover additional services not otherwise restricted in these rules.

Q: **What if my child needs additional services later in the same program year - do I need to complete another application?**

A: An application only needs to be submitted one time during a program year. However, because funding is limited, services are approved in 90-day increments. If your child needs additional services after 90 days but before your eligibility period ends, please contact Provider Claim Systems to request additional services.

Q: **What services need a manufacturer's invoice attached to the claim form?**

A: The following HCPCS related to hearing aids need an invoice if the total amount submitted is over \$650.00 per 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
- V5120- Hearing aid, binaural, body
- V5130- Hearing aid, binaural, in the ear
- V5140- Hearing aid, binaural, behind the ear

services needing a manufacturer's invoice continued on page 5

Hearing Aids and Audiological Services for Children *Questions & Answers*

The following codes also require a manufacturer's invoice, regardless of submitted charge.

- W0116- Vibrotactive aid and accessories
- V5014- Repair/modification of a hearing aid
- V5230- Hearing aid, BICROS, glasses
- V5267- Hearing aid supplies/accessories
- V5274- Assistive listening device, not otherwise specified

Q: What services need to be prior authorized?

A: Any of the services listed above that require an invoice, also require a prior authorization if the submitted charge is over \$650.00 for accessories or \$650.00 per hearing aid. Please use the Prior Authorization section of the Estimate Request for Audiological Services Form mailed to the provider by Provider Claim Systems.

Please mail or fax the form to the following: Provider Claim Systems
P.O. Box 1608
Mason City, IA 50402-1608
Fax: (641) 422-2713

Please allow up to ten days for a response to your request.

Q: Where should claims be submitted and what should be included with the claim?

A: Once the application is processed, the family and provider will receive a confirmation of approved services and insurance requirements. After services are provided, the service provider can then submit the following for hearing aids and/or audiological services:

- Health Insurance Claim Form
- Manufacturer's Invoice (as needed)
- EOB or Denial Status (if indicated on Estimate Confirmation Form)

where should claims be submitted continued on page 6

Hearing Aids and Audiological Services for Children *Questions & Answers*

Mail required documents to:

Provider Claim Systems
P.O. Box 1608
Mason City, IA 50402-1608
Phone: (800) 547-6789

Q: Is there a certain health insurance claim form we should be submitting?

A: Providers should submit the same claim form used for Medicaid or private insurance.

Q: What are the rates for claim reimbursement?

A:

- All claims will be paid based on Medicaid rates.
- Funding is considered payor of last resort

Q: Can I charge a family for the remaining expense?

A: No. Once you accept payment through this funding source, it is considered payment in full for covered services.

Q: If a family has insurance that does not cover part of the expense for a hearing aid and/or audiological services will this funding pay the difference?

A: Payment through this funding source is considered payment in full for covered services. If a Third Party Liability (TPL) payment equals or exceeds the Title XIX allowance, no further reimbursement is provided.

Hearing Aids and Audiological Services for Children *Questions & Answers*

Q: What are the processing timelines?

A: **Application review and notification:** PCS requests additional service information from the provider listed on the application during the review process. Normally, the process is completed within 7 business days after **all** requested information is received from your provider. If more than 14 days has passed since the application was submitted, please contact Provider Claim Systems for the status of your application.

Claims processing and reimbursement: If all paperwork sent in with the claim is complete, 4-6 weeks.

Q: Does funding cover the costs of cochlear implants or baha's?

A: No. Funding may cover the costs of audiological services (testing) if there is no other source of payment.

Q: Does funding cover the costs of FM systems?

A: Yes, if the system is needed to enhance quality of life or safety in their home. The funding will not cover FM systems for school. Families should work with their local school district to obtain an FM system to assist their students in school.

Q: Does the funding also include coverage for ear molds or hearing aid repairs?

A: Yes. Payment will be approved for replacement of hearing aid ear molds based on the current audiologist fee schedule.

Payment is made to the dispenser for repairs made by the dispenser or when the hearing aid is repaired by the manufacturer or manufacturer's depot. Do not bill for services for repairs while the hearing aid is under warranty.

Hearing Aids and Audiological Services for Children *Questions & Answers*

Q: Will families be required to purchase hearing aids first and then be reimbursed? Most providers ask that half of the costs be paid up front and then the second half in 30 days?

A: If the provider receives reimbursement from our program, you will not be required to pay the costs up front. However, you may want to inquire if the provider is a Medicaid Provider (required). Medicaid Providers are very familiar with this process and know that they do not get paid up front.

Q: Who do I contract about claim and/or payments?

A: For all questions regarding enrollment, claims, payments, refunds or private insurance issues please call Provider Claim Systems at (800) 547-6789.

