Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to needy citizens. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid (DOM), Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

A provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, the provider must accept the Medicaid payment as payment in full for those services covered by Medicaid. The provider cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. DOM is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and for notifications regarding billing. DOM initiates Medicaid policy as it relates to these factors.

Hearing aid is defined as a wearable instrument or device designed to deliver amplified sound to a hearing-impaired individual.

Hearing aid coverage is limited to beneficiaries eligible for services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Eligible beneficiaries under age twenty-one (21) are covered for one (1) hearing aid per fiscal year (July 1 – June 30). Hearing aids are not covered for beneficiaries age twenty-one (21) and older.

Coverage Criteria

DOM covers hearing aids only when prescribed by a licensed physician who specializes in the diseases/treatment of the ear or a licensed audiologist when documentation supports the following:

- Hearing aid is medically necessary,
- Hearing aid is prescribed to significantly improve hearing, **AND**
- Beneficiary is under age twenty-one (21).

All hearing aids must be new and must include at least a twelve (12) month warranty.

Provider Requirements

State-licensed audiologists and physicians may render services under their license as an audiologist or physician.

Hearing aid dealers must be licensed by the Mississippi State Board of Health as a Hearing Aid Specialist. Hearing aid dealer/specialist is defined as an individual, other than an audiologist or physician, who fits and sells hearing aids and who performs hearing tests while engaged in the selling and fitting of hearing aids.

Exclusions

DOM does **not** cover the following services:

- Digital hearing aids
- Assistive listening devices
- Disposable hearing aids
- Repair and/or replacement covered under the warranty
- Routine maintenance
- Batteries
- Services not listed as covered on the fee schedule

Fitting and Dispensing Services

Dispensing is considered a separate service, and fitting is considered part of that service. Dispensing fees are payable to hearing aid providers only.

Dispensing services reimbursable by DOM must include **all** of the following components:

- Selecting an appropriate hearing aid based on test results;
- Constructing an ear mold impression and fitting the ear mold if necessary;
- Performing any other procedures required for the proper fitting of the hearing aid device;
- Instructing the beneficiary (or the caregiver, parent or guardian) on hearing aid operation, use, care, maintenance and repair;
- Instructing the beneficiary (or the caregiver, parent or guardian) on the hearing aid warranty;
- Providing an initial supply of batteries; **AND**
- Providing a trial period during which the beneficiary may receive follow-up visits as necessary for counseling and hearing aid adjustments.

Prior Authorization

Prior authorization is required for the following:

- More than one (1) medically necessary monaural or binaural hearing aid per fiscal year
- Repair/modification of hearing aids not covered by warranty (V5014) – providers must submit documentation that adequately explains the need for repair/modification. This may be done on the PA form or as an attachment.
- Second ear mold
- Hearing services, miscellaneous (V5299) – providers must submit an invoice with the PA form.
- All manually priced codes – providers must submit an invoice with the PA form. Information regarding codes that are manually priced may be found by accessing the fee schedule on the DOM website.

The Eyeglass/Hearing Aid Authorization Request Form (DOM - 210) must be completed and submitted to DOM for all services requiring prior authorization. Forms must contain the preprinted authorization number in the appropriate field. Forms are available through the fiscal agent.

The Eyeglass/Hearing Aid Authorization Form is a multi-copy form. All copies must be legible. Mail all three completed copies to the following address:

Division of Medicaid
Vision/ Hearing Program
Suite 801, Robert E. Lee Bldg.
239 N. Lamar St.
Jackson, MS 39201-1399

Medicaid staff will render a decision to approve or deny services, write the decision on the form, and mail a copy back to the provider.

Reimbursement

Reimbursement for hearing services, except repairs, is from a statewide uniform fixed fee schedule. Providers may access the fee schedule from the DOM website at www.dom.state.ms.us. Use the drop down and click on Fee Schedules for Medicaid Provider Services. Go to the Hearing and Vision Services Fee Schedule.

Repair services are reimbursed at invoice cost, not to exceed $95.00.

Documentation

In order for DOM to fulfill its obligation to verify services rendered to Medicaid beneficiaries and paid for by Medicaid, the provider must maintain legible and auditable records that will substantiate the claim submitted to Medicaid. Records must be maintained a minimum of five (5) years to comply with all state and federal regulations and laws. DOM, the UM/QIO, and/or the fiscal agent have the authority to request patient records at any time to conduct a random review and/or documentation of services billed by the provider. Documentation must be legible and available for review if requested.

At a minimum, Hearing Services medical record documentation must contain the following on each beneficiary:

- Date(s) of service
- Demographic information (Example: name, Medicaid number, date of birth, etc.)
- Presenting complaint
- Provider findings
- Treatment rendered
- Provider's signature or initials

The ordering/referring provider must retain documentation supporting medical necessity, including a copy of all audiograms, in the medical record for a minimum of five (5) years. There must be an order/prescription for the prescribed hearing aid. If the ordering provider is also the supplier, the prescription, a copy of the warranty, and a complete record of repairs must be retained as an integral part of the medical record.

If the provider rendering the service is other than the ordering/referring provider, the provider rendering the service must maintain hard copy documentation of the ordering/referring provider's order/prescription, a copy of the warranty, and a complete record of repairs for a minimum of five (5) years.

Refer to General Medical Policy, Section 53.12 in this manual.

Refer to Hospital Inpatient, Section 25.32 in this manual.