

SUBJECT: Hearing Services

A. POLICY STATEMENT

To provide hearing devices and related supplies for eligible persons in collaboration with the state Medicaid and Children and Youth with Special Health Care Needs (CYSHCN) programs. Services for Medicaid recipients are provided in accordance with current S.C. Department of Public Health (DPH) contract with S.C. Department of Health and Human Services (DHHS).

B. STANDARDS

1. Eligibility Criteria:
 - a. US citizenship or lawful permanent resident status.
 - b. South Carolina resident.
 - c. Age: Services may continue **up to 18 years of age** following the current Children's Rehabilitative Services ([CRS](#)) policy, and household income at or below 250% [federal poverty level](#) prior to each service; or Services may continue **up to 21 years of age** and eligible for CYSHCN services in accordance with contractual agreements with DHHS and/or specific Medicaid plans. These agreements are subject to change. A current list of Medicaid plans and hearing services provided through the CYSHCN Program is maintained in [Appendix 1](#). All clients should be closed on the last day of the month of their 21st birthday, regardless of Medicaid eligibility. Any outstanding authorizations must have an expiration date on/before date of closure.
 - d. Clinical: Licensed audiologist documentation of hearing loss requiring amplification. Includes receipt of the following:
 - i. Documentation of hearing loss showing degree of hearing loss (slight, mild, moderate, moderately severe, severe, or profound), type of hearing loss (conductive, sensorineural, or mixed), and related diagnosis and ICD-10 code; and
 - ii. Copy of audiogram or ABR with tracing completed within the preceding 12 months; and
 - iii. Copy of audiologist report (evaluation and assessment summary), corresponding to the audiogram or ABR, completed within the preceding 12 months.
2. Covered Services:
 - a. Hearing aids and/or related supplies, including batteries; and
 - b. Hearing aid repairs after manufacturer warranty has expired; and
 - c. DME and supplies for Cochlear Implants and Bone Anchored Hearing Aids (BAHA), including batteries and repairs, for active Medicaid recipients as listed in [Appendix 1](#).
3. Audiologists may be authorized to provide hearing services if they:
 - a. Have a current license in state where services are provided; and
 - b. Are a SC Medicaid provider (confirms licensure verification); and

- c. Have a current SC DPH audiological contract or a Memorandum of Agreement (MOA) to provide audiology services (requires current contract or MOA for any services to be rendered); and
 - d. A registered South Carolina Enterprise Systems (SCEIS) vendor.
- 4. The Hearing Services Fee Schedule in [Appendix 4](#) determines reimbursement and frequency rates.
- 5. CYSHCN Central Office review and approval via 'CYSHCN Special Request' Ad Hoc form ([DPH 0758](#)) is required for the following:
Refer to the [Special Request for Services](#) policy for additional guidance.
 - a. Request for service over and/or outside of the Hearing Program Fee Schedule ([Appendix 4](#)), including hearing aids when cost (manufacturer list price plus shipping and handling) is **more than \$900.00** and/or hearing aid repair cost **over \$250** per aid (including shipping and handling); and/or
 - b. Request for enrollment in CYSHCN Hearing Services, in the setting of documented normal hearing, where low-gain hearing aid is indicated for the treatment of diagnoses such as Central Auditory Processing Disorder and/or Hyperacusis and/or Auditory Neuropathy.
- 6. Medical Clearance:
 - a. A medical clearance statement must accompany the request, or be on file with DPH, before authorization for a hearing aid, Cochlear Implant (L8619), or BAHA device (L8691; L8692) can be authorized.
 - b. The statement should verify that the hearing loss has been medically evaluated and the patient is considered a candidate for a hearing aid, Cochlear Implant, or BAHA.
 - c. Medical clearance must have been completed within the preceding 6 months of the request.
 - d. Acceptable medical clearance must be obtained by a licensed health care provider (physician, physician assistant, or advanced practice registered nurse) familiar with the client's medical needs.
- 7. Record Updates:
 - a. Annual updates are required. Use of Electronic Health Record (EHR) Ad Hoc forms: 'CYSHCN Intake & Assessment' and 'CYSHCN Eligibility Determination' ([DPH 4384](#)), and if indicated 'CYSHCN Transition Readiness Flowsheet' ([DPH 4333](#)), are the minimum forms needed to ensure update status is complete.
 - b. Acuity levels ([Appendix 16](#)) will be reviewed at least annually and amended as needed.
 - c. Close record and remove from caseload if no services requested over a 3-year period, unless CYSHCN Regional Office consults with CYSHCN Nurse Consultant for approval to keep client open.
- 8. Document in the Electronic Health Record (EHR).
 - a. All health record documentation is entered in the EHR.
 - b. If the EHR system experiences a system interruption, then follow the EHR Downtime Policy.

- i. References in this policy to DPH paper forms are provided for guidance during EHR downtime.

C. PROCEDURES FOR ENROLLMENT

1. Audiologist Responsibilities:
 - a. For persons not currently enrolled in CYSHCN Hearing Services, Audiologist sends CYSHCN Services Request Form ([DPH 4290](#)) with supporting documentation (Standard 1.d clinical eligibility criteria) to CYSHCN Regional Office.
2. CYSHCN Regional Office Responsibilities:
 - a. Create an electronic health record if indicated.
 - b. Verify that applicant meets Hearing Services enrollment requirements, per [Standard 1](#).
 - c. Obtain agency and program required consents.
 - d. Complete intake application with applicant/family, including the following EHR Ad Hoc forms: 'CYSHCN Intake & Assessment' and 'CYSHCN Eligibility Determination' ([DPH 4384](#)), and if indicated, 'CYSHCN Transition Readiness Flowsheet' ([DPH 4333](#)).
 - e. Upon review/approval of intake application, CYSHCN Regional Nurse Unit Manager (or designee) will complete a 'CYSHCN Referral Disposition' Ad Hoc form ([DPH 4384](#)).
 - f. Enroll in CARES, per funding source.
 - g. Notify applicant/family and provider of enrollment approval or denial.
 - h. If client is enrolled for Cochlear Implant or BAHA services, follow additional enrollment steps below in [section H](#) (Procedure 1.a. CI/BAHA Enrollment).
 - i. Upon enrollment, the Care Coordinator (or designee) will:
 - i. Issue authorization(s) for covered services per policy and per the Hearing Services Fee Schedule ([Appendix 4](#)).
 - ii. Document care coordination contacts with client/family according to the client's acuity level and as needed.
 - iii. Complete annual updates per [Standard 7](#) and per the [Care Coordination](#) policy.

D. PROCEDURES FOR HEARING AIDS

1. Audiologist Responsibilities:
 - a. For clients enrolled in CYSHCN Hearing Services, the Audiologist determines need for hearing aid and sends the following to CYSHCN Regional Office:
 - i. Requested hearing aid manufacturer, type, model number, battery size, and list price of recommended device(s); and
 - ii. Copy of audiological clinical note completed within the preceding 12 months; and
 - iii. Obtain and send medical clearance statement completed within the preceding 6 months from a licensed health care provider familiar with the client's medical needs.
 - b. Once approval from CYSHCN Regional Office is received by the Audiologist, the Audiologist will order authorized devices and/or supplies,

and send the invoice with supporting documentation listed below to the authorizing CYSHCN Regional Office:

- i. Signed authorization form ([DPH 0727](#)); and
- ii. Manufacturer's invoice including unit price of hearing aids; documentation verifying receipt of device, battery size, and number of batteries supplied with each device; and
- iii. Insurance billing or Explanation of Benefits (EOB) statement when applicable; and
- iv. CMS-1500 Form or other provider billing invoice.

If authorized in CYSHCN Regional Office, the above completed documentation will be reviewed by issuing CYSHCN Regional Office and forwarded to CYSHCN Central Office for reimbursement within 5 working days of receipt.

2. CYSHCN Regional Office Responsibilities:

- a. Verify client's eligibility (age and financial/Medicaid) for continued CYSHCN Hearing Services; and
- b. Review audiologist request and ensure supporting documentation is on file in the client's record, including:
 - i. Requested hearing aid manufacturer, type, model number, battery size, and list price of recommended device(s); and
 - ii. Copy of audiological clinical note completed within the preceding 12 months; and
 - iii. Copy of medical clearance statement completed within the preceding 6 months; and then
- c. Determine if a Special Request ([DPH 0758](#)) is indicated, per [Standard 5](#) and per the Hearing Services Fee Schedule in [Appendix 4](#), such as when cost of requested hearing aid is **more than \$900** per device (including shipping and handling). When Special Request is indicated prior to regional authorization of hearing aids, Care Coordinator (or designee) will:
 - i. Complete and submit a 'CYSHCN Special Request' Ad Hoc Form ([DPH 0758](#)) to the CYSHCN Central Office Nurse Consultant, and include explanation/justification detailing need for device(s) that is over/outside of the Hearing Services Fee Schedule [Appendix 4](#).
 - ii. CYSHCN Central Office Nurse Consultant will forward documentation, as needed, to MCH Audiology Consultant, and notify submitting CYSHCN Regional Office of those devices to be authorized by CYSHCN Regional Office.
- d. Issue authorization for purchase of requested hearing aid(s) and for eight batteries per hearing aid if requested.

3. CYSHCN Central Office Case Services Responsibilities:

- a. Once documentation detailed in D. Procedures for Hearing Aids [1.b](#) is received, CYSHCN Central Office will review documentation for accuracy and completeness, determine reimbursement amount, file invoice and supporting documentation, and forward necessary information for further payment processing within 15 working days of receipt to Contracts.
- b. Incomplete documentation for payment will be sent back to the issuing CYSHCN Regional Office to re-submit.

E. PROCEDURES FOR REPLACEMENT BATTERIES

1. An initial supply of eight batteries per device will automatically be included in all authorizations for new hearing aid(s), and if indicated, for cochlear implant(s) and/or BAHA(s).
2. Replacement hearing aid, cochlear implant, and/or BAHA batteries will be provided by CYSHCN Central Office upon request for Medicaid, CRS, or DDSN clients receiving CYSHCN Hearing Services.
3. CYSHCN Regional Office, external providers, parents and/or clients will submit the Hearing Aid Battery Request ([DPH 4332](#)) to CYSHCN Central Office via email, fax, or mail to initiate replacement hearing aid batteries. Requests for cochlear implant or BAHA replacement hearing aid batteries will be submitted to CYSHCN Central Office via email (cyshcn-hearing@dph.sc.gov).
4. Batteries will be sent to the mailing address on file. Each replacement shipment will contain up to 18 batteries per device, with instructions ([DPH 4332](#)) for obtaining additional batteries when supply gets low. There is a minimum of 30 days between fulfilled battery request orders.
5. Coverage for active Medicaid members depends on the Medicaid plan. Current information is maintained in [Appendix 1](#).
6. CYSHCN Central Office shreds all processed battery requests 30 days after the quarterly report has been requested by and submitted to patient billing.

F. PROCEDURES FOR HEARING AID REPAIRS

1. If the device is under manufacturer warranty, the (dispensing) audiologist must arrange manufacturer repair and pay any associated shipping and handling fees. The audiologist may bill DPH for “loss” or “damage” associated fees charged by the manufacturer for repairs during warranty period.
2. If the device is not under warranty, the audiologist will submit a request to the CYSHCN Regional Office. The request must include:
 - a. reason for repair (cause of damage),
 - b. approximate cost of the repair,
 - c. type, and
 - d. make and model of the device to be repaired.
3. If the estimated repair cost is **\$250 or less** per aid (including shipping and handling), the Care Coordinator will approve the repair, and issue the authorization to the requesting audiologist or appropriate vendor.
4. If the estimated hearing aid repair cost is **over \$250** per aid (including shipping and handling), CYSHCN Central Office Nurse Consultant approval is required.
 - a. Care Coordinator (or designee) will prepare and submit a ‘CYSHCN Special Request’ Ad Hoc form ([DPH 0758](#)), to include:
 - i. Reason for repair,

- ii. Cost of repair, and
 - iii. Make and model of device to be repaired.
- b. CYSHCN Central Office Nurse Consultant will forward documentation, as needed, to MCH Audiology Consultant, and notify submitting CYSHCN Regional Office of those repairs to be authorized by CYSHCN Regional Office.

G. PROCEDURES FOR HEARING AID SUPPLIES

1. Audiologist will submit a written request for hearing aid supplies to the CYSHCN Regional Office. Requests for hearing aid chargers must include justification and will be reviewed and approved by CYSHCN Central Office Case Services.
2. When the cost of supplies requested is greater than the reimbursable amount listed on the [Hearing Aid Fee Schedule](#), and/or the item requested exceeds the allowable frequency within a 12-month period, a 'CYSHCN Special Request' Ad Hoc form ([DPH 0758](#)) must be submitted for approval to CYSHCN Central Office Nurse Consultant.
3. Invoices will be required for any supply item (V5267) exceeding \$250 when submitting for payment. Additional invoices for supplies under \$250 may be requested at the discretion of the CYSHCN Regional Office.

H. PROCEDURES FOR COCHLEAR IMPLANT AND BONE ANCHORED HEARING AID (BAHA) DME

DME and supplies for Cochlear Implants and BAHA are provided to some active Medicaid members per contractual agreements with SC DHHS and Medicaid plans as listed in [Appendix 1](#). **CRS and DDSN clients are not eligible for Cochlear/BAHA supplies.**

1. CYSHCN Regional Office Responsibilities:
 - a. Enrollment:
 - i. Verify eligibility for CYSHCN Hearing Services per [Standard 1](#) and including active Medicaid status as listed in [Appendix 1](#); and
 - ii. Complete Procedures for Enrollment ([C.2.a-h](#)); and
 - iii. Ensure medical clearance statement is received as indicated for codes L8619, L8691, and L8692; and
 - iv. Notify CYSHCN Central Office via email (cyshcn-hearing@dph.sc.gov) when client enrolls in the Hearing program for Cochlear/BAHA services; and
 - v. If services are needed at initial enrollment, forward request (Hearing Authorization Request Form) to CYSHCN Central Office via email (cyshcn-hearing@dph.sc.gov). Request will include copies of enrollment documents noted above.
 - b. Complete record updates, per [Standard 7](#).
 - c. The provider will send subsequent supply requests (Hearing Authorization Request Form) and required documentation, including medical clearance if indicated, directly to CYSHCN Central Office (cyshcn-hearing@dph.sc.gov).

- d. Notify CYSHCN Central Office (cyshcn-hearing@dph.sc.gov) when client is closed to the Hearing program for Cochlear/BAHA services.
2. CYSHCN Central Office Responsibilities:
- a. Verify program enrollment and active Medicaid status.
 - b. Forward all Cochlear/BAHA repair and replacement requests to MCH Audiology Consultant for review and approval.
 - c. Create and issue all Cochlear implant/BAHA authorizations.
 - d. Authorizations will be sent directly to the preferred vendor with copy to the provider.
 - e. Process all Cochlear and BAHA billing once received.

I. OTHER PROCEDURES

1. Hearing services for SC DHHS waiver participants (**CENTRAL OFFICE ONLY**)
 - a. Persons 21 years and older served by SC Department of Disabilities and Special Needs (SC DDSN) under the Medicaid Intellectual Disability and Related Disabilities (ID/RD) Waiver are eligible for CYSHCN hearing aid services. Cochlear Implant and BAHA services are excluded. The treating audiologist must contact the SC DDSN case manager to initiate a request.
 - b. CYSHCN Central Office will issue all authorizations. Authorizations will be sent directly to the DDSN case manager.
2. Newborn Hearing Screening (First Sound) Follow-Up
 - a. CYSHCN Regional Office will provide follow-up on referrals according to the [First Sound Policy](#).

J. DATE OF APPROVAL/REVISION

Approval: 3/1/2004

Revision Dates: 2/24/2004, 9/29/2011, 4/1/2014, 8/1/2019, 12/20/2021, 11/3/2022, 2/6/2023, 5/23/2024, 7/12/2024, 12/23/2024

Revisions 5/23/2024:

- Revised throughout to reflect current EHR processes and to specify allowable timeframes for audiology outside records (i.e., 6 or 12 months as stated).
- Standard 1.d: Deleted 21 dB hearing loss requirement and defined clinical documentation requirements for program eligibility (1.d.i-iii).
- Standard 2: Clarified covered services for Cochlear Implants and BAHA.
- Standard 5: Expanded to include the most common hearing-related scenarios requiring a Special Request (no longer required for CROS/BiCROS).
- Standard 6: Added Cochlear Implant and BAHA.
- Standard 7.a: Revised to reflect EHR Ad Hoc forms and new DPH 4384.
- C. Procedures for Enrollment: New section created to reflect current processes.
- D. Procedures for Hearing Aids: Added Procedure 1.a.ii and 1.b.iv. Revised Procedure 2 to reflect current processes and added 2.b.ii. Expanded 2.c guidance on Special Requests.

- E. Procedures for Batteries: Revised to include Cochlear/BAHA procedures and added processes specific to CYSHCN CO.
- G. Procedures for Supplies: Expanded G.1. to include guidance on approval for hearing aid chargers. Added G.3.
- H. Procedures for Cochlear/BAHA: Revised Procedure 1.a., including added verifying eligibility criteria per Standard 1; added active Medicaid status as listed in Appendix 1; added to complete Procedures for Enrollment (C.2.a-h); added medical clearance if indicated and included relevant codes; removed reference to audiogram/ABR and audiologist report as these are already covered by Standard 1 and referred to in H.1.a.i. Procedure 1.c. Added medical clearance if indicated. Expanded Procedure 2 to reflect current CYSHCN CO Responsibilities.
- I. Other Procedures: Procedure 1.a. Added Cochlear Implant and BAHA services are excluded.

Revisions 7/19/2024:

- Transferred from Department of Health and Environmental Control (DHEC) to DPH.

Revisions 12/23/2024:

- Standard 3.c: Added reference to Memorandum of Agreement (MOA).
- C. Procedures For Enrollment 2.e: Program Coordinator title updated to CYSHCN Regional Nurse Unit Manager.