Audiology Services (age 21 and over)

Definition: Audiology Services are included in the ID/RD Waiver as an extension to the audiology services included in the State plan. In the State Plan, specified audiology services are only available to Medicaid beneficiaries who are under age 21. The ID/RD Waiver removes the age restriction, making the same audiology services available to those who are over age 21 and enrolled in the ID/RD Waiver. This service will not duplicate any services available to adults in the State Plan.

In addition to evaluation and re-evaluation and hearing aids, molds, repairs, tubing, hearing aid accessories and batteries, all of the services that are available to children through the State Plan can be covered through the waiver (provider direct bills Medicaid). See the Hearing Program Fee Schedule for the associated fees. (http://www.scdhec.gov/Health/ChildTeenHealth/ServicesforChildrenwithSpecialHealthCareNeeds/HearingProgram/)

Note: For evaluations, one unit equals one evaluation and one evaluation every twelve (12) months can be provided.

Providers: Providers of Audiology Services must be licensed and enrolled with the South Carolina Department of Health and Human Services (SCDHHS). Providers of Audiology/Hearing Aids Services must be enrolled with the South Carolina Department of Health and Environmental Control, Division of Children and Youth with Special Health Care Needs (DHEC/CYSHCN) and enrolled with SCDHHS.

Conflict Free Case Management:
In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Waiver Case Manager (WCM) must then transition the participant to the chosen provider within 60 days.

Arranging for Services: Once it is determined that a hearing evaluation or re-evaluation is needed, the WCM must update the plan to reflect the specific concerns and recommendation for the evaluation. The listing of enrolled providers must be shared with the participant or his/her family and assistance provided as needed in selecting a provider. This offering of choice must be documented.

Authorizing Hearing Evaluations: A plan change request for a hearing evaluation or reevaluation must be sent to the SCDDSN Waiver Administration Division for review. Hearing evaluations and/or re-evaluations do not require an authorization from the WCM. Once approved by the Waiver Administration Division, the evaluation or reevaluation can be scheduled. The participant must present their Medicaid Card to the audiologist. This directs the provider to bill Medicaid (SCDHHS) for the hearing evaluation or re-evaluation.

Authorizing other Audiology services requires additional steps to confirm billing can occur. The steps outlined below must be completed before services can be authorized to the provider.

Authorizing Hearing Aids: Hearing aids can be provided when the participant is likely to comply with the recommended use of the hearing aid (i.e. he/she will wear it consistently), the need is established through an audiology evaluation, and there is a physician's statement completed within the past six months indicating that the use of a hearing aid is recommended. Upon receiving a copy of the evaluation, if the participant needs a hearing aid or aids, the following must be completed prior to authorizing this service.

NOTE: The cost cannot exceed $800.00/aid unless justification is provided from the audiologist and is approved by DHEC/CYSHCN.

The WCM must complete the following steps:

- Confirm the chosen Audiologist is licensed and enrolled with the South Carolina Department of Health and Human Services (SCDHHS). Providers of Audiology/Hearing Aids Services must be enrolled with the DHEC/CYSHCN.
- Assist the family as needed in obtaining a statement from the physician indicating that the use of a hearing aid is recommended. This is called "Medical Clearance." Medical Clearance cannot be given more than six (6) months prior to requesting the hearing aid. The ***Audiology Medical Clearance (ID/RD Form M)*** should be used or a statement from the physician will suffice, but it must state that the use of a hearing aid is recommended by the Physician. The ***Audiology Medical Clearance (ID/RD Form M) can be found in*** Business Tools > Forms > IDRD Waiver.
- Obtain a signed ***Audiology Assignment of Benefits (ID/RD Form Z***) from the participant/legal guardian allowing DHEC to bill for services. The ***Audiology Assignment of Benefits (ID/RD Form Z***) can be found in Business Tools > Forms > IDRD Waiver.
- Forward ***ID/RD Form Z***, and ***ID/RD Form M***, to DHEC/CYSHCN (cyshcn-hearing@dhec.sc.gov).
- Receive a copy of the DHEC/CYSHCN authorization for services.
- Send a plan change request for hearing aid/s to the SCDDSN Waiver Administration Division. Include all of the above forms.
- **Once approved on the plan, the WCM will forward the following forms to the Audiologist:**
    - Authorization for services from DHEC/CYSHCN
    - Audiology Medical Clearance (ID/RD Form M)
    - Audiology Assignment of Benefits (ID/RD Form Z)
    - Therap electronic authorization which must include the following in the comments section:
        - Indicate if the device/supplies are for the right or left ear
        - The name and contact information of the Audiologist
        - Waiver Case Manager name, provider and contact information

Authorizing Ear Molds, Hearing Aid Repair, Tubing, Hearing Aid Accessories, and/or Batteries: Upon receiving a copy of the evaluation, if the participant needs ear molds, hearing aid repair, or batteries for their hearing aid (or if the participant requests batteries or repair), the following must be completed prior to sending the authorization to the Audiologist.

The WCM must complete the following steps:

- Confirm the chosen Audiologist is licensed and enrolled with the South Carolina Department of Health and Human Services (SCDHHS). Providers of Audiology/Hearing Aids Services must be enrolled with the DHEC/CYSHCN.
- Obtain a signed ***Audiology Assignment of Benefits (ID/RD Form Z***) from the participant/legal guardian allowing DHEC to bill for services.
- Forward ***Audiology Assignment of Benefits (ID/RD Form Z)*** to DHEC/CYSHCN (cyshcn-hearing@dhec.sc.gov).
- Receive a copy of the DHEC/CRS authorization for services.
- Send a plan change request for Ear Molds, Hearing Aid Repair, and/or Batteries to the SCDDSN Waiver Administration Division. Include all of the above forms.
- **Once approved on the plan, the WCM will forward the following forms to the Audiologist:**
    - Authorization for services from DHEC/CYSHCN
    - Audiology Assignment of Benefits (ID/RD Form Z)
    - Therap electronic authorization which must include the following in the comments section:
        - Indicate if the device/supplies/repair are for the right or left ear
        - The name and contact information of the Audiologist

- Waiver Case Manager name, provider and contact information

NOTE: The cost for hearing aid repair cannot exceed $250.00/aid. The cost of the molds cannot exceed $77.00/mold. The cost of batteries varies depending on the size of the package. The cost used for batteries should be based on the price quote from the provider of choice.

Audiology services must be direct billed to SCDHHS. The Audiologist will contact the Waiver Case Manager for any follow-up appointments needed. The Waiver Case Manager must obtain all results from any of the above services that are utilized by the participant.

An ***Information Sheet for Audiology Service Providers*** is located in Business Tools > Forms > IDRD Waiver. WCMs can provide the information sheet to Audiology service providers to be used as a guide.

Monitoring the Services: The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitoring includes:

- → If hearing aides are provided, how are they working? Is the participant having difficulty using them or caring for them?
- → Have the hearing aids improved their hearing?
- → Do the ear molds fit comfortably?
- → If a repair is made, is it complete and satisfactory for the participant?
- → Was the provider of service professional and helpful?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian **including the details** regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s).

NOTE: See Chapter 9 for specific details and procedures regarding written notification and the reconsideration/appeals process.