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.

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 (services authorized on ID/RD Form A-21, Audiology/Hearing Aid Services Referral) must be enrolled with the Division of Children and Youth with Special Health Care Needs; South Carolina Department of Health and Environmental Control (DHEC- CRS)

**Arranging for and Authorizing Services:** Once it is determined that a hearing evaluation or reevaluation is needed, you 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.

The need for the evaluation or reevaluation must be sent to the SCDDSN Waiver Administration Division for review. Once approved, the evaluation or reevaluation can be authorized by the participant’s Medicaid Card. The participant must present their Medicaid Card to the audiologist. This directs the provider to bill Medicaid (SCDHHS) for the evaluation or re-evaluation.

**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 there is no medical contraindication to the use of a hearing aid. 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.

- A request for hearing aid/s will be sent to the SCDDSN Waiver Administration Division.
- **The cost cannot exceed $750.00/aid unless justification is provided from the audiologist and is approved by DHEC-CRS/SCDHHS.**
- You must assist the family as needed in obtaining a statement from the physician indicating that the use of a hearing aid is not contraindicated. This is called “Medical Clearance.” Medical Clearance cannot be given more than six (6) months prior to requesting the hearing aid. The “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 not contraindicated. Once the physician gives “Medical Clearance” it should be sent to DHEC/CRS (Division of Children and Youth with Special Health Care Needs; South Carolina Department of Health and Environmental Control, cyshcn-hearing@dhec.sc.gov).

- **The participant/legal guardian must sign the Assignment of Benefits Allowing DHEC to Bill for Audiology Services Provided (ID/RD Form Z),** which allows the Division of Children and Youth with Special Health Care Needs/South Carolina Department of Health and Environmental Control (CRS/DHEC) to bill SCDHHS for the services. Form Z must be forwarded to DHEC/CRS (Division of Children and Youth with Special Health Care Needs; South Carolina Department of Health and Environmental Control, cyshcn-hearing@dhec.sc.gov).
• Complete and send the **Audiology/Hearing Aid Services Referral Form (ID/RD Form A-21)** to DHEC/CRS (Division of Children and Youth with Special Health Care Needs; South Carolina Department of Health and Environmental Control; cyshcn-hearing@dhec.sc.gov)

• Receive a copy of the DHEC/CRS authorization for services.

• Send the **Audiology/Hearing Aid Services Referral Form (ID/RD Form A-21)** to the Audiologist.

**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 complete prior to send the authorization to the Audiologist.

• A request for Ear Molds, Hearing Aid Repair, and/or Batteries needs to be sent to the SCDDSN Waiver Administration Division.

• 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.

• You must assist the family as needed in obtaining a statement from the physician indicating that the use of a hearing aid is not contraindicated. This is called “Medical Clearance.” Medical Clearance cannot be given more than six (6) months prior to requesting the hearing aid. The **“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 not contraindicated. Once the physician gives “Medical Clearance” it should be forwarded to DHEC/CRS (Division of Children and Youth with Special Health Care Needs; South Carolina Department of Health and Environmental Control; cyshcn-hearing@dhec.sc.gov).

• The participant/legal guardian must sign the **Assignment of Benefits Allowing DHEC to Bill for Audiology Services Provided (ID/RD Form Z)**, which allows the Division of Children and Youth with Special Health Care Needs/South Carolina Department of Health and Environmental Control (CRS/DHEC) to bill SCDHHS for the services. Form Z must be forwarded to DHEC/CRS (Division of Children and Youth with Special Health Care Needs; South Carolina Department of Health and Environmental Control; cyshcn-hearing@dhec.sc.gov).

• Complete and send the **Audiology/Hearing Aid Services Referral Form (ID/RD Form A-21)** to DHEC/CRS (Division of Children and Youth with Special Health Care Needs; South Carolina Department of Health and Environmental Control; cyshcn-hearing@dhec.sc.gov)

• Receive a copy of the DHEC/CRS authorization for services.

• Send the **Audiology/Hearing Aid Services Referral Form (ID/RD Form A-21)** to the Audiologist.

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/](http://www.scdhec.gov/Health/ChildTeenHealth/ServicesforChildrenwithSpecialHealthCareNeeds/HearingProgram/))

A request will be sent to the SCDDSN Waiver Administration Division using the above noted prices. Once the service is approved the **Authorization for Services (ID/RD Form A-31)** will be forwarded to the Audiologist. The **Authorization for Services (ID/RD Form A-31)** instructs the provider to bill Medicaid for these services. The Audiologist will contact the case manager for any follow-up appointments needed. The case manager/early interventionist must obtain all results from any of the above services that are utilized by the participant.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant’s/family’s satisfaction with the service. 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. The following criteria should be followed when monitoring Audiology Services:
Within two weeks of completion or notification of service by participant
This service may be monitored during a contact with the participant/family or service provider. It must also involve a review of the evaluation. Some items to consider during monitoring includes:

- What are the recommendations from the evaluation?
- If hearing aids, etc., are being recommended, is the individual’s hearing expected to increase or are the recommendations aimed at maintenance activities?

Audiology Services (i.e. Hearing Aids)
- If a hearing aid is provided, you must see the participant with the hearing aid in his/her possession (within 2-3 weeks) after receipt.
- If other service provided, within two weeks of receipt of service

This service may be monitored during a contact with the participant/family or service provider. Some items to consider during monitoring includes:

- If hearing aids 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 appeal, 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 appeals process.