

## 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 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 re-evaluation 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. Hearing evaluations and/or re-evaluations do not require separate authorization. Once approved by the Waiver Administration Division, the evaluation or reevaluation can be authorized by use of 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 \$800.00/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 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).
- **To initiate the service following approval by the Waiver Administration Division and completion of the above requirements, an electronic authorization must be completed. A copy must be submitted 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.
- Forward the electronic authorization to the chosen 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).
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- Receive a copy of the DHEC/CRS authorization for services.
- Forward the electronic authorization to the chosen 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/>)

A request will be sent to the SCDDSN Waiver Administration Division using the above noted prices. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The service must be direct billed to SCDHHS. This must be indicated on the authorization. The Audiologist will contact the Waiver Case Manager for any follow-up appointments needed. The Waiver 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. 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 aides 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.***