

MEDICAID REGULATIONS

As of: January 2015

Compiled below is the coverage of hearing aids and related services made available to eligible Medicaid recipients in each state. Since the states often make revisions to the scope of their Medicaid benefits, recipients are cautioned to check their state's Medicaid offices for possible updated coverage.

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

EPSDT is the child health component under Medicaid (42 U.S.C. " 1396a(a)(10)(A); 1396d(a)(4)(B); 1396d(r)). EPSDT services are mandated for children from birth through age 21. A state must provide to Medicaid beneficiaries under age 21 hearing services, including appropriate screening, diagnostic, and treatment, including hearing aids. Specifically, EPSDT covers the following medically necessary audiological services for children who are at risk for hearing impairment:

- 1) Audiological assessments;
- 2) Hearing aid evaluation; and
- 3) Medically necessary hearing aid services, including hearing aids and hearing aid accessories and services.

These hearing services must be provided periodically at intervals that meet reasonable standards of medical practice.

Because of this national requirement for coverage of children, the compilation below delineates only the Medicaid coverage for adults.

State Medicaid Coverage of Hearing Services for Adults (21 and older).

ALABAMA Not covered.

Web site: <http://medicaid.alabama.gov>

Contact: 1-800-362-1504

ALASKA Covered services:

Audiology, diagnostic testing, hearing therapy, rehabilitative therapy, hearing aids (including approved accessories and supplies), and hearing item repairs.

Limitations:

These services must be determined medically necessary, prescribed, and ordered by a physician or other licensed health care practitioner trained to administer hearing assessments and evaluations within the scope of the practitioner's license.

Web site:

www.hss.state.ak.us/dhcs/PDF/MedicaidRecipientHandbook.pdf

Contact: 907-334-2520

ARIZONA

Not covered.

Web site: www.azahcccs.gov

Contact: 602-417-5010

ARKANSAS

Not covered.

Web site: www.medicaid.state.ar.us/

Contact: 1-800-482-5431

CALIFORNIA

Covered services:

(1)Hearing exams and hearing aids, repair of hearing aids, and replacement of hearing aid parts; (2) Replacement of lost, stolen or irreparably damaged hearing aids; (3) Ear molds; (4) Testing, exam, or follow-up for cochlear implants; (5) Follow-up care for cochlear implants themselves is covered for pregnant women, or people who live in a nursing home or sub-acute facility.

Limitations:

(1)Hearing aids must be supplied by a hearing aid dispenser on the prescription of an otolaryngologist, or the attending physician.
(2) Prior authorization is required for the purchase or trial period rental of hearing aids and for repairs that cost more than \$25 per repair service.
(3)Hearing aid batteries are not covered.
(4) Hearing exams and testing of hearing aids to see if they are working are not covered with the following exceptions. (a) Pregnant women if it is part of their pregnancy-related care or for services to treat a condition that may cause problems in pregnancy; and (b) People who live in a licensed nursing home such as a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), ICF for the Developmentally Disabled (ICF-DD) and Sub Acute Facility.

Web site: www.medi-cal.ca.gov

Contact: 1-800-541-5555

COLORADO

Not covered.

Web site: www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485536
Contact: (303) 866-2993

CONNECTICUT Covered services:

Hearing aids are covered after a medical evaluation by a licensed practitioner. The following steps are required: (1) Medicaid beneficiary must get a prescription from a physician stating that the person is a candidate for hearing aid(s). (2) The person must then go to a Connecticut Medicaid participating hearing aid vendor (audiologist/hearing aid dealer) for testing and possible hearing aids. The hearing aid vendor fits the person and then specifies the type of hearing aid that would be the most beneficial.

Web site: www.ct.gov/dss/lib/dss/pdfs/medicaidservicesv3kk.pdf
Contact: 1-800-842-1508

DELAWARE Not covered.

Web site: <http://dhss.delaware.gov/dhss.dmma/>
Contact: (302) 255-9500

DISTRICT OF COLUMBIA Not covered.

Web site: www.dc-medicaid.com/dcwebportal/home
Contact: 202-442-8997

FLORIDA Covered services.

(1) Cochlear implant services; (2) diagnostic audiological testing; (3) hearing aids; (4) hearing evaluations to determine hearing aid candidacy; (5) hearing aid fitting and dispensing; and (6) hearing aid repairs and accessories.

Limitations:

(1) Hearing services must be rendered by licensed otolaryngologists, otologists, audiologists, and hearing aid specialists. (2) Hearing evaluations to determine hearing aid candidacy are limited to one evaluation every three years from the date of the last evaluation. (3) Hearing aids are limited to one per ear every three years. (4) Cochlear implants are limited to one in either ear, but not both. Cochlear implant surgery must receive prior authorization. (5) Repairs are only covered after the manufacturer's warranty has expired. (6) Routine maintenance, batteries, cord or wire replacement, or cleaning are not covered.

Web site: www.fdhc.state.fl.us/Medicaid
Contact: 1-888-367-6554

GEORGIA Not covered.

Web site: <http://dch.georgia.gov/>

Contact: 404- 656-4507

HAWAII Covered services with limitations:
(1)Hearing aid examination and selection - monaural (1 per 3 years); (2) Hearing aid check, including electro-acoustic evaluation - monaural (2 per 12 months); (3) Fitting/orientation/checking of hearing aid (to follow initial hearing aid exam and selection) (Only when a new hearing aid is purchased and fitted); (4) Hearing aids (digital or analog) with completed Certification Form; (5) Repairs of hearing aids not covered by warranty (1 in 3 years).

Web site: www.med-quest.us

Contact: 1-800-316-8005

IDAHO Not Covered.

Web site: www.healthandwelfare.idaho.gov/Medical/Medicaid

Contact: 1-800-926-2588

ILLINOIS Covered services by audiologists include basic and advanced hearing tests. Also covered are (1) hearing aid related testing and evaluation, (2) hearing aid counseling, (3) hearing aid fitting, (4) sale of hearing aids, (5) hearing aid accessories, replacement of parts, and repairs.

Limitations:

Coverage of *monaural hearing aids* is subject to the following criteria:

- The hearing loss must be 20 decibels (dB) or greater at any two of the following
- frequencies: 500, 1000, 2000, 4000, 8000 Hertz (Hz), The hearing loss must be 25 dB or greater at any one of 500, 1000, 2000 Hz.

When testing is performed in other than an acoustically treated sound suite:

- The hearing loss must be 30 dB or greater at any two of the following frequencies:
- 500, 1000, 2000, 4000, 8000 Hz, or
- The hearing loss must be 35 dB or greater at any one of 500, 1000, 2000 Hz.

Web site: www.hfs.illinois.gov/medical

Contact: 1-800-252-8535

INDIANA Covered services include the purchase, repair and replacement of hearing aids.

Limitations:

The following conditions apply to the purchase of hearing aids: (1) Prior authorization is required; (2) A medical clearance and audiometric test form must be completed and submitted by the audiologist or a registered hearing aid specialist. (3) Hearing aids are not covered for recipients with a unilateral pure tone average (500, 1,000, 2,000, or 3,000 hertz) equal to or less than thirty (30) decibels. (4) Binaural aids and CROS-type aids will be authorized only when significant, objective benefit to the recipient can be documented. (5) Canal hearing aids are not covered.

The following conditions apply to the maintenance or repair of hearing aids: (1) Reimbursement for repairs of hearing aids and ear molds shall not be made more often than once every twelve (12) months. (2) The hearing aids must not be under warranty. (3) Batteries, sound hooks, tubing, and cords are covered. (4) Routine servicing of functioning hearing aids is not covered. (5) Repair or replacement of hearing aids necessitated by recipient misuse or abuse whether intentional or unintentional is not covered.

Web site: www.indianamedicaid.com

Contact: 1-800-889-9949

IOWA Covered services include (1) hearing evaluation, (2) hearing aid selection and purchase, (3) ear molds, (4) hearing aid replacement but prior authorization required if hearing aid is less than 4-years old, (5) repair of hearing aids for conditions not covered by warranty, (6) maintenance including batteries and cords

Limitations:

Binaural hearing aids are allowed under the following conditions: (a) the aid is for a blind person, (b) the aid is needed for educational or vocational purposes, (c) lack of binaural amplification poses a hazard to a recipient's safety, or (d) the recipient's hearing loss has caused marked restriction of daily activities and constriction of interests, resulting in seriously impaired ability to relate to other people.

For replacements of hearing aids in less than 4-years, the original hearing aid must be lost or broken beyond repair, or there is a significant change in the person's hearing that requires a different hearing aid.

Web site:

www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/audio.pdf

Contact: 1-800-338-8366

KANSAS Covered services include: (1) audiological testing, ear examinations, and evaluations; (2) dispensing and repair of hearing aids; (3) trial rental of hearing aids; and (4) batteries for hearing aids and cochlear implants.

Limitations:

(1) *Testing and evaluation.* Beneficiaries are required to have a medical examination by a physician for pathology or disease no more than six months prior to the fitting of a hearing aid, and only enrolled physicians and licensed or certified audiologists will be reimbursed for hearing tests.

(2) *Dispensing of hearing aids.* (a) Bone Anchored Hearing Aids are covered with prior approval, but limited to one every four years, with one replacement. See www.kmap-state-ks.us (Provider Manual) for further restrictions. (b) Fitting of binaural hearing aids is covered for a legally blind adult with significant bilateral hearing loss; a previous binaural hearing aid user; or the beneficiary demonstrates an occupational requirement for binaural listening.
(3) *Repairs* under \$15.00 are not covered, and repairs exceeding \$75.00 must be prior authorized.
(4) *Batteries* are limited to six per month for monaural hearing aids and 12 per month for binaural hearing aids. Batteries for use with cochlear devices are limited to lithium ion (three per 30 days) and zinc air (six per 30 days).

Web site:

www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional

Contact: 1-800-766- 9012

KENTUCKY Not covered.

Web site: <http://chfs.ky.gov/dms/services.htm#programs>

Contact: 1-800-635-2570

LOUISIANA Not covered.

Web site: <http://new.dhh.louisiana.gov/index.cfm/subhome/1>

Contact: 1-855-229-6848

MAINE Not covered.

Web site: www.maine.gov/dhhs/oms/

Contact: 1-800-977-6740

MARYLAND Not covered.

Web site: www.dhr.state.md.us/fia/medicaid.htm

Contact: 1-800-456-8900 / 1-800-284-4510

MASSACHUSETTS

Hearing aids are covered with prior authorization by three of the eight plans in which beneficiaries may enroll. Repairs are also covered. Replacements are covered every five years.

Web site: [www..mass.gov/eohhs/docs/masshealth/appforms/member-booklet.pdf](http://www.mass.gov/eohhs/docs/masshealth/appforms/member-booklet.pdf)

Contact: 1-800-841-2900

MICHIGAN Not covered, unless a beneficiary has a prior authorization on file dated on or before 06/30/2009.

Web site: www.michigan.gov/mdch

Contact: 1-800-642-3195

MINNESOTA Covered services include (1) hearing aids, (2) batteries, (3) ear impressions, (4) ear molds (including open style ear molds (not disposable) replaced every three months), (5) hearing aid checks (programming), (6) repairs, (7) parts and accessories, (8) programming and reprogramming, (9) re-casing, remakes, shell modifications, and (10) replacing battery doors and microphone protectors.

Web site: www.dhs.state.mn.us/

Contact: 1-800-657-3739

MISSISSIPPI Not covered.

Web site: www.medicaid.ms.gov

Contact: 1-800-421-2408; 601-359-3401 (hearing aids).

MISSOURI Hearing aids and associated services are covered only for beneficiaries who are pregnant, blind, or reside in a nursing facility.

Web site: www.dss.mo.gov/fsd/msmed.htm

Contact: 573-751-3221

MONTANA Covered services include (1) hearing exams (audiology services) done by a licensed audiologist and ordered by a health care provider; (2) hearing aids with prior approval; and (3) hearing aid repairs.

Limitations:

(1) For monaural hearing aids, the following criteria must be met: the audiological examination results show that there is an average pure tone loss of at least 40 decibels for each of the frequencies of 500, 1000, 2000, and 3000 Hertz in the better ear and word recognition or speech discrimination scores obtained at a level to ensure pb max.

(2) For binaural hearing aids, the following criteria must be met:

(A) the two frequency average at 1khz and 2khz must be greater than 40db in both ears;

(B) the two frequency average at 1khz and 2khz must be less than 90db in both ears;

(C) the two frequency average at 1khz and 2khz must have an interaural difference of less than 15db;

(D) the interaural word recognition or speech discrimination score must have a difference of not greater than 20%;

(E) demonstrated success in using a monaural hearing aid for at least six months; and

(F) documented need to understand speech with a high level comprehension based on an educational or vocational need.

Web site: www.mtrules.org/gateway/ruleno.asp?RN=37.86.805

Contact: 1-800-362-8312

NEBRASKA Covered services include (1) standard in-the-ear, behind the ear, or body hearing aids; (2) hearing aid repairs; (3) hearing aid rental; (4) assistive listening devices; and (5) other hearing aid services. These services are covered only when medically necessary and are prescribed by a physician. Bone conduction aids must be prescribed by Ear, Nose and Throat (E.N.T.) Specialist.

Limitations include:

(1) Hearing aides are limited to not more than one aid per ear every four years. (2) Beneficiaries must be evaluated by an E.N.T. when they have (a) conductive hearing loss or (b) unilateral hearing loss. (3) Prior authorization is required for all hearing aids and assistive listening devices billed at \$500.01 or greater. Prior authorization is also required for all hearing aid repairs and accessories of \$150 or greater per line item.

Services that are *not* covered include (1) hearing aid batteries for residents of a nursing facility except with the initial fitting; (2) accessories which are for convenience and not medically necessary; and (3) in-the-canal (ITC) or completely in the canal (CIC) hearing aids.

Web site: http://dhhs.ne.gov/medicaid/Pages/med_medserv.aspx#Hearing

Contact: (402) 471-9381

NEVADA Covered services for hearing aids include (1) audiological testing; (2) hearing aids; (3) hearing aid batteries; (4) ear molds; (5) hearing aid fitting and dispensing (includes selecting, ordering, fitting, evaluating of appropriate amplification, dispensing the hearing aid(s), and an initial supply of batteries.); (6) replacement hearing aids; and (7) supplies and accessories (e.g., ear hooks, tubes). Bone Anchored Hearing Aid (BAHA) also called an implantable bone conduction hearing aid, softband or headband, is covered with prior authorization when it is determined medically necessary. The BAHA is an alternative hearing device for recipients unable to use conventional hearing instruments.

Covered services for cochlear implants (bilateral and unilateral), when determined to be medically necessary, and given prior authorization, include but are not limited to:

- a. otologic examination
- b. audiological evaluation
- c. physical examination
- d. psychological evaluation
- e. surgical implantation of the device
- f. postoperative follow-up evaluation and rehabilitation.

Limitations on coverage for hearing aids include:

(1) Audiological testing is limited to once per 12 rolling months and must be prescribed by a physician. The result of testing must show a level of hearing loss of at least 30 decibels in the frequency range of 500 to 3000 Hz for the beneficiary to be eligible for covered services. (2) Coverage of hearing aids and related supplies is limited to once every 24 rolling months. (3) Hearing aid batteries are limited to one package per aid per rolling 30 days.

(4) Hearing aids may be replaced when: (a) the current aid(s) cannot be repaired; (b) the recipient's hearing deficit requires a different type of device for maximum benefit; (c) the manufacturer's warranty has expired; or (d) there is no other insurance.

(5) Reimbursement will not be made for repairs covered by the manufacturer's warranty or other insurance. After expiration of the warranty or other insurance, testing/repair is limited to once every 12 rolling months per aid, and repairs must be given a 6 month warranty.

(6) Non-Covered Hearing Aids: Semi-implantable middle ear hearing aids are not a covered benefit as they are considered investigational.

(7) Prior authorization is required for (a) hearing aids costing more than \$350 per aid, (b) additional hearing aids during the 24 rolling month period, and (c) additional (outside the program limits) evaluations, fitting and dispensing, ear molds, testing/repair, replacement of broken or lost hearing aid(s), and supplies or insurance.

Web site: <https://dhcftp.nv.gov/>

Contact: 1-800-992-0900 ext 2

NEW HAMPSHIRE Covered services, when provided by an audiologist or hearing dealer, include: (1) hearing aid evaluation or a hearing aid consultation, which shall be limited to one service every 2 years since the last date of service. (2) ear mold(s); (3) least costly hearing aid(s) as determined by the audiologist or hearing aid dealer to achieve appropriate access to speech in all of the recipient's communication settings; (4) dispensing/fitting of the hearing aid(s), including real ear verification for conventional hearing aids, adjustment and instruction; (5) follow-up to include verification of hearing aid performance, if not completed at the fitting, and monitoring of hearing thresholds, as needed; (6) the audiogram; (7) hearing aid batteries for the life span of the hearing aid(s); (8) replacement of hearing aids; and (9) hearing aid repairs.

Additional limitations include:

(1) Monaural hearing aids when the audiogram indicates a bilateral hearing loss with an average threshold of 35 dBHL or poorer for 1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz by pure tone air conduction.

(2) Binaural hearing aids when either the following apply: (a) criteria for monaural hearing aids has been met and one of the following criteria has been met: (i) The recipient is attending post-secondary school at any educational level for the purpose of obtaining employment or is receiving vocational training, or (ii) The recipient is employed and is likely to be determined as unable to meet the audiometric requirements of the job without the use of binaural hearing aids; or (b) the recipient meets the definition of statutory blindness and an audiogram indicates a unilateral hearing loss with an average threshold of 35 dBHL or poorer for 1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz by pure tone air conduction.

(3) Hearing aid replacement if (a) there is an increase in the recipient's hearing loss, as established by the most recent audiogram, which makes the existing hearing aid ineffective; or (b) an audiologist or hearing aid dealer determines that the hearing aid can no longer be repaired, or that it is not cost effective to do so.

Non-covered services include, but are not limited, to: (1) Replacement of hearing aids due to loss, misuse, or abuse. (2) Repair of hearing aids which are covered under a warranty; and (3) A hearing aid if a pocket talker is already covered by medicaid, unless there is an increase in the recipient's hearing loss, as established by the most recent audiogram, which makes the existing pocket talker ineffective.

Web site: www.dhhs.nh.gov/ombp/medicaid/#covered

Contact: 603-271-4344

NEW JERSEY Covered services may include hearing exams, hearing aids, repairs, replacements as needed, and batteries, but are available only under certain plans in which beneficiaries may be enrolled, and may differ among plans. Eligible recipients should consult the State Division of Medical Assistance and Health Services.

Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>

Contact: 1-800-356-1561.

NEW MEXICO Covered services include (1) audiology screening, diagnostic, preventive or corrective services; (2) hearing aid purchase, rental, loans, repairs, hearing aid repair and handling, and replacements; (3) hearing aid accessories and supplies, including the batteries required after the initial supply furnished at the time the hearing aid is dispensed; and (4) hearing aid insurance against loss and breakage up to four years for all purchased hearing aids.

Limitations include:

- (1) Audiology screening and related services, and hearing aid purchase require prior medical clearance; audiological and/or vestibular function studies must be done by an audiologist or physician; and all other covered services must be provided by physicians, licensed audiologists, or licensed hearing aid dealers.
- (2) Hearing aid repairs exceeding \$100 require prior authorization.
- (3) Hearing aid insurance is required at the time the hearing aid is dispensed. Replacement of hearing aids is limited to the provisions of the hearing aid insurance; the providers are responsible for obtaining insurance for every hearing aid purchased.
- (4) Binaural hearing aid fitting will be covered for a recipient with bilateral hearing loss who is attending an educational institution, seeking employment, is employed, for individuals with a current history of binaural fitting, or, on a case-by-case basis, for a legally blind individual.
- (5) Hearing aid checks (assessing a hearing aid for functionality) is not a covered service.
- (6) Hearing aid selection and fitting is considered included in the hearing aid dispensing fee, and will not be reimbursed separately.

Web site:

http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov83246.pdf

Contact: 1-800-820-6901

NEW YORK Covered services include hearing exams, ear molds, repair, replacements, and hearing aids subject to the following criteria.

Limitations include:

1. Monaural Hearing Aid:

- a. Hearing loss in the better ear of 30 dBHL or greater (re - ANSI 1969) for the pure tone average of 500, 1000 and 2000 Hz.
- b. A spondee threshold in the better ear of 30 dBHL or greater when pure tone thresholds cannot be established.
- c. Hearing loss in each ear is less than 30 dBHL at the frequencies below 2,000 Hz and thresholds in each ear are greater than 40 dBHL at 2,000 Hz and higher.
- d. Documentation of communication need and a statement that the patient is alert and oriented and able to utilize their aid appropriately.

2. Binaural Hearing Aids:

Same as the criteria for Monaural Hearing Aid plus one or more of the following:

- a. Significant social, vocational or educational demands;
- b. Previous user of binaural hearing aids;
- c. Significant visual impairment.

Web site: www.health.ny.gov/health_care/medicaid/
Contact: 1-800-541-2831

NORTH CAROLINA Not covered.

Web site: www.ncdhhs.gov/dma/medicaid
Contact: 1-800-662-7030

NORTH DAKOTA Covered services include hearing aids, replacements, ear molds, and batteries.

Limitations to coverage of hearing aids:

(1) Only monaural hearing aids are allowed. (2) The recipient must have a hearing loss of 40 dB or greater at frequencies 500, 1000, and 2000 Hz (Avg. of 40 dB) in the ear with best hearing acuity. (3) Recipients are entitled to a hearing aid for either ear only every 5 years. (4) Lost hearing aids will not be replaced until the allowed replacement time of 5 years. (4) Four batteries a month are allowed.

Web site: www.nd.gov/dhs/services/medicalserv/medicaid/covered.html
Contact: 1-800-472-2622

OHIO Covered services include conventional hearing aids only including the cost of a warranty, testing and evaluation, ear molds, cleaning kit, batteries, up to three hours of counseling, and hearing aid repairs.

Limitations include:

- (a) In general, reimbursement for a hearing aid will be limited to a maximum of one aid in any four-year period for a conventional hearing aid. Requests for more frequent replacement for medically necessary reasons will be considered when appropriate documentation is provided. A request for replacement of a hearing aid for non-medical reasons will be considered. However, cases suggesting malicious damage, neglect, culpable irresponsibility, or wrongful disposition of the hearing aid will be investigated and denied where it is unreasonable to make program payment under the circumstances. If a hearing aid is lost and is still covered by warranty, Medicaid will not cover any deductible or replacement charges not covered by warranty.
- (b) Binaural hearing aids, “CROS,” and “BiCROS” aids are not routinely covered by the medicaid program but may be authorized for persons with special documented needs.
- (c) No more than one major repair of hearing aids, for which the combined charges for materials and labor exceed one hundred dollars, may be reimbursed in any three hundred sixty-five-day period. Prior authorization is required for major repairs to hearing aids. No more than one minor repair may be reimbursed in any one hundred twenty day period without prior authorization.

Website: <http://jfs.ohio.gov/ohp/consumers/benefits.stm>
Contact: 1-800-324-8680

OKLAHOMA Not covered.

Web site: www.okhca.org/
Contact: 1-800-987-7767

OREGON Covered services include, without prior authorization, in a 12-month period, one audiologic assessment, one audiometry, one hearing aid evaluation/tests.selection, one electroacoustic evaluation for hearing aid, and a maximum of 60 hearing aid batteries. Covered services also include, with prior authorization, hearing aids, repair of hearing aids including ear mold replacement, hearing aid dispensing and fitting fees including hearing aid adjustment and aural rehabilitation therapy, and cochlear implant batteries.

Limitations:

(1) Coverage is limited to one monaural hearing every five years. (2) Two hearing aids may be authorized for safety purposes if the recipient has vision correctable to no better than 20/200 in the better eye. (3) In either case, hearing aids are allowable only if the recipient demonstrates a hearing loss of 45 dB in two or more of the following three frequencies: 1000, 2000, and 3000 Hz in the better ear.

Web site: www.oregon.gov/OHA/healthplan/

Contact: 1-800-527-5772

PENNSYLVANIA Not covered.

Website:

www.dpw.state.pa.us/foradults/healthcaremedicalassistance/index.htm

Contact: 1-800-692-7462

RHODE ISLAND Covered services include hearing aids and replacements. One hearing aid may be purchased every five years. A new hearing aid may be purchased in less than five years if there is a significant change in hearing loss (at least 15 dB change in at least one frequency between 500 and 4000 Hz). Binaural hearing aids may be allowed if medically necessary; e.g., for safety purposes, a person with uncorrectable blindness would need binaural hearing aids to detect where a sound from a potential danger is coming from.

Website: www.dhs.ri.gov

Contact: 401-462-0305

SOUTH CAROLINA Not covered.

Web site: <http://www2.scdhhs.gov>

Contact: 1-888-549-0820

SOUTH DAKOTA Covered services include hearing aids, replacements, ear mold, fitting, follow-up services, and cleaning over a 24-month period and any services or repairs under manufacturers' warranties.

The following limitations on coverage of hearing aids apply.

- The hearing aid must be prescribed either by a physician or by a certified clinical audiologist;
- The hearing loss must be equal to or greater than an average loss of 30 decibels at 500, 1,000, and 2,000 hertz or a loss of 30 decibels at 2,000 hertz or above;
- The hearing loss may be in either ear or both ears; however, the loss must be present in any ear being fitted with a hearing aid;
- Replacement hearing aids may be provided only after a minimum of three years has elapsed since the original fitting and as long as the original hearing aids are no longer serviceable.

Web site: <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=67:16:29>

Contact: 605-773-3495

TENNESSEE Not Covered.

Web site: www.tn.gov/tenncare/members.html

Contact: 1-866-311-4287

TEXAS Covered services include (a) audiology and audiometry evaluation and diagnostic services, (b) hearing aids, (c) accessories, (d) repairs, (e) ear impressions and ear molds, (f) batteries as often as medically necessary, and (g) cochlear implants, auditory brainstem implants (ABI) and bone anchored hearing aids (BAHA).

Limitations

(a) For hearing aids, one per year every five years and replacement hearing aids within the same five year period. (b) Hearing aid repairs are not allowable during the warranty period. (c) For ear impressions and ear molds, one per hearing aid, whether monaural or binaural.

Note: On February 23, 2012, Health and Human Services Commission *proposed* to limit coverage for hearing aids for adults to one hearing aid if there is hearing loss in both ears. Adults with hearing loss in one ear will no longer qualify for coverage of a hearing aid.

Web site: www.hhsc.state.tx.us/rad/acute-care/hearing-audio/

Contact: 1-800-252-8263

UTAH Not Covered.

Website: <http://health.utah.gov/medicaid>

Contact: 801-538-6003

VERMONT Covered services include audiological examinations, hearing screening and assessments, hearing aids for beneficiaries with at least a minimum hearing loss (not specified), repairs, replacements, ear molds, fitting, checking hearing aids, and six batteries per month.

Prior authorization is required for more than one hearing aid repair per year.

Web Site:

http://dvha.vermont.gov/budget-legislative/draft_medicaid_covered_services_brochure.pdf

Contact: 1-800-250-8427

VIRGINIA Not Covered.

Website: <http://dmasva.dmas.virginia.gov/default.aspx>

Contact: 1-804-786-7953

WASHINGTON As of Jan. 1, 2011, Medicaid in Washington no longer reimburses providers for the purchase of hearing aids, cochlear implants, and bone-anchored hearing aids, or for repair of the equipment, parts, or batteries. Audiology exams and medical treatment of the ear are still covered by Medicaid.

Web site: <http://hrsa.dshs.wa.gov/>

Contact: 1-800-562-3022

WEST VIRGINIA Not covered.

Web site: www.wvdhhr.org/bcf/family_assistance/medicaid.asp

Contact: 1-800-642-8589

WISCONSIN Covered services include the following types of monaural and binaural hearing aids: Analog or conventional hearing aids; digital hearing aids; digitally programmable hearing aids; and modifications of any of the above hearing aids when a beneficiary exhibits a special need for such an adaptation. The initial *monaural* hearing aid purchase includes an ear mold, cord, and one package of batteries. The initial *binaural* hearing aid purchase includes two ear molds, two cords, and two packages of batteries.

Limitation: Beneficiaries are limited to one hearing aid per ear every three years.

Web site: www.forwardhealth.wi.gov/kw/pdf/hearing.pdf

Contact: 800-362-3002

WYOMING Covered services include audiologic assessment, hearing aid evaluation, hearing aids, repairs, and replacement of hearing aids.

Limitations on covered services include:

For binaural hearing aids, the following criteria must be met: (1) two-frequency average at 1 kHz and 2 kHz must (a) be greater than 40 dB and less than 90 dB in both ears, and (b) have and interaural difference of less than 15 dB; (2) interaural word recognition or speech discrimination score must have a difference of not greater than 20%; (3) Successful use of a

monaural hearing aid for at least 6 months; and (4) documented need to understand speech with a high level of comprehension based upon educational or vocational need.

Hearing aids will be replaced no more than once in a 5-year period with the following exceptions: (a) original hearing aid has been lost or irreparably broken after expiration of the warranty and the recipient's hearing loss continues to require the hearing aid, or (b) the originally hearing aid no longer meets the recipient's need and a new hearing aid is determined to be medically necessary.

Repairs are unallowable if the hearing aid is under warranty.

Web site: http://wyequalitycare.acs-inc.com/manuals/Manual_CMS_1500.pdf

Contact: 307-777-7531