Texas Medicaid Hearing Services Benefit Quick Reference

Clients	Texas Medicaid clients of any age (i.e., clients who are birth through 20 years of age and clients who are 21 years of age or older) who are enrolled with Texas Medicaid for the date(s) the service(s) are provided may be eligible for the Texas Medicaid hearing services benefits.
Providers	Physicians, audiologists, and hearing aid fitters/dispensers must be appropriately enrolled with Texas Medicaid. Audiologists and hearing aid fitters and dispensers employed by school districts, state agencies, and inpatient facilities must enroll separately from the facility. For the provider to be ready to submit claims, the application must be approved and the provider must have received an approval letter from TMHP.
Services	Audiologists and physicians (including otorhinolaryngologists/ENTs) may be reimbursed for audiology and audiometry evaluation and diagnostic services for suspected and confirmed hearing loss. • Click here for hearing services procedure codes reimbursed to audiologists. • Click here for hearing services procedure codes reimbursed to physicians (including, but not limited to, otorhinolaryngologiests/ENTs) Hearing aid fitters and dispensers may be reimbursed for hearing aid devices and accessories and fitting and dispensing visits and revisits. • Click here for procedure codes reimbursed to hearing aid fitters and dispensers. Prior authorization is not required for services provided within benefit limitations. Prior authorization is required for the following: • Medically necessary services that are reimbursed by Texas Medicaid but are outside of benefit limitations • For clients who are birth through 20 years of age: Medically necessary hearing devices that are not currently reimbursed by Texas Medicaid (procedure code V5298) • For clients who are birth through 20 years of age: Accessories including but not limited to chin straps, clips, boots, and headbands (procedure code V5267) • For clients who are birth through 20 years of age: Analog hearing aid procedure code V5251.
Claims / Forms	**For reimbursement:** Providers must submit to TMHP the appropriate information, either electronically using TexMedConnect or other electronic format, or via paper using the CMS-1500 paper claim form. **For medical record documentation:** The following medical necessity documentation must be maintained in the client's medical record and made available upon request: • The Physician's Examination Report is completed by the physician prior to referring the client for further diagnostic testing. • The Hearing Evaluation, Fitting, and Dispensing Report (Form 3503) is completed by the physician or audiologist who is conducting the diagnostic testing and the fitter/dispenser who is fitting and dispensing the hearing aid. • The *client acknowledgement statement* (created by the provider) must be signed by the client at the time the hearing aid device and supplies are dispensed. • The *30-day trial period certification statement* (created by the provider) must be signed by the client after at least 30 days and the successful completion of the trial period. **For prior authorization:** Providers must submit the completed Special Medical Prior Authorization (SMPA) Request Form to the SMPA Department. Click here for additional prior authorization information (November/December 2009 *Texas Medicaid Bulletin*, No. 226, page 21).
PACT Crosswalk	Click here for the crosswalk that compares the PACT services with the Texas Medicaid hearing services benefit. (November/December 2009 *Texas Medicaid Bulletin*, No. 226, page 21)
For more information	Providers may refer to the TMHP Providers – Hearing Services for Children (PACT Transition) web page for more information.

Click here for CSHCN Services Program information.