

Audiology and Hearing Aid Benefits in Medicare and Medi-Cal

Medicare and Medi-Cal provide different audiology and hearing aid benefits coverage. This document has information for providers administering audiology and hearing aids services to dual eligible patients (individuals who have Medicare and Medi-Cal) to clarify the differences between Medicare and Medi-Cal audiology and hearing aid benefits, and how the benefits can be coordinated.

Medicare Hearing Benefits

Original Medicare

Medicare is the primary payer for dual eligible beneficiaries. Medicare Part B (Medical Insurance) covers diagnostic hearing and balance exams if you or another provider orders them to determine if your patient needs medical treatment. Members can see an audiologist once every 12 months without an order from you or another provider, but only for:

- » Non-acute hearing conditions (like hearing loss that occurs over many years).
- » Diagnostic services related to hearing loss that's treated with surgically implanted hearing devices.

Original Medicare does **not** cover most hearing benefits such as hearing aids or exams for fitting hearing aids. Medicare Part A (hospital visits) will cover certain hearing services that are provided in a hospital setting, such as emergency procedures.



Medicare Advantage

Medicare Advantage (MA) plans in California often offer hearing exams and hearing aid benefits which are beyond the scope of what Original Medicare offers, these fall under a plan's supplemental benefit offerings. These supplemental hearing benefits offered by MA plans can vary significantly from one plan to another and providers should refer to the patient's MA plan's provider manual for a list of covered hearing benefits.

Medi-Cal Hearing Benefits

Medi-Cal covers a variety of hearing benefits. These benefits can be accessed through a member's Medi-Cal Managed Care Plan (MCP).

- » Hearing exams and hearing aids, including assistive listening devices (ALDs) and surface-worn bone conduction hearing devices (BCHDs)
- » Repair of hearing aids, and replacement of hearing aid parts
- » Replacement of lost, stolen or irreparably damaged hearing aids
- » Supplies, including ear molds
- » Medically necessary hearing aid accessories
- » Hearing aid-related audiology and post-evaluation services
- » Follow up care for cochlear implants for 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) 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.



For Medi-Cal, hearing aids always require an approved Treatment Authorization Request through the MCP, except for ear molds. Medi-Cal limits the total cost of hearing aid benefit services, including sales tax, to \$1,510 per recipient per fiscal year, although this limit can be exceeded based on medical necessity with prior authorization through the MCP. Also, there are exceptions for members who are in a SNF or ICF.



Medicare, Medi-Cal, and Crossover Billing Procedures

Medicare Billing Procedures

For diagnostic hearing and balance exams, Original Medicare will cover certain services listed in the Medicare Hearing Benefits section above. Providers should contact the Medicare Administrative Contractor (Noridian) for billing Medicare-covered services for patients in Original Medicare. For billing through the MA plan the provider must be in the MA plan’s network. Refer to the plan’s provider manual for information about billing for audiology and hearing aid services.

Medi-Cal Billing Procedures

For audiology or hearing aid services not covered by Original Medicare or the MA plan, but covered by Medi-Cal, DHCS or the MCP can only reimburse services provided by enrolled Medi-Cal providers. Please contact the MCP for billing information for patients enrolled in those plans.

How to Enroll as a Medi-Cal Audiology or Crossover-Only Provider

To enroll as a Medi-Cal audiology provider, or a “Crossover Only” provider, please visit the [Provider Application and Validation for Enrollment \(PAVE\) Provider Portal](#). The PAVE portal is a web-based application that allows audiology providers to submit enrollment applications and required documentation electronically. For more information contact the Provider Enrollment Division (PED) by using the Inquiry Form under “Provider Resources” on the website, calling the PED Message Center at (916) 323-1945, or emailing PAVE@dhcs.ca.gov for assistance with enrollment.

Crossover Billing Procedures

Hearing Services Covered by Original Medicare or Medicare Advantage

For Part A or Part B services, whether the individual is enrolled in Original Medicare or a MA Plan, Medi-Cal may be billed secondary (either fee-for-service, or the Medi-Cal managed care plan, depending on the Medi-Cal member's enrollment) for any cost sharing, also known as a "crossover claim." In order to receive reimbursement from Medi-Cal, the provider must also be an enrolled Medi-Cal provider or a Medi-Cal "Crossover Only" provider. For services covered by the MA plan outside of Part A and B services, which are also covered by Medi-Cal, the provider must bill the MA plan first.

Balance Billing Prohibition

Audiology providers cannot bill dual eligible patients for Medicare Part A or B cost-sharing, such as co-pays, co-insurance, or deductibles for any covered services. In addition, audiology providers cannot bill dual eligible patients for any claims that the provider did not receive Medi-Cal reimbursement. This is known as balance billing, or "improper billing," and is illegal under both federal and state law. For more information, visit the [DHCS Balance Billing webpage](#).

Appeals and Grievances

Medicare

Medicare audiology providers can refer to the [Medicare Learning Network Booklet on Medicare Parts A and B Appeals Process](#) to submit an appeal if their patient has Original Medicare. If the patient is in an MA plan, the provider can submit an appeal to the plan on their patient's behalf. Additional information on how to submit an appeal can be found in the CMS Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance.

Medi-Cal

Please refer to [All-Plan Letter 21-011](#) for Appeals and Grievances.

Summary of the Differences Between Hearing Services Covered by Medicare and Medi-Cal for Dual Eligible Patients

<p>Original (Fee-For-Service) Medicare</p>	<p>Example of covered services include:</p> <p>Members can see an audiologist once every 12 months for:</p> <ul style="list-style-type: none"> » Non-acute hearing assessments that are unrelated to disequilibrium, hearing aid (like hearing loss that occurs over many years). » Diagnostic services related to hearing loss that’s treated with surgically implanted hearing devices. 	<p>Billing procedures:</p> <p>Contact the Medicare Administrative Contractor (Noridian) for Medicare-covered services.</p>
<p>Medicare Advantage (Including Medi-Medi Plans)</p>	<p>Examples of covered services include:</p> <ul style="list-style-type: none"> » All hearing benefits covered in Original Medicare. » Supplemental hearing benefits may vary, refer to plan’s provider manual for list of covered services. 	<p>Billing procedures:</p> <ul style="list-style-type: none"> » Provider must be in the MA plan network. » Refer to the plan’s provider manual for information about billing for audiology and hearing aid services.
<p>Medi-Cal</p>	<p>Examples of covered services include:</p> <ul style="list-style-type: none"> » Hearing exams and hearing aids, including assistive listening devices (ALDs) and surface-worn bone conduction hearing devices (BCHDs) » Repair of hearing aids, and replacement of hearing aid parts » Replacement of lost, stolen or irreparably damaged hearing aids » Supplies, including ear molds » Medically necessary hearing aid accessories » Hearing aid-related audiology and post-evaluation services » Follow up care for cochlear implants for people who live in a nursing home or sub-acute facility. 	<p>Billing procedures:</p> <ul style="list-style-type: none"> » The \$1,510 limit per recipient and fiscal year (July 1 – June 30) can be exceeded based on medical necessity with prior authorization through the MCP. » There must be a TAR through the MCP for hearing aids, except ear molds. » Provider must be in the Medi-Cal Plan network. » Enroll as a Crossover-only provider in PAVE.