

641—3.21(83GA, HF811) Reimbursement of providers.

3.21(1) To receive reimbursement for hearing aids and audiologic services, the provider must complete a provider information sheet and I-9 form provided by the department.

3.21(2) The provider must be a Title XIX provider.

3.21(3) Reimbursement of hearing aids and audiologic services will be paid directly to the provider based on Title XIX reimbursement rates.

a. Bills will be adjusted accordingly by the department prior to payment.

b. Reimbursement for hearing aids or supplemental hearing devices includes the costs of shipping and handling.

3.21(4) Hearing aids and audiologic services funding shall be the payor of last resort.

3.21(5) Payment through this funding source is considered payment in full for covered services. If a third party liability (TPL) payment equals or exceeds the Title XIX allowance, no further reimbursement is provided.

3.21(6) The provider shall submit bills after an enrollee number is assigned to the applicant and the audiologic service is provided or hearing aid is fitted.

3.21(7) The provider shall submit the following documents:

a. Centers for Medicare and Medicaid Services Form CMS 1500. Forms will be furnished by the providers and will include the applicant's enrollee number in the upper right-hand corner of the form.

b. Manufacturer's invoice for hearing devices as prescribed by the department.

c. Applicant's explanation of benefits or documentation of a telephone contact made by the provider to the patient's private insurance company including: date of contact, name of insurance representative, name of insurance company, applicant's policy number and coverage limitations for hearing evaluations and devices.

[ARC 8232B, IAB 10/7/09, effective 11/11/09; ARC 2290C, IAB 12/9/15, effective 1/13/16]