

641—3.18 (83GA, HF811) Covered services.

3.18(1) Funding does not cover either the surgical costs associated with a cochlear or Baha implant or the cost of the devices.

3.18(2) Funding does not pay for services denied by insurance because the applicant received services outside the provider network.

3.18(3) The following hearing aids and audiologic services may be provided through the hearing aids and audiologic services funding program:

1. Repair/modification of hearing aid
2. Hearing aid, monaural, behind the ear
3. Hearing aid dispensing fee, monaural
4. Hearing aid, binaural, in the ear
5. Hearing aid, binaural, behind the ear
6. Hearing aid dispensing fee, binaural
7. Hearing aid, bicros, glasses
8. Ear mold/insert, not disposable, any type
9. Battery for use in hearing aid
10. Hearing aid supplies, accessories
11. Assistive listening device, not otherwise specified
12. Assistive listening device, dispensing
13. Service handling charge
14. Service charge, ear mold
15. Annual charge, ear mold
16. Pure tone audiometry, air only
17. Pure tone audiometry, air and speech audiometry threshold
18. Speech audiometry threshold
19. Speech audiometry threshold with speech
20. Comprehensive audiometry threshold evaluation
21. Tympanometry (impedance testing)
22. Conditioning play audiometry
23. Auditory-evoked potentials for evoked response audiometry, comprehensive
24. Auditory-evoked potentials for evoked response audiometry, limited
25. Visual reinforcement audiometry
26. Evoked otoacoustic emissions, limited
27. Hearing aid examination and selection, monaural
28. Hearing aid examination and selection, binaural
29. Hearing aid check, monaural
30. Hearing aid check, binaural
31. Electroacoustic evaluation for hearing aid, monaural
32. Electroacoustic evaluation for hearing aid, binaural
33. Office/outpatient visit related to audiologic services
34. Consultations related to audiologic services

3.18(4) The department may elect to cover additional services not otherwise restricted in these rules.