

CMS Early Steps Paying for Amplification for Children with Hearing Loss

Children with hearing loss are eligible to receive Early Steps services and supports, including amplification. These services are authorized via an Individualized Family Support Plan, or IFSP. If Early Steps personnel are available, an interim IFSP can be completed within a week or so of referral to Early Steps. An IFSP is required by law to be completed within 45 days of referral. Amplification and hearing management services as described below must be included on the IFSP and all funding sources must be considered before Early Steps can pay. The audiologist will be considered a member of the child's IFSP team.

Procedures for prompt and consistent hearing aid use

1. Reporting: Audiologists are required to refer a child to the local Early Steps Program within 2 working days of confirmation of a hearing loss that meets the Part C eligibility requirements. The Diagnostic Hearing Evaluation Form has been developed for audiologists to fax directly to the local Early Steps Program and to the state CMS Newborn Screening Program. The audiologist can request that a free hearing aid listening kit to be sent to them to provide to the family. The sooner that Early Steps receives the referral the sooner amplification and other services can be authorized as part of the IFSP service planning process.

2. Recommending Amplification: It is critical for amplification to be provided to a child within one month of the recommendation being made by the audiologist. If for any reason it appears that hearing aids will not be purchased within this 30 day period it is important that the audiologist, family, and service coordinator work together to obtain loaner hearing instruments through the Children's Hearing Help Fund Hearing Aid Loan Bank for Infants and Toddlers (<http://www.childrenshearinghelpfund.com>).

After the audiologist refers the child upon confirmation of hearing loss they can then follow up by faxing a recommendation for amplification to the child's Local Early Steps office when sufficient evaluation has been performed to determine amplification needs. For best results, when amplification is recommended the audiologist should contact their Local Early Steps office <http://www.cms-kids.com/contact/earlysteps.pdf> and ask who the service coordinator is for the child so the fax can be directed to this person. If the audiologist is simultaneously making a referral to Early Steps and requesting reimbursement for hearing aids then these two documents can be faxed to the service coordinator at the same time. Authorization for reimbursement from Early Steps must be received prior to fitting the hearing aids.

The IFSP team, including representation by the audiologist via their recommendations, will discuss the amplification recommendation and whether to provide authorization for purchase. When the referral and amplification recommendation are simultaneous, there may be a delay in authorization of amplification.

3. Billing Hearing Aid Fitting: When authorization from Early Steps is received, the audiologist proceeds with the hearing aid fitting and then submits an invoice that specifies one fitting fee (\$119.60) per hearing aid. This fee covers (a) the earmold impression appointment, (b) the hearing aid adjustment activities (c) the fitting and hearing aid orientation appointment. The audiologist's invoice also specifies the manufacturer's wholesale price of the hearing instruments (not to exceed \$500 per hearing aid or \$1000 per pair). A copy of the manufacturer single unit price list or the Special Hearing Aid Pricing for Florida Early Steps list with the selected hearing aid highlighted or circled must also be submitted. The audiologist's invoice specifies the cost of each earmold with a maximum reimbursement rate of \$18.72.

If the child's insurance provides coverage for hearing aids then the insurance would pay a portion of the single unit wholesale cost and Part C would pay the remainder (i.e., if insurance pays \$300 then Part C would pay up to an additional \$200 per hearing aid).

Balance billing is allowable only if the family is willing to pay for the excess wholesale cost of a more expensive hearing aid. The audiologist would still need to submit evidence of the single unit wholesale cost of the desired hearing aid. In addition, the audiologist would submit a written statement signed by the responsible family member(s) showing that they have agreed to pay for the

remainder hearing aid cost. This balance billing arrangement is not allowable with Medicaid reimbursement of hearing aids.

4. Hearing Aid Follow Up Visits: It is recommended that the IFSP team specify hearing aid follow-up visits for all children with amplification, including those who are Medicaid eligible. The suggested number of visits based on the child's age is offered below for use by IFSP teams when considering a child's individual needs.

0-12 months of age - 12 visits (average 1 visit per month) maximum of \$600

13-35 months of age - 6 visits (average 1 per 2 months) maximum of \$300

Part C will reimburse hearing follow up visits, not to exceed reimbursement of \$50 per event. It is anticipated that each visit will take a minimum of 30 minutes. Ideally the hearing aid follow up visits would occur at a regularly scheduled time to aid consistent attendance by the family (i.e., the first Thursday of each month at 10:00). Hearing aid follow up visits will contain **at least two** of the following activities **not otherwise reimbursable by insurance:**

- a) ear canal probe microphone measurements
- b) earmold impressions
- c) adjustment/programming of hearing instruments
- d) family training
- e) behavioral audiometric measurements **not covered by another payer**
- f) electroacoustic hearing aid analysis
- g) validation measures
- h) in-office repairs of hearing instruments (not to include delivery after manufacturer repair)

5. Hearing Aid Insurance: Loss and damage insurance (\$65 per hearing aid per year) will be specified on the Individualized Family Support Plans of all children with hearing aids that are out of warranty (including Medicaid eligible). Following the IFSP meeting (typically the first annual evaluation of the IFSP) the appropriate Midwest Hearing Industries hearing aid insurance pamphlet will be signed by the SHINE service coordinator. If the hearing aid is still in warranty, the audiologist need not be involved. If the hearing aid is out of warranty it will be necessary to request a written description of the condition of the hearing aids from the audiologist before the application and payment from Early Steps can be sent in. Hearing aid insurance is an annual fee. When necessary, the audiologist will submit a claim form and the wholesale price of the replacement hearing aid to the insurance company. In the event that it is necessary to replace a hearing aid, Midwest Hearing Industries would reimburse the audiologist for the cost of the hearing aid, up to \$500 and the Local Early Steps would reimburse the audiologist for two hearing aid follow up visits: one to make the earmold and another to fit the new hearing aid. If the hearing aid is accidentally damaged and needs repair, the audiologist would fax Midwest Hearing Industries a claim form along with the repair invoice from the manufacturer, once the aid is repaired. Normal wear and tear and general maintenance is not covered under the insurance. Part C is the payer of last resort for hearing aid repairs.

6. Procedures for providing reimbursement for personal FM systems

An FM system is only effective when the caregiver consistently uses the microphone transmitter. If the family is motivated to ensure that caregivers throughout the child's day will wear the microphone transmitter, then a trial period with this equipment should be considered. FM receivers can be added on to a child's hearing aids or one of the hearing aids can consist of a unit that is both a hearing aid and an FM system. The hearing aid loan bank has several FMs that would be appropriate to use for trial periods. FM receivers are reimbursed only for one ear and the child's hearing aid worn on the other ear, unless a combined hearing aid/FM receiver can be purchased at \$500 or less. At the end of the trial period it is recommended that the service coordinator obtain a copy of the Early Listening Function (ELF) Infant and Young Child Amplification Use Checklist that has been completed by the parents, typically with the assistance of the Hearing Specialist. If the trial period appears to have been successful then it would be appropriate for the FM microphone transmitter and a unilateral FM receiver device to be considered by the IFSP team for reimbursement by the Local Early Steps.