



Department of Medical Assistance Services  
 600 East Broad Street, Suite 1300  
 Richmond, Virginia 23219  
[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# EPSDT Audiology and Hearing Aid Program Fact Sheet

<b>Purpose</b>	Audiology and hearing aid services are available through EPSDT to enrollees who have a medical need for hearing devices and ongoing Audiology services.
<b>Services Offered</b>	<p>Audiological Assessments and Hearing Aids</p> <ul style="list-style-type: none"> <li>• <b>New Hearing Program effective January 1, 2008</b></li> <li>• <b>Refer to the EPSDT Supplement Audiology and Hearing Aid section for more details at:</b>  <a href="http://www.dmas.virginia.gov/prm-provider_manuals.htm">http://www.dmas.virginia.gov/prm-provider_manuals.htm</a></li> <li>• Contact <a href="mailto:epsdt@dmas.virginia.gov">epsdt@dmas.virginia.gov</a> for more details</li> </ul>
<b>Who is Eligible?</b>	<ul style="list-style-type: none"> <li>• Current Medicaid/FAMIS Plus enrolled children under the age of 21.</li> </ul>
<b>Service Requirements and Limitations</b>	<ul style="list-style-type: none"> <li>• A referral from a physician (either the PCP or an ENT) is required</li> <li>• Audiological Assessments and Hearing Aid Evaluations are reimbursed using standard CPT codes</li> <li>• Hearing Aids, ear molds, repairs and supplies are reimbursed using HCPCS codes</li> <li>• Ear molds and supplies do not require pre authorization</li> <li>• Hearing devices that have a rate assigned do not require authorization (see EPSDT manual for details)</li> <li>• <b>Hearing aid provision is limited to 2 aids within a 60 month period (individuals who require more services are subject to pre authorization)</b></li> <li>• Devices for individuals in a Medicaid MCO must be billed through the MCO.</li> </ul>
<b>Process for Requesting Pre-Authorization</b>	<p>Items that do not have assigned rates are subject to pre authorization</p> <p>Hearing Aid providers must send the following information to DMAS for pre-authorization:</p> <ul style="list-style-type: none"> <li>• Completed DMAS-352</li> <li>• Audiological evaluation report</li> <li>• Quote to document the device's wholesale cost.</li> <li>• Items are marked up by 30% in the final authorized amount, dispensation and fitting are reimbursed separately from the device fee</li> </ul>
<b>DMAS Contacts</b>	<p>For Pre-authorization, contact Shirlene Harris  <b>Phone:</b> 804-225-3124 <b>Fax:</b> 804-225-3961          Other inquiries:  <b>Email:</b> <a href="mailto:epsdt@dmas.virginia.gov">epsdt@dmas.virginia.gov</a>  <b>Phone:</b> 804-786-6134 <b>Fax:</b> 804-786-5799</p> <ul style="list-style-type: none"> <li>• For Cochlear Implants: Call: (804) 786-0414 for pre-authorization.</li> </ul> <p><b>Medicaid Eligibility/Claims Inquiries:</b>          Eligibility or claims status may be checked via <a href="http://virginia.fhsc.com">http://virginia.fhsc.com</a> or MediCall voice response system at 1-800-884-9730 or 1-800-772-9996.          Both options are available at no cost to the provider.</p>



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<b>EPSDT HEARING AID REIMBURSEMENT SAMPLE</b>			
<b>Proc Codes</b>	<b>Service Description</b>	<b>Fees</b>	<b>Service Limit</b>
<b>HCPCS</b>	<i>**Devices use HCPCS system, assessment uses CPT</i>		
V5011	FITTING, ORIENTATION/ CHECKING OF HEARING AID	<b>80</b>	4 per year
V5014	REPAIR/MODIFICATION OF HEARING AID	<b>150</b>	2 per year, per ear
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	<b>550</b>	1 per 60 mos
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	<b>550</b>	1 per 60 mos
V5050	HEARING AID, MONAURAL, IN THE EAR (ITE)	<b>550</b>	1 per 60 mos
V5060	HEARING AID, MONAURAL, BEHIND THE EAR (BTE)	<b>550</b>	1 per 60 mos
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	<b>300</b>	1 per 60 mos
V5110	DISPENSING FEE, BILATERAL	<b>600</b>	1 per 60 mos
V5130	HEARING AID, BINAURAL, ITE	<b>1100</b>	1 per 60 mos
V5140	HEARING AID, BINAURAL, BTE	<b>1100</b>	1 per 60 mos
V5160	DISPENSING FEE, BINAURAL	<b>600</b>	1 per 60 mos
V5200	DISPENSING FEE, CROS	<b>300</b>	1 per 60 mos
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	<b>300</b>	1 per 60 mos
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	<b>550</b>	1 per 60 mos
V5249	HEARING AID, ANALOG, BINAURAL, ITC	<b>1200</b>	1 per 60 mos
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	<b>1175</b>	1 per 60 mos
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	<b>1175</b>	1 per 60 mos
V5257	HEARING AID, DIGITAL MONAURAL BTE	<b>1175</b>	1 per 60 mos
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	<b>2350</b>	1 per 60 mos
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	<b>2350</b>	1 per 60 mos
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	<b>2350</b>	1 per 60 mos
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	<b>2350</b>	1 per 60 mos
V5264	EAR MOLD/ INSERT, NOT DISPOSABLE, ANY TYPE	<b>35</b>	2 per 3 mos
V5266	BATTERY FOR USE IN HEARING DEVICE	<b>1</b>	6 per month
V5267	HEARINGAID SUPPLIES	<b>47.75</b>	2 per year
V5273	ASSISTIVE LEARNING DEVICE COCHLEAR IMPLANT TYPE	<b>IC</b>	1 per 60 mos PA Required
V5274	ASSISTIVE LEARNING DEVICE (FM system)	<b>IC</b>	1 per 60 mos, PA Required