IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR202316 APRIL 18, 2023

IHCP clarifies hearing aid coverage

The Office of Medicaid Policy and Planning (OMPP) has recently identified discrepancies in interpretations of *Indiana Administrative Code 405 IAC 5-19-13* within the Indiana Health Coverage Programs (IHCP), particularly between fee-for-service (FFS) Medicaid and IHCP managed care entities (MCEs). This section of the *IAC* reads:

> *"Hearing aids are not covered for members with a unilateral pure tone average (500, 1,000, 2,000, or 3,000 hertz) equal to or less than thirty (30) decibels."*

The OMPP is confirming that "unilateral pure tone average" (PTA) in this context is referring to the coverage of a hearing aid for a *single* ear. If an individual has one ear that has a unilateral pure tone average equal to or less than 30 decibels, they are only denied a hearing aid within *that single* ear. Meanwhile, if the other ear hears at a PTA greater than 30 decibels, the same individual is still entitled to a monaural hearing aid or a contralateral routing of signals (CROS) device to assist them with their hearing. Therefore, an individual who is hearing impaired in only one ear is entitled to hearing aid coverage under the IHCP, given that the PTA in the hearing-impaired ear is greater than 30 decibels.

Additionally, providers are expected to use all four hertz levels (500, 1,000, 2,000 and 3,000 hertz) when calculating PTA in order for a member to satisfy prior authorization (PA) requirements. PTAs calculated with only three hertz levels (500, 1,000 and 2,000) do not satisfy PA requirements for hearing aids.

This policy interpretation applies to all IHCP programs that offer hearing aid coverage, including but not limited to Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid. Questions about FFS reimbursement, PA and billing should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing information within the managed care delivery system. Questions about managed care reimbursement, PA and billing should be directed to the MCE with which the member is enrolled.

MORE IN THIS ISSUE

IHCP reminds providers to take the 2023 Provider Communications Survey

To help with evaluating its provider outreach efforts, the Indiana Health Coverage Programs (IHCP) is requesting providers' feedback, via survey, on IHCP communications and events over the past year. Providers may complete this Provider Communications Survey any time until May 1, 2023. All responses will be kept anonymous. The IHCP will use providers' feedback to plan and improve future communication and events, such as IHCP Live webinars, the IHCP Roadshow and the IHCP Works seminar. Thank you for your time in helping us create a better experience for all.

IHCP updates guidance for chiropractic office visit procedure code 99211

Effective for dates of service on or after May 18, 2023, the Indiana Health Coverage Programs (IHCP) will no longer reimburse chiropractors (specialty 150) for Current Procedural Terminology (CPT®) code 99211 – *Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional*. This code is typically performed during non-physician visits.

This information will be reflected in *Chiropractic Services Codes*, accessible from the *Code Sets* page at in.gov/medicaid/providers.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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