

**WAC 182-547-1100 Reimbursement.** (1) The medicaid agency's payment for purchased hearing aids includes all of the following:

- (a) The audiometric evaluation;
- (b) An impression for an ear mold;
- (c) The ear mold;
- (d) The dispensing fee;
- (e) A conformity evaluation, if done;
- (f) Three batteries; and

(g) Up to three follow-up visits for the fitting, orientation, and checking of the hearing aid.

(2) The agency denies payment for hearing aids and services when claims are submitted without the prior authorization number, when required, or the appropriate diagnosis or procedure code(s).

(3) The agency does not pay for hearing aid charges paid by insurance or other payer source.

(4) To receive payment, the provider must keep documentation in the client's medical file to support the medical necessity for the specific make and model of the hearing aid ordered for the client. This documentation must include the record of the audiology testing providing evidence that the client's hearing loss meets the eligibility criteria for a hearing aid.

[Statutory Authority: RCW 41.05.021, 41.05.160 and 2018 c 159. WSR 19-20-043, § 182-547-1100, filed 9/25/19, effective 11/1/19. Statutory Authority: RCW 41.05.021. WSR 13-20-013, § 182-547-1100, filed 9/20/13, effective 10/21/13. WSR 11-14-075, recodified as § 182-547-1100, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090 and 74.09.530. WSR 09-12-034, § 388-547-1100, filed 5/27/09, effective 7/1/09.]