AUDIOLOGY SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement

Audiological testing services may be provided by a clinical audiologist licensed under SDCL Ch. 36-24 or out-of-state equivalent or by a physician. Services provided by students are not covered.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.
The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles on Medicare A and B covered services.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

AUDIOLOGICAL TESTING COVERED SERVICES AND LIMITS

Audiological diagnostic testing is covered when provided by a physician or ordered by a physician, physician assistant, or nurse practitioner and provided by a provider referenced in the Eligible Provider section of this manual. Recipients in the Primary Care Program (PCP) or Health Home (HH) program require a referral if the service is not provided by their PCP or HH provider.

Audiological Testing
Audiological testing is covered to establish a recipient's need for a hearing aid. The following testing services are covered:

- Hearing evaluation, which must include bone conduction and air conduction tests;
- Speech audiometry; and
- Hearing aid selection.

Follow-up visits with a recipient after the purchase of the hearing aid to determine whether the device is functioning adequately are also covered.

Cerumen Removal
Removal of impacted cerumen (69210) is covered when medically necessary. South Dakota Medicaid considers removal of impacted cerumen to be included in a hearing test and is not separately reimbursable when performed on the same date as a hearing test.

Children Hearing Screenings
A newborn hearing screening is covered when a newborn fails the initial newborn screening completed at the hospital. Well-child visits must include a hearing screening if indicated on the Bright Futures periodicity schedule. Hearing screenings are also covered for children if their physician or other licensed practitioner believes the infant or child has hearing loss.

Newborn hearing screenings may be completed at a local Community Health Office using an Otoacoustic Emissions (OAE) device and billed to Medicaid using CPT code 92558.

Vestibular Testing
Vestibular function testing is covered when prescribed by a physician or other licensed practitioner to evaluate problems with vertigo and balance.

Hearing Aids
Hearing aids are subject to the limits and payment provisions established in ARSD 67:16:29. Refer to durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) manual for hearing aid coverage.

NON-COVERED SERVICES

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

DOCUMENTATION REQUIREMENTS

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6

years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Reimbursement and Billing

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source(s) of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
A claim for audiological testing services must be submitted at the provider's usual and customary charge. Payment for these services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's Physician Services fee schedule.

Claim Instructions
Claims for audiological testing services may be submitted on the CMS 1500 claim form or 837P. Detailed claim instructions are available on our provider manual website.
School districts should refer to the claim instructions in the School District manual. Birth to Three providers should refer to the claim instructions in the Birth to Three manual.

References

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations