Wyoming Adult Hearing Aid Program Hearing Loss Form

Pre-Approval Requirements from the Audiologist

Please Note: This program does not pay for hearing testing.

- All audiometric data/information
  - (A/C and B/C thresholds, SRTs, WRS (phones/insert phones), Immittance with AR; statement regarding otoscopic inspection. Results must be within the last twelve months.
  - With your submitted form, please attach supporting clinical documentation.
- Incomplete forms and requests without clinical information will delay processing and may result in a denial.
- The completion of this application is not a guarantee of payment; Payment is subject to applicant eligibility and available funding

Does the applicant have health insurance? _____*Yes* _____*No*
If Yes, what is the applicant's out-of-pocket cost for hearing aids? (deductible, cost share) _____

APPLICANT'S INFORMATION

First Name:	Last Name:	Date of Birth	Phone #:
Address:	Medicaid ID (if applicable):	Email Address:	

AUDIOLOGIST'S INFORMATION

First Name:	Last Name:	NPI:	Phone #:
Address:	Audiologist's License Number:	Fax #:	

HEARING HISTORY

Age When Hearing Loss Was Identified:	Does the Patient Currently Wear a Hearing Aid(s)?: ☐ Yes ☐ No	If Yes:

Diagnosis: Primary: Code (_) Description: _____

Secondary: Code (_) Description: _____

Right Ear:

Current Make/Model:_____

Age of Hearing Aid (years):_____

Services being requested:

CPT/HCPCS #1_____ Description:_____

CPT/HCPCS #2_____ Description:_____

CPT/HCPCS #3_____ Description: _____

Left Ear:

Current Make/Model:_____

Age of Hearing Aid (years):_____

ADDITIONAL INFORMATION REQUIRED: Please indicate the result of the most current Audiogram

Date of Audiogram:	HZ	RIGHT	LEFT
	1000		
	2000		
	3000		
	4000		
	TOTAL		
	÷ 4		

Provider Signature	**Date**

Mail or fax this form and all required documentation to:

Division of Healthcare Financing
c/o Adult Hearing Aid Program
122 W 25th Street Herschler Bldg W4
Cheyenne, WY 82002
Fax: 307-777-6964 - *Our fax is HIPAA secure*

Wyoming Department of Health

No Email Submissions are Permitted

If you have questions about this program, please contact:
Email: wdh-HearingAid@wyo.gov
Phone: (307) 777-7531

Website: https://health.wyo.gov/healthcarefin/adult-hearing-aid-program/