

Wyoming Adult Hearing Aid Program Provider Manual

Wyoming Department of Health
Division of Healthcare Financing
122 West 25th Street, 4 West
Cheyenne, WY 82002



Wyoming
Department
of Health

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1.1 Client Eligibility

Individuals with the greatest hearing loss will be given priority to receive hearing aids under the program. To be eligible, an individual must fulfill the following requirements:

- Must be a Wyoming resident, age 18 or older.
- Must have documented hearing loss of:
 - 35 dB or greater in one ear; or
 - 30 dB or greater in both ears.
- Must have a monthly modified adjusted gross family income at or below two hundred percent (200%) of the federal poverty level.
- Must not be eligible for hearing aid coverage through Medicaid, Children's Health Insurance Program (Kid Care CHIP), Medicare, or private insurance, or any other third-party assistance.
 - If privately insured, out-of-pocket costs must exceed \$500 to be considered for hearing aid assistance under this program. Proof of cost sharing may be required at the Department's discretion.
 - If out of pocket costs exceed \$500 as described above, the Wyoming Adult Hearing Aid Program covers the lesser of coinsurance and deductible amounts or the difference between the Wyoming Medicaid allowable amount and the primary payers paid amount. Claims for individuals with this benefit plan should be billed to any primary payers first before billing the Wyoming Adult Hearing Aid Program.
- Must complete the application process as described in section 1.4 of this manual.

1.2 Non-Covered Services

The following is considered noncovered and are not eligible for payment under this program:

- Hearing tests or audiology evaluations, including audiometric exams.
- Consecutive set of hearing aids more than every five (5) years, including replacements.
- Cochlear devices and implants.
- Reimbursement of hearing aids purchased by the client / applicant.

1.3 Covered Services

The following are considered covered and are eligible for payment under this program:

- Up to one (1) hearing aid per ear at a cost of not more than the rate paid for hearing aids under Wyoming Medicaid and including hearing aid insurance for loss or damage;
- A hearing aid fitting at a cost of not more than the rate paid under the Wyoming Medicaid fee schedule; and
- An initial set of ear molds at a cost of not more than the rate paid under the Wyoming Medicaid fee schedule.

1.4 Application Requirements

Completed applications may be submitted by applicants, or their provider via mail or fax. Applications submitted via email will not be accepted. To apply, individuals must complete either a short one-page application or a full application, both of which may be obtained by contacting the program at 307-777-7531, or downloaded by visiting the website at:

health.wyo.gov/healthcarefin/adult-hearing-aid-program.

- If an individual has applied for Wyoming Medicaid in the past 12 months (even if denied), or is currently enrolled, they may submit the short one-page application.
- If an individual has not applied for Medicaid and does not plan to, they must complete the full application.

Mailing Address to Submit Applications and Correspondence:

Division of Healthcare Financing
c/o Adult Hearing Aid Program
122 W. 25th Street Herschler Bldg. W4
Cheyenne, WY 82002

Fax Number for Applications: 307-777-6964 (HIPAA-secure)

Provider Documentation Requirements

Applications must include complete supporting documentation as specified on the application including all audiometric data/information (A/C and B/C thresholds, SRTs, WRS (phones/insert phones)), Immittance audiometry with acoustic reflex testing; statement regarding otoscopic inspection.

All audiometric results must be from within the past 12 months. Incomplete applications or those missing clinical documentation will delay processing and may result in denial.

Submitting an application does not guarantee payment. All approvals are subject to:

- Confirmation of applicant eligibility; and
- Availability of program funding.

1.5 Provider Reimbursement & Billing Procedures

Providers who meet the following criteria may receive payment for services under this program:

- Must be enrolled in Wyoming Medicaid as an eligible provider to render hearing aid services.
- Must be considered a hearing aid service provider as defined by the Department including:
 - An audiologist; or
 - An otolaryngologist.

Reimbursement

Payment for covered hearing aid services under this program will be based on and may not exceed the current [Wyoming Medicaid fee schedule](#).

- Reimbursement is limited to a maximum of \$3,000 per individual for both ears over a five-year period, and is limited to the covered services described in section 1.3 of this manual.
- Providers must accept the payment issued under this program as payment in full. No additional reimbursement, balance billing, or cost sharing may be collected from the eligible individual.
- Benefits for covered services will be activated upon approval of client application, and should be used within three (3) months of issuance. Services provided outside of this timeframe may be denied for payment.

Billing Procedures

- All claims must be submitted through the Wyoming Medicaid Benefits Management System (BMS).
 - Claims submitted to the BMS are required to be filed electronically, paper claims are not accepted.
- The date of service is the date the hearing aid is delivered.
- A copy of the hearing aid invoice must be attached to the claim.

Additional Questions?

Please visit the Wyoming Adult Hearing Aid Program website for helpful info including Frequently Asked Questions at the url below:

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

Contact the program at: wdh-hearingaid@wyo.gov