

Insurance Coverage

An insurance company frequently pays for the services an audiologist provides to a patient. Payment to the audiologist is dependent upon the terms in a patient's insurance policy, which may offer full, partial or no coverage for services.

Insurance plans are, at best, confusing. However, there are basically three major types of healthcare plans. The first are private healthcare plans. These are policy-contracts between employers and one or more insurance companies. Employers look for plans to yield the best coverage for employees with the least cost to the employer. Insurance companies are efficient in competitive bidding and produce policies that frequently require a lawyer to interpret. However, contacting the insurance carrier is the best way to determine what audiology services are covered by a policy. It is wise to get pre-authorization before committing to audiology services. The American Speech-Language-Hearing Association (ASHA) is one source for hearing healthcare information.

Common audiology limitations in insurance policies may include:¹

- No coverage for hearing disorders that have a developmental or congenital cause;
- No coverage for acquired disorders, or only for treatment that is restorative or rehabilitative;
- No coverage for certain specified disorders (e.g. autism);
- No coverage for hearing aids;
- A limit on the dollar amount that will

be reimbursed for hearing services;

- A limit on the number of hearing therapy sessions that will be covered;
- Coverage limited to specified settings such as a hospital or a clinic.

Medicaid is another healthcare plan, providing payments for qualified individuals with criteria based on low-income levels. Medicaid payment is grounded in both federal and state



GET HELP: Ask for an explanation of your insurance coverage.

tax dollars. States set eligibility criteria and degree of coverage. State Medicaid hearing service coverage is not required for adults over the age of 21 years; however, some states do provide different levels of support. Patients under the age of 21 years do have state-specified supports. Checking with the patient's state Medicaid office will provide the type and level of hearing services covered under their state's policy.

Medicare is the third type of healthcare plan, designed for patients who are 65 years or older or for selected groups of disabled patients. Medicare covers most hearing-related services; however, it does not cover the cost of hearing aids. For a detailed explanation of services, it is best to contact the Medicare provider help line.

Additional Assistance

There are other sources of assistance for audiology services.¹ For example, school districts must support a free and appropriate public education (FAPE) under the federal Individuals with Disability Education Improvement Act of 2004 (IDEIA) legal mandate.^{2,3} Audiology services must be provided and paid for by the student's school district, especially when it is determined by an Individual Education Plan (IEP) developed with an IEP team for an individual child's needs.

In summary, there are a number of different insurance policies, covering hearing services provided by audiologists. However, policies differ dramatically depending upon each person's policy. Since insurance policies are normally written with complex legal language, it is important that a patient contact their insurance policy carrier for an explanation of what is covered by their individual plan. Additionally, ask if there are any out-of-pocket costs for the patient.

REFERENCES

1. American Speech-Language-Hearing Association accessed at www.asha.org/public/coverage/php.htm
2. IDEIA accessed at www.vesid.nysed.gov/specialed/idea/home.html
3. FAPE accessed at www.fape.org/idea/what_idea_is/osher/ideaiep.htm#iep

more info

• Insurance Information Institute: www.iii.org

• Centers for Medicare & Medicaid Services: www.cms.hhs.gov

• Medicare: www.Medicare.gov

• HHS Insure Kids Now: www.insurekidsnow.gov

