**EPSDT Hearing Aids and Related Devices – Service TYPE 0092**

**Required Service Authorization Information**

**CMN INFORMATION**

1. Begin Date On CMN:
2. Provide Date of Physician Signature:
3. Provider Contact Name:
4. Provider Contact Number:
5. Date of Injury/Illness/Surgery:
6. Level of Need:
   1. Acute Need: Yes/No
   2. Chronic or long-term need: Yes/No
7. Is this a Retro Review: Yes / No
8. Provide relevant diagnostic information from Section II of the CMN (DMAS 352)
9. Previous history of a hearing aid device? If yes, please explain in the Atrezzo Connect Clinical Information note box.
10. Provide the severity of hearing loss as noted in the Audiological Evaluation Report.
11. Provide the information listed for each line item in Section III and Section IV of the CMN (DMAS 352). List the items that require Srv Auth.
12. Discuss reasons for exceptional coverage requests (if relevant).
13. Document the medical and functional reasons that demonstrate why a specific device is medically justified over a standard, less expensive device.
14. Include the medical justification from the Audiological Evaluation report for the specific devices being requested.
15. Add in notes: The Actual Cost per Unit and/or Usual and Customary as applicable
16. Add in Notes: Total Dollars requested

Clinical Information: Atrezzo Connect Clinical Information note box is for entering specific information as noted in numbers 8 through 14 on this document.

**Out of State Providers:**

**Please select one of the four questions which best meets the reason you are requesting Out of State Provider Services and specify how the request meets the selected reason:**

**Services provided out of state for circumstances other than these specified reasons shall not be covered.**

1. The medical services must be needed because of a medical emergency;
2. Medical services must be needed and the recipient's health would be endangered if he were required to travel to his state of residence;
3. The state determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state;
4. It is the general practice for recipients in a particular locality to use medical resources in another state.

Explain selected response:

Enrolled in Virginia Medicaid: Yes No

**Out of State Providers Not Enrolled in Virginia Medicaid may enroll with Virginia Medicaid by going to:**

**(KePRO: add link to Provider Enrollment).** At the top of the page, click on *Provider Services* and then *Provider Enrollment* in the drop down box.

**It may take up to 10 business days to become a Virginia participating provider.**