



## Medicare Requirements for Audiological Evaluations (Hearing Test) and Hearing Aids

Per Medicare law established in 1965, **Medicare does not cover anything related to hearing aids**, including: hearing devices, repairs, maintenance costs, supplies, wax removal or office visits for hearing aid services. **Medicare also does not cover an audiological evaluation if it is for the purpose of obtaining or programming hearing aids.** In these circumstances, we are required by Medicare to have the patient sign an ABN (Advanced Beneficiary Notice of Noncoverage) stating that the audiological evaluation will not be covered. The charge for the audiological evaluation in these circumstances is \$72.00.

If an audiological evaluation needs to be completed due to a medical concern, **Medicare requires that the testing be performed at the request of a physician (a referral is required).**

### Your options are:

1. See one of the ENT physicians in this office (816-454-2655) and they will order an audiological evaluation at that appointment time and testing will be completed that day.
2. Obtain a written referral from your PCP (Primary Care Physician) that states the medical reason for the referral (hearing loss, tinnitus, vertigo, ear pain, drainage, etc.). This referral can be brought in the day of testing or faxed to our office (816-559-7118). **It must be here prior to your appointment. If not, you will sign the above-mentioned ABN and be responsible for the charge for the testing that day.**

Medicare patients can not be seen directly for testing by an audiologist without this referral. Without the referral, Medicare can deny coverage for the testing.