ATTACHMENT 1

SUMMARY INSTRUCTIONS FOR COMPLETION OF PRIOR AUTHORIZATION FOR HEARING AIDS

1. Following the performance of an otological examination and evaluation by a Wisconsin Medical Assistance certified physician, the recipient will present a copy of the Physician's Otological Report (PA/OF) to the audiologist/hearing aid dealer for audiological testing, evaluation, and recommendation. The audiologist/hearing aid dealer must receive this report prior to performance of audiological testing.

2. The audiologist/hearing aid dealer completes forms PA/ARF1 and PA/ARF2. These forms are a summation of the testing, evaluation, and recommendations.

3. The audiologist/hearing aid dealer submits the PA/OF and forms PA/ARF1 and PA/ARF2 to the Prior Authorization Unit.

4. A copy of the PA/ARF1 and PA/ARF2 will be returned to the audiologist/hearing aid dealer with notification of the decision rendered by the program consultant. The recipient will also receive a copy of WMAP forms with notification of the request approval or denial. The recipient will present the copy of forms PA/ARF1 and PA/ARF2 to a Wisconsin Medical Assistance certified hearing aid dealer or dispensing audiologist for procurement of the hearing aid.

5. The hearing aid dealer advises the recipient to return within 30 days of receiving the hearing aid for a hearing aid performance check.

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NOTE: Form PA/OF is completed by the physician.

Forms PA/ARF1 and PA/ARF2 are completed by the audiologist/hearing aid dealer.

Audiologists/hearing aid dealers should refer to MAPB-087-015-D/002-HA for examples of these forms.