



HEARING AID EVALUATION INFORMATION FOR MEDICAID PRIOR APPROVAL

Date	Recipient Name		
Date of Birth	Medicaid Number	Examiner	
Is recipient in a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach necessary documentation)			

PREVIOUS HEARING AID USE

Previously Worn Hearing Aids? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Years Worn:	Purchase Date:
Purchased by Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Condition of Current Aid <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

REASON FOR NEW HEARING AID

Initial Instrument
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Beyond Repair <input type="checkbox"/> Other (explain)
Chief Complaint and History
Document procedure used to determine benefit for recommended aid

HEARING THRESHOLD LEVEL (LANSI, 1969)								
Pure Tone Audiometry								
Frequency (HZ)								
	125	250	500	1000	2000	4000	8000	
-10								
0								
10								
20								
30								
40								
50								
60								
70								
80								
90								
100								
110								

SPEECH AUDIOMETRY				
	Threshold		Discrimination	
			In Quiet	In Noise
	SRT	SAT	SL %	SN %
Left Ear			/	/
Right Ear			/	/
Binaural			/	/
Unaided Sound Field			/	/
Aided Sound Field			/	/

Audiogram Code	Air Conduction/Bone Conduction					Sound Field	Could Not Test	Did Not Test
	Ear	Unmasked	Masked	Unmasked	Masked			
No Response		O	△	>	▬	S	CNT	DNT
↙	R	X	□	<	▬			

Dispensing Provider	NPI Number	Taxonomy
Medical Release Signature (Signature stamp not acceptable)	Date	