HEARING AID EVALUATION INFORMATION FOR MEDICAID PRIOR APPROVAL

Date	Recipient Name	
Date of Birth	Medicaid Number	Examiner
Is recipient in a nursing home? ☐ Yes ☐ No	(If Yes, attach necessary documentation)	

PREVIOUS HEARING AID USE

Previously Worn Hearing Aids? ☐ Yes ☐ No	
Number of Years Worn:	Purchase Date:
Purchased by Medicaid? ☐ Yes ☐ No	Condition of Current Aid ☐ Good ☐ Fair ☐ Poor

REASON FOR NEW HEARING AID

Initial Instrument

☐ Lost ☐ Stolen ☐ Beyond Repair ☐ 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				
Binaual				
Unaided Sound Field				
Aided Sound Field				

Audiogram Code	Air Conduction/Bone Conduction					Sound Field	Could Not Test	Did Not Test
No Response	Ear	Unmasked	Masked	Unmasked	Masked			
↙	R	O	△	›	▭	S	CNT	DNT
	L	X	▭	‹	▭			

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

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