

Program for Amplification
For
Children of Texas

(PACT)



Provider Manual
September 1, 2006
Texas Department of State Health
Services

**PACT Provider Manual
Table of Contents**

	Page
1. Provider Enrollment	3
2. Eligibility of Recipient	4
3. Requirements for Recipient	4
4. How the Program Works	4
5. Confidentiality	4
6. Insurance and billing	5
7. PACT forms	5
Application – M-70.....	5
Risk Factor Checklist	5
Request for Hearing Aids – M-77.....	5
Otologic Examination – M-76.....	6
Receipt for Hearing Aid – M-79.....	7
Request for Repair – M-80.....	7
State of Texas Purchase Voucher – M-72.....	7

Appendix A – PACT Rules

Appendix B – Samples of Forms

Program for Amplification for Children of Texas (PACT)

Provider Manual

1) Provider Enrollment

a) Provider Enrollment Requirements

To become a Provider, an applicant must

- Be enrolled in the program by submitting an application (Appendix B), signed by the chief administrative officer, to the program;
- Be an audiologist with a current professional Texas license required for the provision of program services, or
- Be an otologist with a current professional Texas license required for the provision of otologic services;
- Comply with Health and Safety Code, Chapters 36 and 401; Occupations Code, Chapter 401; and other laws applicable to services provided through the program;
- Provide written assurances that the applicant's facility and staff are capable of providing auditory services according to the standards established by the program;
- Specify which level of services their facility can provide
 - All program services to recipients from birth through 20 years of age
 - Only otologic services for recipients from birth through 20 years of age, but no evaluation services; or
 - A range of otologic and/or evaluation services for older children, but not for infants and very young children, according to the capabilities of the applicant's facility and personnel

b) Application approval process

- All applications shall be reviewed by program staff within 20 working days following the receipt of a provider application;
- Incomplete applications shall be returned to the applicant without approval or denial by the program;
- Applications which do not meet program requirements shall be denied;
- Following approval of an application and enrollment by the program, the provider may participate so long as he or she continues to meet program criteria as stated in §37.565 of the program rules (Appendix A).

c) Denial, Modification, Suspension, or Termination of Provider Approval

The program shall deny a provider's application to participate in the program or modify, suspend or terminate a provider's participation for the following reasons:

- Failure to submit information requested by the program for the purpose of monitoring the provider's compliance with
 - Health and Safety Code, Chapters 36 and 401
 - Occupations Code, Chapter 401, or
 - Title 25, Part 1, Chapter 37, Chapter C, Subchapter U, §§37.33 – 37.46

- Intentional submission of false or misleading information to the program that is material to the issue of whether the provider should be approved to participate in the program
- Failure to reimburse the program when overpayments have been made
- Filing false claims
- Failure to maintain valid licensure and/or certification of its professional staff
- Failure to maintain equipment as required by §37.565 (5) of the program rules (Appendix A)

2) Eligibility of Recipient

In order to receive services from the program, a recipient must:

- Be less than 21 years of age
- Be eligible for Medicaid in Texas or be eligible for the Texas Children with Special Health Care Needs (CSHCN) Program
- Have a potential or confirmed permanent hearing loss

3) Requirements for Recipients to Receive Services

a) A recipient must:

- Choose a provider
- Submit an application for services through the provider
- Be approved by the program

b) The provider must:

- Receive prior authorization to provide identification and remediation services
- Provide documentation, as noted in §37.569(c)(3) of the program rules (Appendix A), of a recipient's permanent hearing loss, the need for hearing aids, and verification by an otologist that the use of a hearing aid(s) will pose no danger to the recipient
- Provide appropriate forms to the program as needed for services

4) How the Program Works

- PACT was previously part of the Texas Department of Health, and was one of the agencies named in HB 2292 that transitioned to the Health and Human Services Commission during the summer and fall of 2004. We are now part of the Department of State Health Services (DSHS), located at 1100 West 49th Street, Austin, Texas, 78756. Our program telephone numbers are 512-458-7724 or 512-458-7725.
- **Services DO NOT include medical treatment associated with common ear infections, routine doctor visits, tubes and/or medication.**

5) Confidentiality

- Federal law and Medicaid regulations prohibit the disclosure of information about Medicaid recipients without the recipient's consent, except for purposes directly connected with the administration of the program.

- Contractors of the program are bound by the same standards of confidentiality as the program and must implement effective safeguards to ensure confidentiality of information concerning recipients.

6) Insurance and billing recipients

- Recipients may not be billed for any service covered by Medicaid
- A recipient may be billed for non-covered services for which Medicaid does not make any payment only if:
 - A specific service is provided at the recipient's request, and
 - The recipient, or recipient's parent, guardian, or managing conservator, has acknowledged in writing that he or she is responsible for payment for services requested by or on behalf of the recipient that are determined not to be reasonable and necessary by Medicaid
- If a PACT recipient also has private insurance of any kind, including the Children's Health Insurance Plan (CHIP), insurance must pay first, since Medicaid is the payer of last resort
- Military dependents who are covered under CHAMPUS must file with CHAMPUS and are not eligible under PACT
- PACT cannot pay for part of a hearing aid, since our hearing aids are obtained under contract for a set fee, and billed to Medicaid

7) PACT forms and when to use them: all forms may be found at

www.dshs.state.tx.us/audio/pactord.shtm

a) Application – M-70 (Rev. 12/2003)

- The application is English on one side and Spanish on the other
- Please ask the parent, guardian, conservator, caregiver or social worker of the person needing services to fill in the application completely
- The parent should choose a PACT provider in their area, and give the application to the provider to send to the program. The provider will request services, and can provide them when the application has been approved and the parent notified.
- We would appreciate getting updated information when people move or change providers, or change names
- Within three workdays after receiving an application, the parent or guardian will receive a letter either approving or denying PACT services, and the provider will receive a copy of this letter.

b) Risk Factor Checklist – M-71 (Rev. 4/2004)

- It has not been effective to have the risk factor checklist on the back of the otologic, so we are making it part of the application process, and appreciate your including it with the application when there is a known risk factor.

c) Request for Hearing Aid(s) – M-77 (Rev 10/2003)

Provider information regarding hearing aids:

- All hearing aids fit on PACT recipients will be new hearing aids, unless the audiologist has requested a loaner hearing aid for use on a trial basis
 - PACT staff can tell you whether the loaner hearing aids you need are available
- Order earmolds from your preferred manufacturer of earmolds; if you let them know that the mold is for a Medicaid recipient, you will receive a reduced price from most manufacturers
- Hearing aids may be replaced each five years, unless the hearing changes and the audiologist documents that the current hearing aid(s) is no longer appropriate
- When you have determined which hearing aid(s) are appropriate for the PACT recipient, send the M-77, along with the following:
 - Otologic (M-76) that has been performed within the past 6 months
 - A copy of the audiogram, ABR and/or OAE results documenting permanent hearing loss
- ITE hearing aids must be pre-approved. Do not send the earmold impression(s) to the manufacturer until PACT staff has made the order and notified you that you should send the impression(s) for the order. You will receive a cover letter to send with the order, and it will have the participant's first name, PACT file number, and Purchase Order number.
 - **Do not ever send the earmold impressions to PACT**
- Canal hearing aids must be approved by the program audiologist, and are only for children or young adults for whom this fitting is medically necessary (for example, no pinna, cancer patient, syndrome)
- The list of hearing aids on contract with PACT is on the Audiology Services home page at www.dshs.state.tx.us/audio/hear aids.shtm and is upgraded as needed. The current list is included in the forms section.
- Hearing aids typically arrive at your office within two to three weeks from the time your order is received by the program staff
- Hearing aids are ordered once a week by fax from the contracted manufacturers
- If you have questions about an appropriate hearing aid for a newborn, young child or other difficult fitting, the program audiologist will be glad to assist you
- Please inform families about insurance on hearing aids; it is not mandatory that they get this insurance

d) Otologic Examination – M-76

- An otologist, as defined in §37.562(12) (Appendix A), must examine the PACT recipient within the 6 months preceding a hearing aid request, and verify that there is no medical contraindication for the hearing aid fitting. This does not have to be a physician on contract with PACT, but must be an otologist.

e) Receipt for Hearing Aid – M-79

- When a hearing aid is fit on a child, the parent or caregiver must sign this form stating that the hearing aid was received
- If the recipient is age 18 or over and responsible for him or herself, the recipient may sign for the hearing aid
- The audiologist must also sign the form and return it to PACT, along with the results from the hearing aid fitting, including documentation such as an aided audiogram, real ear measurement, etc.

f) Request for Repair – M-80

- Hearing aids obtained through PACT have a three year warranty through the manufacturer
- Some manufacturer's provide loss/damage replacement; details are on the Audiology Services website at www.dshs.state.tx.us/audio/hear aids.shtm
- If a hearing aid needs repair during the first three years following fitting, it should be sent directly to the manufacturer with a note that it is a PACT hearing aid and is under warranty
- If the repair is needed when the hearing aid is between three and five years old, you must obtain an authorization number, amount authorized, authorization date, and name of the staff making the authorization from PACT staff, which you record on the M-80, prior to sending it with the hearing aid to the manufacturer
- The **ship to** name and address will be your facility
- The **bill to** name and address will be PACT Program, M-543, 1100 West 49th Street, Austin, TX 78756
- **Please do not send hearing aids to PACT for sending to repair; send them only to the manufacturer**

g) State of Texas Purchase Voucher – M-72

- All services must be pre-authorized
- You will be given an authorization number that is good for 30 days
- If you need an extension, contact program staff
- When you have performed the service(s), put the delivery date next to the services performed, and send the voucher back to the program within 30 days of performing the services
- Payment comes from Medicaid and is paid by the State of Texas Comptroller
 - It is preferred that your payment be made by direct deposit
 - Your payment is typically deposited in your account within three weeks following receipt by the program
 - Contact PACT staff if you have payment questions

APPENDIX A

PACT RULES

Texas Administrative Code

Title 25 Health Services
Part 1 Department of State Health Services
Chapter 37 Maternal and Infant Health Services
Subchapter U Program for Amplification for Children of Texas

§37.561. Purpose.

The Program for Amplification for Children of Texas (PACT) provides identification and remediation services for Texas children from birth through 20 years of age who have a permanent hearing loss.

§37.562. Definitions.

The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.

- (1) Audiologist--A person licensed to practice as an audiologist in Texas by the State Board of Examiners for Speech-Language Pathology and Audiology.
- (2) Board--The Texas Board of Health, or its successor.
- (3) Calibration--The process of comparing an instrument or device with a standard to determine its accuracy and to make the necessary repairs or adjustments to assure that the operating characteristics are within the allowable limits established by a national standard or manufacturer's specifications.
- (4) Communication disorder--A functional abnormality related to a person's ability to express and/or receive ideas.
- (5) Department--The Texas Department of Health, or its successor.
- (6) Educator--An individual engaged in the formal educational development of the individual with hearing loss.
- (7) Hearing aid--A small portable electronic device that amplifies sound and is worn by a person to compensate for auditory impairment.
- (8) Hearing aid fitting--The physical attaching of the hearing aid(s) to the earmold(s), adjusting the hearing aid(s) to control parameters in order to meet the needs of the hearing-impaired individual, placing the resulting hearing aid arrangement on the individual's ear(s) and counseling regarding the appropriate usage of, care of, and maintenance of the hearing aid arrangement.
- (9) Identification services--Professional examinations/evaluations to determine the type and degree of a recipient's hearing loss.
- (10) Medicaid--The medical assistance program implemented by the State of Texas under the provisions of Title XIX of the Social Security Act, as amended, (42 USC §§1396-1396v).
- (11) Otologist--A physician licensed to practice medicine by the Texas State Board of Medical Examiners, also referred to as an ear, nose, and throat specialist, an

otolaryngologist, or an otorhinolaryngologist, who specializes in diseases of the ear and hearing mechanism.

- (12) Program--The Program for Amplification for Children of Texas (PACT).
- (13) Provider--A physician, audiologist, hospital, clinic, rehabilitation center, university, or medical school approved by the program to provide remedial services to individuals who have auditory impairment.
- (14) Recipient--A person who is determined to be eligible for assistance through the program.
- (15) Remediation services--Professional examinations/evaluations and prescribed remediation for auditory impairment, including hearing aids.

§37.563. Program Benefits.

- (a) Recipients may receive only medically necessary identification and remediation services for hearing loss.
- (b) Recipients may receive medically necessary services and hearing aid(s) only if a provider has requested and received prior authorization for the services and hearing aid(s).
- (c) A provider must submit a written request to the program in order to receive prior authorization for services or hearing aid(s). The provider is responsible for fitting the hearing aid(s) on the recipient.
- (d) Providers shall be reimbursed on a fee-for-service basis for professional hearing services provided to recipients according to the approved fee schedule.

§37.564. Temporary Loan of Hearing Aids.

The program shall maintain hearing aids that have been donated to the program for temporary loan to recipients for the following purposes:

- (1) evaluation of the benefits of amplification to the recipient; or
- (2) use by a recipient while the permanent hearing aid(s) is being repaired.

§37.565. Requirements for Provider Participation.

All providers must be enrolled with the program and must meet the following criteria.

- (1) Providers shall comply with the Health and Safety Code, Chapters 36 and 401; Occupations Code, Chapter 401; and other laws applicable to services provided through the program.
- (2) A provider may not bill a recipient for services covered by Medicaid.
- (3) A provider may bill a recipient for noncovered services for which Medicaid does not make any payment only if:
 - (A) a specific service is provided at the client's request; and

- (B) the recipient, or the recipient's parent, guardian, or managing conservator, has acknowledged in writing that he or she is responsible for payment for services requested by or on behalf of the recipient that are determined not to be reasonable and necessary by Medicaid.
- (4) A provider must demonstrate that each staff member has a current professional license or certification required for the provision of program services.
- (5) A provider's testing equipment must be appropriately calibrated, be registered with the department, and must be suitable for and capable of evaluating the hearing loss of any recipient being tested.
- (6) A provider must be capable of conducting all hearing evaluations in a sound-treated facility meeting current American National Standards Institute (ANSI) standards and any federal, state, or manufacturer's specifications in order to ensure the accuracy of all nonmedical evaluations including, but not limited to, pure-tone air and bone conduction testing and speech audiometry, both under earphones and in sound field, unaided and aided.
- (7) A provider must supply its federal tax identification number to the program.
- (8) A provider's equipment requiring calibration shall be calibrated annually by a calibration firm registered with the department.
- (9) A provider's equipment and facilities shall be subject to monitoring and inspection visits by department staff in accordance with Health and Safety Code, Chapter 401.
- (10) Providers who furnish services and/or hearing aids shall obtain a written statement from an otologist that the recipient has no medical contraindications to fitting and use of a hearing aid(s). Providers who are themselves otologists may attest to the lack of medical contraindications if they also fit the hearing aid(s).
- (11) All providers, except those listed in §37.566(d)(2) of this title (relating to Application Process) shall have an audiologist on staff or on contract.

§37.566. Provider Application Process.

- (a) An applicant must submit an application to the program.
- (b) The application must be signed by the applicant's chief administrative officer.
- (c) An applicant must provide written assurances that the applicant's facility and staff are capable of providing auditory services according to the standards established by the program. Program staff will confirm the status of the applicant's license with the appropriate licensing board.
- (d) An applicant may seek approval to provide different levels of service, including the following:
 - (1) all program services to recipients from birth through 20 years of age;
 - (2) only otologic services for recipients from birth through 20 years of age, but no evaluation services; or

- (3) a range of otologic and/or evaluation services for older children, but not for infants and very young children, according to the capabilities of the applicant's facility and personnel.
- (e) All applications shall be reviewed by program staff. The review process shall be completed within 20 working days following receipt of an application.
- (f) Incomplete applications shall be returned to the applicant without approval or denial by the program.
- (g) Applications which do not meet program requirements shall be denied.
- (h) After approval of a provider's application and enrollment by the program, the provider may participate as long as he or she continues to meet program criteria stated in §37.565 of this title (relating to Requirements for Provider Participation).

§37.567. Denial, Modification, Suspension, or Termination of Provider Approval.

The program shall deny a provider's application to participate in the program or modify, suspend, or terminate a provider's participation for the following reasons:

- (1) failure to submit information requested by the program for the purpose of monitoring the provider's compliance with:
 - (A) Health and Safety Code, Chapters 36 and 401;
 - (B) Occupations Code, Chapter 401; or
 - (C) this subchapter.
- (2) intentional submission of false or misleading information to the program that is material to the issue of whether the provider:
 - (A) should be approved to participate in the program; or
 - (B) is in compliance with the provisions of Health and Safety Code, Chapters 36 and 401; Occupations Code, Chapter 401; and/or this subchapter.
- (3) failure to reimburse the program when overpayments have been made; filing false claims;
- (4) failure to maintain valid licensure and/or certification of its professional staff; or
- (5) failure to maintain equipment as required by §37.565(5) of this title (relating to Requirements for Provider Participation).

§37.568. Recipient Eligibility Criteria.

In order to receive services from the program, a recipient must:

- (1) be less than 21 years of age;

- (2) be eligible for Medicaid in Texas or be eligible for the Texas Children with Special Health Care Needs Services Program; and
- (3) have a potential or confirmed permanent hearing loss.

§37.569. Requirements for Recipients to Receive Services.

- (a) The recipient must choose a provider, submit an application for PACT services through the provider, and be approved by the program.
- (b) To receive identification services, the program must concur that the recipient has a potential hearing loss and give the recipient's provider prior authorization to perform identification services.
- (c) To receive remediation services, the program must receive documentation of a recipient's permanent hearing loss and give the recipient's provider prior authorization to perform remediation services. Documentation includes information from:
 - (1) an otologist who has determined that the recipient's condition is treatable with the use of a hearing aid(s) and that use of a hearing aid(s) will pose no danger to the recipient;
 - (2) an otologist who has determined that the recipient has medically treatable hearing loss that should be treated with a hearing aid(s) on a temporary basis; or
 - (3) a provider, educator, and/or otologist who has determined that the hearing loss is an impediment to the recipient's educational advancement.
- (d) The program shall refer individuals determined not to be eligible for Medicaid or the Children with Special Health Care Needs Services Program and who have medically and/or surgically treatable hearing losses to other programs and/or state agencies for medical treatment and management.

§37.570. Denial of Application or Modification, Suspension, or Termination of Recipients' Program Participation .

- (a) The program shall notify any person applying for or receiving services through the program by mail, sent to the most recent address known to the program, of the program's intention to deny the person's application for participation, or to modify, suspend, or terminate the person's participation if:
 - (1) the person submits an application form or any document required in support of the application which contains an intentional misstatement of fact which is material to the program's consideration of the person's eligibility for program benefits;
 - (2) the person is not eligible for Medicaid;
 - (3) the person is not eligible for the Children With Special Health Care Needs Services Program;
 - (4) the person cannot provide documentation that services are medically necessary;

- (5) the person has a permanent hearing loss but is eligible for special services that remediate the hearing loss that are administered by the Texas Education Agency through the public schools;
 - (6) the person, or the person's parent, managing conservator, or other person with a legal obligation to support the individual is eligible for some other benefit that would pay for all or part of the program services; or
 - (7) the person notifies the program in writing that he or she no longer seeks program benefits. Such a statement, however, does not free the recipient, or a person(s) with a legal obligation to support the recipient, of any outstanding obligation to reimburse the program at the time of withdrawal.
- (b) The department shall notify any person applying for or receiving services through the program, by certified mail sent to the most recent address known to the program, of the program's intention to deny the person's application for participation, or to modify, suspend, or terminate the person's participation.
 - (c) Within 10 working days after receiving the notice described in subsection (b) of this section, the recipient or the recipient's representative must respond to, or question, the program's reason(s) for the proposed action by certified mail sent to the following address: Program for Amplification for Children of Texas, 1100 West 49th Street, Austin, Texas 78756-3190. Failure by the recipient to respond shall be deemed a waiver of the opportunity to respond to the program and of the opportunity for a hearing.
 - (d) Upon receipt of the recipient's response, the program shall affirm or modify the proposed action in writing, including the reason(s) for the decision, sent to the recipient's address of record.
 - (e) Any recipient aggrieved by a program decision to deny participation, or to modify, suspend, or terminate program participation, may request a fair hearing in writing, sent to the program at the address in subsection (c) of this section, within 10 working days of receipt of the program's decision. If the recipient fails to request a fair hearing within 10 working days of receipt of the program's decision, the recipient is presumed to have waived the opportunity for a fair hearing, and the program may take final action. A fair hearing requested by a recipient shall be conducted in accordance with §§1.51-1.55 of this title (relating to Fair Hearing Procedures).
 - (f) These procedures do not apply to adjustments made by the program in the type of program benefits or the amount of benefits available when such adjustments are necessary to conform to budgetary limitations.

§37.571. Recipient Rights

- (a) A recipient has the right to choose any provider approved by the program to provide the identification and/or remediation services required by the recipient.
- (b) A recipient has the right to accept or refuse PACT services.

- (c) No person eligible for benefits under the program shall be denied such benefits, or otherwise be subjected to discrimination because of race, color, national origin, sex, creed, handicap, or age.

§37.572. Monitoring and Record Keeping Concerning Individuals with Hearing Loss

The program shall collect data on all individuals reported to the program to help establish the incidence of hearing loss in Texas. The program shall maintain records on all children who receive hearing services and hearing aids through the program.

§37.573. Confidentiality of Information.

- (a) Federal law and Medicaid regulations prohibit the disclosure of information about Medicaid recipients without the recipient's consent, except for purposes directly connected with the administration of the program. Eligibility and other confidential information may be provided to providers only with the recipient's consent.
- (b) Contracted agencies performing certain administrative functions, including outreach, informing, and transportation services, may receive confidential information without the Medicaid recipient's consent if disclosure is necessary for the administration of the program. Such administrative service contractors are bound by the same standards of confidentiality as the program and must implement effective safeguards to ensure confidentiality of information concerning recipients.

APPENDIX B

FORM SAMPLES



Program for Amplification for Children of Texas (PACT)

Application

File # _____

Date _____

Legal Name of Applicant	Applicant's Father's Name	Applicant's Mother's Name
Applicant's Birth Date (MM/DD/YYYY)	Applicant's Complete Address (include street or PO box, city <u>and</u> zip code)	
Applicant's Medicaid #	Father's Medicaid #	Mother's Medicaid #
Applicant's Social Security #	Father's Social Security #	Mother's Social Security #
Children With Special Health Care Needs Program ID # (if applicable)	# of People in Household	
Name of Hospital or Birth Facility Where Applicant Was Born:		
City Where Facility is Located:		

As the parent/guardian/conservator/caregiver/social worker of the above named individual, I understand that I am completing an application to obtain a hearing aid from the Texas Department of State Health Services for use only by the above named individual.

The Texas Department of State Health Services may share the information I submit with other agencies concerned with the applicant's health and education.

Loss protection insurance is available for the hearing aid(s). Please ask your PACT Provider about this.

If the applicant no longer needs the hearing aid, it can be donated to PACT for use as a loaner hearing aid.

Parent/Responsible Party's Signature

Date

Provider Name	School Name
Address	Address
Telephone # ()	Telephone # ()



Programa de Amplificación para los Niños de Texas (PACT)

Aplicación

File # _____

Fecha _____

Nombre Legal del Solicitante	Nombre del Padre	Nombre de la Madre
Fecha de nacimiento (mes/ día/año)	Dirección del solicitante	
Numero de Medicaid (solicitante)	Numero de Medicaid (padre)	Numero de Medicaid (madre)
Numero de Seguro Social (solicitante)	Numero de Seguro Social (padre)	Numero de Seguro Social (madre)
Numero de CSHCN (sí es aplicable)	Numero de personas en la casa	
Hospital de nacimiento del solicitante:		
Ciudad del hospital de nacimiento:		

Como el padre/guardian/conservador/persona responsable/trabajador social del solicitante, yo entiendo que lleno una solicitud para obtener una maquina de oír/audífono por el Departamento de Servicios de Salud del Estado de Tejas. Entiendo que la maquina de oír solamente puede ser utilizada por el solicitante.

El Departamento de Servicios de Salud del Estado de Tejas puede compartir la información escrita el la solicitud con otras agencias para ayuda con la educación y salud del solicitante.

Seguro de protección de perdida de la maquina de oír/audífono es disponible. Por favor pregunte al proveedor PACT de sobre el seguro.

Si el solicitante no necesita más la maquina de oír/audífono, puede ser donado al PACT para que se use como un audífono prestado.

Firma del Padre/Madre

Fecha

Contratista	Escuela
Dirección	Dirección
Teléfono ()	Teléfono ()



**Program for Amplification for Children of Texas (PACT)
Report of Otological Examination**

Name of PACT participant	PACT file #	DOB	Date of Examination

Parent/Guardian's Name: _____

Please check the statement that is correct for this person:

The person listed above has been examined and can wear earmolds and hearing aids.

The person listed above has a medical condition that is noted on the attached examination form*:

The condition prevents the current use of a hearing aid.

The condition is transient in nature and a hearing aid can be worn following medical treatment of the condition.

Signature of Otologist

(Please Print) Physician's name

Address

City/State/Zip

Telephone #

*Please attach a copy of your examination sheet to this form if there is a medical condition that prohibits use of a hearing aid.



Program for Amplification for Children of Texas Risk Criteria Checklist

Please place a check mark in the blank next to any factor on the checklist that is present for the child for whom you are sending an application:

____ Family History of congenital or delayed onset childhood sensorineural hearing impairment: ____maternal
____paternal

____ Siblings with sensorineural hearing loss

____ Developmental delay (including motor, speech-language, etc.)

____ Congenital infection associated with sensorineural hearing impairment:

- ____ Toxoplasmosis
- ____ Syphilis
- ____ Rubella
- ____ Cytomegalovirus
- ____ Herpes

____ Craniofacial anomalies including morphologic abnormalities of the pinna and ear canal, absent philtrum, low hairline, etc.

____ Birth weight less than 1500 grams (3.3 pounds)

____ Hyperbilirubinemia at a level exceeding indication for exchange transfusion

- ____ Transfusion required
- ____ Mother Rh negative

____ Ototoxic medications including but not limited to the aminoglycosides used for more than 5 days (e.g. gentamicin, tobramycin, kanamycin, streptomycin, and loop diuretics used in combination with aminoglycosides)

____ Bacterial meningitis

____ Severe depression at birth, which may include infants with Apgar scores of 0-3 at 5 minutes or those who fail to initiate spontaneous respiration by 10 minutes, or those with hypotonia persisting to 2 hours of age

____ Prolonged mechanical ventilation for a duration equal to or greater than 10 days (persistent pulmonary hypertension)

____ Stigmata or other findings associated with a syndrome known to include conductive or sensorineural hearing loss (e.g. Waardenburg, Usher's, Fetal Alcohol, Treacher Collins) ____List syndrome: _____

____ Head trauma especially with either longitudinal or transverse fracture of the temporal bone

____ Neurodegenerative disorders such as neurofibromatosis, myoclonic epilepsy, Werdnig-Hoffman disease, Tay-Sach's disease, infantile demyelinating neuropathy

____ Childhood infectious diseases known to be associated with sensorineural hearing loss (e.g. mumps, measles)

____ Other handicapping conditions:

- ____ vision
- ____ motor
- ____ mental retardation
- ____ Other _____



**Program for Amplification for Children of Texas (PACT)
Hearing Aid Evaluation Report**

Instructions: Please include the following with this request for hearing aid(s):
 ___ Otologic form M-76. This must have occurred within the past six months.
 ___ Copy of audiogram, ABR and/or OAE results.
 ___ Please send your aided audiogram when you fit the hearing aid.

NOTE: ITE hearing aids must be pre-approved. Do not send the ear mold impression(s) to the manufacturers until PACT staff has sent in the order and notified you to send the impression(s) for the order.

Child's Name	Date of Birth	PACT file #
Audiologist requesting hearing aid	Facility Name	
Phone number of audiologist		

HEARING AID(S) REQUESTED

EAR	MAKE	MODEL	Check here if ITE
Right			
Left			

Features needed: (Check all appropriate for this child)

COLOR

- | | | |
|--|-------------------|----------------------------------|
| ___ Beige | ___ DAI | ___ Tamper resist battery door |
| ___ Brown | ___ Boot | ___ Tamper resist volume control |
| ___ Black | ___ T-coil | ___ Pediatric ear hook |
| ___ Huggie/Huggie Head
(size in inches) _____ | ___ M/MT/O Switch | ___ Filtered ear hook (name) |
| ___ Other _____ | ___ M/MT/T Switch | |

Other needs: _____

Please list hearing aid settings

Output	Gain
Tone	Compression
Volume Control	



Program for Amplification for Children of Texas (PACT)
Custom Hearing Aid Order

Date: _____

To: PACT Provider: _____ Fax: _____

Your custom order has been approved for a hearing aid that is on our list of contracted models. The manufacturer will not fill this order if it is changed from the make/model listed below. This sheet must be sent with the earmold impression(s) and order form.

PACT FILE # _____	Client's first name _____	Client's age _____
Manufacturer: _____		Model: _____
Purchase order # _____		

ALL HEARING AIDS MUST BE SHIPPED TO AND BILLED TO:

Texas Department of State Health Services
Mail Code 1918
PACT, Room M543
1100 West 49th Street
Austin, Texas 78756

To: Hearing Aid Manufacturers Contracting with PACT

This is a cover sheet for an order for a custom hearing aid from your company for a Medicaid recipient who is also a PACT eligible client. A full name may not be put on this order because of confidentiality requirements, but a first name is listed. There is a PACT file # below which will identify the client to both PACT staff and the audiologist requesting the custom order. All changes to this order must be cleared through Kay Simpson (see contact information below).

PLEASE NOTE: PACT DOES NOT PAY MORE THAN \$450 FOR ANY HEARING AID. If the total of this custom order is more than that amount, or if the order is for something other than the hearing aid listed above, please contact Kay Simpson.

If we receive a hearing aid whose invoice is for more that \$450 per unit, we cannot receive the units, and will have to return them to your company.

Contact Information:

Kay Simpson, kay.simpson@dshs.state.tx.us, telephone: 512-458-7111, ext. 6449

Carol Bode at carol.bode@dshs.state.tx.us, telephone: 512-458-7725

Ruth Powers at ruth.powers@dshs.state.tx.us, telephone: 512-458-7724

Our FAX # is 512-458-7125



Program For Amplification for Children of Texas (PACT)
Custom Hearing Order – Exception

Date: _____

To: PACT Provider: _____ Fax: _____

A canal hearing aid for the client listed below has been approved for medical reasons. This sheet must accompany the earmold impression(s) and order form.

Form with fields: PACT FILE #, Client's first name, Client's age, Manufacturer, Model, Purchase order #

ALL HEARING AIDS MUST BE SHIPPED TO AND BILLED TO:

Texas Department of State Health Services
Mail code: 1918
PACT, Room M543
1100 West 49th Street
Austin, Texas 78756

To: Hearing Aid Manufacturers Contracting with PACT

This is a cover sheet for an order for a custom hearing aid from your company for a Medicaid recipient who is also a PACT eligible client. A full name may not be put on this order because of confidentiality requirements, but a first name is listed. There is a PACT file # below which will identify the client to both PACT staff and the audiologist requesting the custom order. All changes to this order must be cleared through Kay Simpson (see contact information below).

PLEASE NOTE: PACT DOES NOT PAY MORE THAN \$450 FOR ANY HEARING AID. If the total of this custom order is more than that amount, or if the order is for something other than the hearing aid listed above, please contact Kay Simpson.

If we receive a hearing aid whose invoice is for more that \$450 per unit, we cannot receive the units, and will have to return them to your company.

Contact Information:

Kay Simpson, kay.simpson@dshs.state.tx.us, telephone: 512-458-7111, ext. 6449

Carol Bode at carol.bode@dshs.state.tx.us, telephone: 512-458-7725

Ruth Powers at ruth.powers@dshs.state.tx.us, telephone: 512-458-7724

Our FAX # is 512-458-7125



Program for Amplification for Children of Texas (PACT)

Receipt for Hearing Aid(s)

The following hearing aid(s) listed have been received for use by

Name: _____ **PACT File #:** _____

Make and Model	Serial Number

I authorize the PACT provider issuing the hearing aid(s) to contact the hearing aid manufacturer for any warranty information or repair information.

Responsible Party **Date**

Audiologist issuing hearing aid(s) **Date**

**Program for Amplification for Children of Texas (PACT)
Request for Authorization**

Name	Date of Birth	PACT file #	Medicaid #	Social Security #	Services needed (11-28)

Name and FAX of Facility Requesting Services:

FAX: _____

Department of State Health Services

Mail Code 1918
PACT, Room M543
1100 West 49th Street
Austin, TX 78756
Phone 512/ 458-7724

Fax 512/ 458-7125

Program for Amplification for Children of Texas (PACT)

Provider Application

If you would like to provide hearing services and hearing aids for children in our program, please complete the following information and return it to us as soon as possible. A formal agreement will be generated and sent to you for signature. **Please note: Changes in your legal business name will require a new contract.**

Item	Response
Legal name of contractor (for US Tax purposes)	
Address of Contractor	
Telephone number	
Fax number	
Name of person with contract signature authority	
Federal Vendor Identification Number	
Estimated # of children you think you will serve annually for PACT	

Please indicate below which ages and services your facility has the capability to serve for PACT:

Age Group:
 birth through 20 years ages 5 through 20 years

Services you have the capability to provide for PACT eligibles:

- Audiological
- Otological
- Hearing aid evaluation and fitting
- Earmolds
- Auditory Brainstem Response testing
- Otoacoustic Emissions

Are your hearing test equipment and your audiologist(s) registered with the State of Texas? yes
 no (If your answer is "no", please contact Gary Hengst at 512-458-7111, ext. 6448 to obtain registration cards, which must be completed and returned prior to the contracting process.)

STATE OF TEXAS



PURCHASE VOUCHER

1. Archive reference number	2. Agency number 537	3. Agency name Department of State Health Services				4. Current document number
	5. Effective date	6. Order (document) date	7. Original payment date	CONF	8. Doc agency 537	

9. Texas identification number	10. PDT	11. PCC	12. Requisition number	13. Document amount
--------------------------------	---------	---------	------------------------	---------------------

14. Payee name / address	15. GSC order number	17. AGENCY USE
	18. Lease number	

16. SFX 001	Ref Doc	IC	RC	M	TC	Index	PCA	COBJ	AOBJ	Amount
	APPN	Fund	Pmt due date			Rqd pmt date		Invoice number		Invoice date
	Description									
	Cap Inc	Tag #	AGENCY USE							

Delivery date	Procedure code	Services performed	Check requested services here	Maximum amount	Amount claimed
	90010	12. Otological examination		\$45.00	
	92555	13. Speech audiometry threshold		\$11.18	
	92556	14. Speech audiometry with speech recognition		\$17.46	
	92557	15. Comprehensive audiometry testing		\$40.00	
	92567	16. Tympanometry		\$16.09	
	92568	17. Acoustic reflex testing		\$11.18	
	92579	18. Visual reinforcement audiometry		\$20.73	
	92582	19. Conditioning play		\$21.82	
	92585	20. Auditory evoked potentials, comprehensive (auditory brainstem response)		\$100.00	
	92586	21. Auditory evoked potentials, limited		\$53.46	
	92587	22. Evoked otoacoustic emissions, limited		\$43.91	
	92588	23. Evoked otoacoustic emissions, comprehensive		\$60.55	
	92590	24. Hearing aid exam and selection		\$55.00	
	V5010	25. Assessment for hearing aid		\$62.12	
	V5011	26. Fitting/orientation/checking of hearing aid		\$40.00	
	V5264.1	27. Ear mold #1		\$35.00	
	V5264.2	28. Ear mold #2		\$35.00	

Adjustments	TOTAL \$ CLAIMED
-------------	-------------------------

PACT no.	D.O.B.	Medicaid no.	CSHCN no.	Contractor's case #
----------	--------	--------------	-----------	---------------------

Authorization no.	Authorization date	Expiration date	Extension date	Approved by
-------------------	--------------------	-----------------	----------------	-------------

Contact name	Phone (Area code and number)	Entered by
--------------	------------------------------	------------

I approve each purchase, travel, and payroll document in this batch. Employees at my state agency have determined that each document complies with applicable law, including the General Appropriations Act (GAA) and the rules of the Comptroller of Public Accounts. For each purchase or travel document, employees at my state agency have determined that: (1) the goods and services covered by the document comply with the requirements of the contracts under which they were purchased, and (2) the invoices for the goods and services are correct. For each transaction included in a travel document, employees at my state agency have determined that the information included in the transaction has been approved by the claimant. For each payroll document, employees at my state agency have determined that: (1) the payroll is correct and unpaid; and (2) any salary supplementation report required by the GAA to be filed with the Comptroller of Public Accounts, and the Secretary of State has been filed. My state agency has authorized me to make this statement for the agency, and I accept responsibility for it.

Approved sign here ▶	Title	Date
Approved sign here ▶	Title	Date



Program for Amplification for Children of Texas (PACT)

Hearing Aid Repair

Please do not include the child's name because of confidentiality laws.

PACT number	Date of birth	Medicaid number	Provider's case number
Authorization number	Amount	Date	Authorized by
Manufacturer's name	Model	Serial no.	
Problem		SHIP TO (Provider's name and address):	
Service requested <input type="checkbox"/> Overhaul with 6 months warranty <input type="checkbox"/> Overhaul with 6 months warranty including recasing		Contact name _____ Phone () _____	

BILL TO:
 Department of State Health Services
 Mail Code 1918
 PACT, Room M543
 1100 West 49th Street
 Austin, TX 78756
 Phone (512) 458-7724

To be filled in by the manufacturer:

Invoice number	Date	Total claimed
----------------	------	---------------

Publication no. M-80
 Revised 10/05

Audiology Services

Program for Amplification for Children of Texas

(PACT): Available Hearing Aids FY 2007

NOTE: PACT hearing aids come with a 3 year repair warranty

Huggie Accessories are available.

OTICON: 1-year loss/damage on all aids; OtiKids Club pack

BTE:

1. Personic 410
2. Personic 420
3. Personic 425
4. 390 PL-Aux
5. 380 P-Aux
6. Ergo BTE, Power
7. Atlas BTE, Direct, Power, Volume Control
8. Sumo XP
9. GO BTE
10. Go BTE Power
11. GoPro, power, and VC
12. Swift BTE 70+, 90+, 100+
13. Atlas Plus BTE, Direct, Power, Volume Control
14. Tego BTE, Power, Volume Control
15. Sumo E BTE and XP
16. Gaia BTE
17. BTE Direct
18. BTE Power P1/P2
19. BTE VC
20. Delta 4000

ITE:

21. Ergo ITE - full shell, low profile, half shell
22. GO ITE full shell, low profile, half shell, half shell power, direct, all models plus VC or T-Coil
23. GO Pro standard, full shell, half shell, half shell power, low profile, low profile power, power

direct, VC

24. Swift ITE – full shell

25. Atlas ITE half shell, low profile, no options

BODY:

26. P11P

**PHONAK: 2 year loss and damage on all aids (one replacement per aid);
free Kid Club Pack**

BTE:

1. Pf3 SCD
2. Pf3 PPCLP
3. Pf3 PPCP
4. Pf3 PPSC
5. Super Front PPCL4
6. Supero 411
7. MAXX 211
8. MAXX 311
9. MAXX 411
10. Extra 211 AZ
11. Extra 311 AZ Forte
12. Extra 411 AZ Power
13. Mini Valeo
14. Micro eXtra

ITE:

15. AMIO ITE - full shell/low profile only – for adding options call Natasha at x.5287; cannot exceed \$400 + warranty

16. 9100 ITE - full shell, low profile only - – for adding options call Natasha at x.5287; cannot exceed \$400 + warranty

REXTON 1-year loss/damage on all aids

BTE:

1. Arena 2P
2. Arena 2 HP
3. Piccolo Gran-D
4. Targa 2
5. Targa 1 Power
6. Targa 2 Power

ITE: Call Brandon at Rexton (x6253) prior to ordering from PACT to ensure that the combination of circuits you choose are under our price limit

7. Targa 1, full shell and half shell
8. Targa 2, full shell and half shell
9. Targa 3, full shell and half shell

SIEMENS: 3 year loss/damage on all aids, with a one time replacement occurrence

BTE:

1. Infiniti Pro, Pro D, Pro SP, Pro S
2. Phoenix 113
3. Phoenix 213
4. Phoenix 313
5. Music Pro, Pro D, Pro S
6. Cielo S, Life, Directional
7. Intuis
8. Intuis Life

ITE: Contact Jackie Allen, outside sales representative (832-584-3685), prior to ordering from PACT to ensure that the combinations of circuits you choose are under the PACT price limit.

9. Infiniti Pro
10. Phoenix, Phoenix One, Phoenix HS

11. Music Pro - digital
12. Cielo
13. Intuis

SONIC INNOVATION: no I/d

BTE:

1. Natura SE2
2. Natura 3
3. Altair Directional
4. Innova BTE
5. ION
6. Natura Pro

ITE:

1. Natura Pro

STARKEY: 1-year loss/damage on all aids

Digital BTE:

1. Destiny 400
2. Davinci PsP
3. Mesa PDI MM
4. Cierra PDI MM
5. B13 DX, DX AGC, and DX AGCH

Digital ITE:

1. Cierra
2. Genesis DX (potentiometer controlled digital)
3. Inteli D Amplifier
4. Inteli Power D

Specialty Products:

1. BC1 Bone Conduction
2. SB1 Body aid

ITE: Call Shirley at Starkey at 512-389-2730 prior to ordering from PACT to ensure that the combinations of circuits you choose are under our price limit

UNITRON: 2-year loss/damage on all aids; Kids Club pack

BTE:

Digital:

1. Unison 6 Directional
2. Unison 6 Power Directional
3. Unison 3 – Omni directional
4. Unison 3 Power – Omni directional
5. Unison 3 Moda Directional
6. Essential – Omni directional
7. Essential Power – Omni directional
8. WiFi CROS/BiCROS
9. Unison 6 Moda Directional
10. Conversa NT, NT M, and NT Power
11. Element 16 BTE directional with or without VC
12. Element 8 BTE directional with or without VC
13. Element 8 BTE Power directional with VC
14. Element 8 Mini BTE open ear, directional
15. Element 4 BTE directional with or without VC
16. Element 4 BTE Power directional with VC
17. Element 4 Mini BTE open ear, directional

Conventional:

18. US80 PP Series
19. UM Series

ITE: For any options not listed, contact Alison Berry, 612-816-3357 prior to ordering to ensure that the product is under the PACT \$450 price limit

20. Unison Essential, full shell, full shell power, half shell

21. Unison 3, full shell, full shell power, directional full shell, half shell

WIDEX: 1-year loss/damage on all aids

BTE:

1. Bravo B2 Power Digital
2. B 12 Digital
3. B 32 Digital
4. BV8
5. BV8e
6. BV9
7. BV18
8. BV19
9. BV38

ITE:

10. Bravo BX, full shell and half shell
11. BVX
12. BVXP
13. BV9X

Last Updated March 19, 2007