NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services
Medicaid and Long-Term Care - HERITAGE HEALTH

Prior Authorization for Hearing Aids

Authorization Number:

Please select: ☐ NTC (Nebraska Total Care) ☐ UHC (United Health Care) ☐ Molina

1. Client Medicaid Number:		
Client Name:	Client Date of Birth:	
2. Hearing Aid Dispenser NPI	Taxonomy:	
Business Name:		
Street:		
City:	State:	Zip + 4:
Phone Number:		

3. **SERVICES TO BE AUTHORIZED:** **Code**	**Modifier**	**Description of Service**	**Amount**

* Please note all replacement methods and dates:

* ☐ Please attach records from previous 3 months.

4. Physician Name	Physician NPI
5. ICD Version Indicator:	6. ICD Diagnosis Code:

6. Additional Information:

This form is used in conjuction with DM-5H.