

MAINECARE BENEFITS MANUAL

CHAPTER II

SECTION 35

HEARING AIDS & SERVICES

ESTABLISHED 2/1/79

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35.01 **DEFINITIONS**

Definitions for the purposes of this Section are as follows:

35.01-1 Hearing Aids and Services are hearing aids, accessories, and repairs when provided by an individual licensed by the State of Maine as an Audiologist or as a Hearing Aid Dealer & Fitter.

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35.01-2 Prior Authorization (PA) is the process of obtaining prior approval as to the medical necessity and eligibility for a service.

35.02 **ELIGIBILITY FOR CARE**

MaineCare members under the age of 21 are eligible for services described in this Section. Individuals must meet the eligibility criteria as set forth in the *MaineCare Eligibility Manual*. It is the responsibility of the provider to verify a member's eligibility for MaineCare and these services, as described in *MaineCare Benefits Manual*, Chapter I, Section 1, prior to providing services.

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35.03 **COVERED SERVICES**

35.03-1 **Hearing Aids:** Hearing aids, including digital hearing aids, are covered on the basis of a hearing evaluation and testing utilizing appropriate established procedures.

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35.03-2 **Hearing Aid Accessories:** Hearing aid accessories include but are not limited to ear molds, cords, and batteries, as they are considered a necessary part of continuous member care.

35.03-3 **Hearing Aid Repairs:** After the expiration of the product's warranty period, a portion of hearing aid repairs are covered, as set forth, below, if they are considered, by an appropriately licensed professional, as a necessary part of continuous member care.

35.04 **LIMITATIONS**

35.04-1 Hearing aid repairs required prior to the expiration of the product's warranty period are not covered. After the warranty period, repairs costing up to 60% of the value of the hearing aid are covered.

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35.04-2 Digital hearing aids must be purchased pursuant to the requirements set forth in Chapter III, Section 35.

35.05 **NON-COVERED SERVICES**

Back-up or spare hearing aids and repairs to back-up or spare hearing aids are not covered services.

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35.06 POLICIES AND PROCEDURES

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A. Determinations of Need for, and Type of, Hearing Aid

Each eligible member may receive covered services that are medically necessary within the limitations of this section.

- (1) **Evaluations and Orientation:** A member over 18 years of age must have had a medical evaluation by a licensed physician within the preceding six (6) months stating the member’s hearing loss has been medically evaluated. A member 18 years of age or younger must have an ear or hearing examination by a physician with specialized training in the field of otolaryngology within the preceding 90 days. Documentation of these examinations stating that a hearing aid is recommended must be in the member’s record.

Both otologic and clinical audiological evaluations are prerequisite to the determination of need for amplification. The sequence of such evaluations is variable depending upon source of referral.

Members (or member’s parent in the case of minors) must receive hearing aid orientation that involves instruction in the use and care of the instrument and counseling regarding expectations, limitations, and adjustment to amplification as well as ancillary needs (i.e.: auditory rehabilitation, communications therapy, special educational placement, parent responsibilities).

- (2) **Prior Authorization:** DHHS requires prior authorization (PA) for code V5298 in accordance with Section 35, Chapter III. DHHS reserves the right to request additional information to evaluate medical necessity and review utilization of services.
- (3) DHHS may require utilization review for all services reimbursed under this section.

In addition, a hearing aid fitting must comply with the current version of the applicable federal requirement, U.S. Food and Drug Administration, “Hearing Aids Labeling Rules”, 21 C.F.R. §801.420.

B. Trial Period

Following a trial period of at least thirty (30) days , the Audiologist or Hearing Aid Dealer & Fitter will provide written confirmation that the hearing aid meets the member’s need and should be purchased.

C. Purchase of Hearing Aids

For non-digital hearing aids: The hearing aid(s) will be purchased from a licensed Audiologist or Hearing Aid Dealer & Fitter. The Audiologist or Hearing Aid Dealer & Fitter will provide a warranty on parts and service, instructions on use and care of the instrument, a schedule with the member (i.e.: 30 days and 6 months) in order to check the performance of the hearing aid, and encourage the member to return to him or her when questions or problems arise regarding hearing aid performance.

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5.06 **POLICIES AND PROCEDURES (cont.)**

- (1) **For digital hearing aids:** The hearing aid(s) shall be purchased from a vendor contracted with the State of Maine Division of Purchases through the Hearing Aid Procurement program, as set forth more specifically in Chapter III, Section 35. The Audiologist or Hearing Aid Dealer & Fitter will provide a warranty on parts and service, instructions on use and care of the instrument, a schedule with the member (i.e.: 30 days and 6 months) in order to check the performance of the hearing aid, and encourage the member to return to him or her when questions or problems arise regarding hearing aid performance.

D. Periodic Re-Evaluation of Hearing Aids

Efficiency of the hearing aid requires periodic evaluation. The optional time for re-evaluation of hearing status, amplification needs and performance of the hearing aid will be recommended in the Audiologist or Hearing Aid Dealer & Fitter’s report to the Department.

E. Replacement of Hearing Aids

Reasonable requests for replacement of hearing aids within one year of purchase will be considered. Replacement of hearing aids in use over one year requires hearing aid re-evaluation by the Audiologist or Hearing Aid Dealer & Fitter.

35.07 **PROGRAM INTEGRITY**

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In addition to the requirements herein and in Chapter I, Section 1, providers must retain comprehensive clinical records of all services. In the absence of proper and complete clinical records, no payment will be made and payments previously made may be recouped.

Clinical records and other pertinent information shall be transferred, upon request and with the client’s written permission, to other clinicians treating the client.

Upon request, the provider shall furnish to the Department, without additional charge, the clinical records, or copies thereof, corresponding to and substantiating services billed by that provider.

35.08 **REIMBURSEMENT**

MaineCare will pay the lower of:

- A. The provider’s usual and customary charge; or
- B. The amount listed or referenced in Chapter III, Section 35 of the *MaineCare Benefits Manual*.

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35.09 **BILLING INFORMATION**

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Hearing Aids & Services providers shall bill for services under this Section in accordance with the billing requirements of the Department of Health and Human Services, including use of the CMS 1500 claim form. For instructions, see the OMS “Billing Instructions web page, available at: http://www.maine.gov/dhhs/oms/provider_index.html .