

MAINECARE BENEFITS MANUAL

CHAPTER II

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SECTION 35

HEARING AIDS & SERVICES

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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.

**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, as described in MaineCare Benefits Manual, Chapter I, prior to providing services.

**35.03 COVERED SERVICES**

35.03-1 Hearing Aids

Hearing aids are covered on the basis of a hearing evaluation and testing utilizing appropriate established procedures.

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 patient care.

35.03-3 Hearing Aid Repairs

After the expiration of the warranty period, hearing aid repairs are covered, as they are considered a necessary part of continuous patient care.

**35.04 LIMITATIONS**

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

**35.05 NON-COVERED SERVICES**

35.05-1 Back-up or spare hearing aids and repairs to back-up or spare hearing aids are not a covered service.

**35.06 PROCEDURE TO REQUEST PRIOR AUTHORIZATION)**

For hearing aids and services that require prior authorization, please contact the prior authorization unit. Prior authorization contact information and prior authorization forms, can be found at: [http://www.maine.gov/dhhs/oms/provider\\_index.html](http://www.maine.gov/dhhs/oms/provider_index.html) .

**35.07 POLICIES AND PROCEDURES**

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

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A member must meet criteria set forth by this policy; in addition to meeting industry recognized prior authorization criteria utilized by a national company under contract. Providers can access these prior authorization criteria by accessing the OMS website at: [http://www.maine.gov/dhhs/oms/provider\\_index.html](http://www.maine.gov/dhhs/oms/provider_index.html), which will have a link to the PA portal. In cases where the criteria are not met, the Provider/Member may submit additional supporting evidence such as medical documentation, to demonstrate that the requested service is medically necessary.

Documentation must be provided to the Department that the member's hearing has been tested within the preceding 6 months.

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 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).

35.07 **POLICIES AND PROCEDURES (cont)**

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

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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

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 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.

35.08 **PROGRAM INTEGRITY**

The Department and its professional advisors regard the maintenance of adequate clinical records as essential for the delivery of quality care. In addition, providers should be aware that comprehensive clinical records are key documents for post audit payment reviews. 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 will be transferred, upon request and with the client's written permission, to other clinicians treating the client.

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

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35.09 **REIMBURSEMENT**

MaineCare will pay the lower of:

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

35.10 **BILLING INFORMATION**

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 and to download a CMS 1500 sample claim form see the OMS "Billing Instructions web page, available at: [http://www.maine.gov/dhhs/oms/provider\\_index.html](http://www.maine.gov/dhhs/oms/provider_index.html) .

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