DATE:      May 6, 2014

TO:        Interested Parties

FROM:    Stefanie Nadeau, Director, MaineCare Services

SUBJECT:     Proposed Rule: MaineCare Benefits Manual, Chapter 101, Chapters II & III, Section 35, Hearing Aids & Services

This rule is being proposed to add digital hearing aids as a covered service for eligible members through MaineCare. These changes reflect current industry standards and ensure compliance with the federal requirements for Early and Periodic Screening, Diagnostic and Treatment Services, pursuant to 42 U.S.C. §§ 1396a(a)(43) and 1396d(r), and 42 CFR §§ 440.110 and 441.56. This rule requires that providers use the State of Maine Division of Purchases’ vendors that are contracted through the Hearing Aid Procurement Program as the sole suppliers of all digital hearing aids for MaineCare members under the age of 21. Contracted hearing aid vendors and pricing information can be found at: http://www.maine.gov/purchases/ contracts/hearingaids.shtml.

The Department also proposes the following changes:

a) Adding digital hearing aid codes V5246, V5252, V5253, V5256, V5257, V5260, and V5261;

b) Allowing current dispensing fee codes V5090, V5110, V5160, V5200, V5240, and V5241 to be billed for digital hearing aids; and

c) Adding a definition for Prior Authorization.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/index.shtml or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 711.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal, which can be found at http://www.maine.gov/sos/cec/rules/notices.html. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.
Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, MaineCare Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapter 101, Chapters II & III, Section 35, Hearing Aids & Services

PROPOSED RULE NUMBER: N/A

CONCISE SUMMARY: This rule is being proposed to add digital hearing aids as a covered service for eligible members through MaineCare. These changes reflect current industry standards and ensure compliance with the federal requirements for Early and Periodic Screening, Diagnostic and Treatment Services, pursuant to 42 U.S.C. §§ 1396a(a)(43) and 1396d(r), and 42 CFR §§ 440.110 and 441.56. This rule requires that providers use the State of Maine Division of Purchases’ vendors that are contracted through the Hearing Aid Procurement Program as the sole suppliers of all digital hearing aids for MaineCare members under the age of 21. Contracted hearing aid vendors and pricing information can be found at: http://www.maine.gov/purchases/contracts/hearingaids.shtml

The Department also proposes the following changes:

a) Adding digital hearing aid codes V5246, V5252, V5253, V5256, V5257, V5260, and V5261;

b) Allowing current dispensing fee codes V5090, V5110, V5160, V5200, V5240, and V5241 to be billed for digital hearing aids; and

c) Adding a definition for Prior Authorization.


PUBLIC HEARING:

Date: June 2, 2014
Time: 12:00 PM
Location: Room 110, 19 Union Street, Augusta, ME

The Department requests that any interested party requiring special arrangements to attend the hearing contact the agency person listed below before May 26, 2014.

DEADLINE FOR COMMENTS: Comments must be received by midnight June 12, 2014

AGENCY CONTACT PERSON: Cari Bernier, Comprehensive Health Planner II
AGENCY NAME: MaineCare Services
ADDRESS: 242 State St.
11 State House Station
Augusta, Maine 04333-0011
TELEPHONE: 207-624-4031 FAX: (207) 287-1864
TTY: 711 (Deaf or Hard of Hearing)
TABLE OF CONTENTS

35.01 DEFINITIONS .......................................................................................................................... 1
35.02 ELIGIBILITY FOR CARE ....................................................................................................... 1
35.03 COVERED SERVICES ............................................................................................................. 1
35.04 LIMITATIONS ......................................................................................................................... 1
35.05 NON-COVERED SERVICES ................................................................................................. 2
35.06 PROCEDURE TO REQUEST PRIOR AUTHORIZATION .......................................................... 2
35.067 POLICIES AND PROCEDURES ............................................................................................ 2
35.078 PROGRAM INTEGRITY ........................................................................................................ 4
35.089 REIMBURSEMENT ................................................................................................................ 4
35.910 BILLING INFORMATION ..................................................................................................... 4
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.

35.01-2 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.

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.

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 product’s warranty period, a portion of hearing aid repairs are covered, as set forth below, if as they are considered by an appropriately licensed professional, as a necessary part of continuous patient 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.

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

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

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

35.067 POLICIES AND PROCEDURES

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

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, 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. Each eligible member may receive covered services that are medically necessary within the limitations of this section. DHHS reserves the right to request additional information to evaluate medical necessity and review utilization of services. DHHS requires prior authorization (PA) for some services reimbursed under this section. DHHS may require utilization review for all services reimbursed under this section.

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).

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

(1) 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.

(2). 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.
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 35 HEARING AIDS & SERVICES  ESTABLISHED  2/1/79
UPDATED: 8/9/2010

35.078 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 to the requirements herein and in Chapter I, Section 1, providers must retain and be aware that comprehensive clinical records of all services 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-shall be transferred, upon request and with the client’s written permission, to other clinicians treating the client.

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

35.089 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.

35.090 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.”
SECTION 35
HEARING AIDS & SERVICES
EFFECTIVE: 2/1/79
UPDATED: 12/1/08
GENERAL PROVISIONS

1000 Purpose

The purpose of these regulations is to describe the reimbursement methodology for Hearing Aids and Services providers whose services are reimbursed in accordance with Chapters II and III, Section 35, Hearing Aids and Services.

1050 Definitions

By Report This notation in the “Maximum Allowance” column indicates that the fee for the procedure is to be determined based on a special report. Such a procedure would be one that is rarely provided, unusual, variable, or newly developed. Pertinent information contained in the report, which must accompany the claim, should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service. Additional items which may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

Not Covered This notation in the “Maximum Allowance” column indicates that MaineCare does not cover this service. The patient can be billed for these services as long as he or she has been told, in advance, that the service is not covered by MaineCare.

By Invoice This notation in the “Maximum Allowance” column indicates that MaineCare will reimburse the acquisition cost of the purchased hearing aid from the State of Maine Division of Purchases’ contracted vendors through the Hearing Aid Procurement Program. The invoice must accompany the claim.

1100 Covered Services

Covered Services are defined in Chapter II, Section 35 of the MaineCare Benefits Manual (MBM).
1200 REIMBURSEMENT REQUIREMENTS

1. In addition to the requirements set forth in the MBM, Chapter I, Section 1, and Chapter II, Section 35, providers must use the State of Maine Division of Purchases’ vendors that are contracted through the Hearing Aid Procurement Program as the sole suppliers of all digital hearing aids for MaineCare members under the age of 21. A list of contracted vendors and pricing information can be found at: http://www.maine.gov/purchases/contracts/hearingaids.shtml

2. Providers shall use the billing/procedure codes, set forth below, for reimbursement for Hearing Aids and Services.
### APPENDIX I

<table>
<thead>
<tr>
<th>ALLOWED AGE</th>
<th>PROC. CODE</th>
<th>DESCRIPTION</th>
<th>MAXIMUM ALLOWANCE</th>
<th>PRIOR AUTH.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 21</td>
<td>V5030</td>
<td>HEARING AID, MONAURAL, BODY WORN AIR CONDUCTION</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5040</td>
<td>HEARING AID, MONAURAL, BODY WORN BONE CONDUCTION</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5050</td>
<td>HEARING AID, MONAURAL, IN THE EAR</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5060</td>
<td>HEARING AID, MONAURAL, BEHIND EAR</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5070</td>
<td>GLASSES, AIR CONDUCTION</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5080</td>
<td>GLASSES, BONE CONDUCTION</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5090</td>
<td>DISPENSING FEE, UNSPECIFIED HEARING AID - ANALOG</td>
<td>NOT COVR’D</td>
<td></td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5090</td>
<td>DISPENSING FEE, UNSPECIFIED HEARING AID - DIGITAL</td>
<td>$120.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5100</td>
<td>HEARING AID, BILATERAL, BODY WORN</td>
<td>$800.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5110</td>
<td>DISPENSING FEE, BILATERAL, - ANALOG</td>
<td>NOT COVR’D</td>
<td></td>
</tr>
</tbody>
</table>
### SECTION 35  
HEARING AIDS & SERVICES

**EFFECTIVE:** 2/1/79

**UPDATED:** 8/25/14 12/1/08

<table>
<thead>
<tr>
<th>UNDER 21</th>
<th>V5110</th>
<th>DISPENSING FEE, BILATERAL - DIGITAL</th>
<th>$170.00</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 21</td>
<td>V5120</td>
<td>BINAURAL, BODY</td>
<td>$800.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5130</td>
<td>BINAURAL, IN EAR</td>
<td>$800.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5140</td>
<td>BINAURAL, BEHIND EAR</td>
<td>$800.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5150</td>
<td>BINAURAL, GLASSES</td>
<td>$800.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5160</td>
<td>DISPENSING FEE, BINAURAL - ANALOG</td>
<td>NOT COVR’D</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNDER 21</th>
<th>V5160</th>
<th>DISPENSING FEE, BINAURAL – DIGITAL</th>
<th>$170.00</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 21</td>
<td>V5170</td>
<td>HEARING AID, CROS, IN EAR</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5180</td>
<td>HEARING AID, CROS, BEHIND EAR</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5190</td>
<td>HEARING AID, CROS, GLASSES</td>
<td>$883.80</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5200</td>
<td>DISPENSING FEE, CROS - ANALOG</td>
<td>NOT COVR’D</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNDER 21</th>
<th>V5200</th>
<th>DISPENSING FEE, CROS – DIGITAL</th>
<th>$120.00</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 21</td>
<td>V5210</td>
<td>HEARING AID, BICROS, IN EAR</td>
<td>$400.00</td>
<td>NO</td>
</tr>
</tbody>
</table>
## HEARING AIDS & SERVICES

**EFFECTIVE:** 2/1/79  
**UPDATED:** 8/25/14, 12/1/08

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 21 V5220</td>
<td>HEARING AID, BICROS, BEHIND EAR</td>
<td>$400.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5230</td>
<td>HEARING AID, BICROS, GLASSES</td>
<td>$1480.32</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5240</td>
<td>DISPENSING FEE, BICROS – ANALOG</td>
<td>NOT COVR’D</td>
<td></td>
</tr>
<tr>
<td>UNDER 21 V5240</td>
<td>DISPENSING FEE, BICROS - DIGITAL</td>
<td>$170.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5241</td>
<td>DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE</td>
<td>$120.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5246</td>
<td>HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)</td>
<td>By Invoice</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5252</td>
<td>HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE</td>
<td>By Invoice</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5253</td>
<td>HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE</td>
<td>By Invoice</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5256</td>
<td>HEARING AID, DIGITAL, MONAURAL, ITE</td>
<td>By Invoice</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5257</td>
<td>HEARING AID, DIGITAL, MONAURAL, BTE</td>
<td>By Invoice</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5260</td>
<td>HEARING AID, DIGITAL, BINAURAL, ITE</td>
<td>By Invoice</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21 V5261</td>
<td>HEARING AID, DIGITAL, BINAURAL, BTE</td>
<td>By Invoice</td>
<td>NO</td>
</tr>
</tbody>
</table>
## HEARING AIDS & SERVICES

**SECTION 35**

**EFFECTIVE:** 2/1/79

**UPDATED:** 8/25/14, 2/1/08

<table>
<thead>
<tr>
<th>Group</th>
<th>Code</th>
<th>Description</th>
<th>Payment Method</th>
<th>Approved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDER 21</td>
<td>V5274</td>
<td>ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED</td>
<td>By Invoice</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5298</td>
<td>HEARING AID, NOT OTHERWISE CLASSIFIED</td>
<td>By Report</td>
<td>YES</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5264</td>
<td>EAR MOLD (EACH)</td>
<td>$25.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5266</td>
<td>HEARING AID BATTERIES</td>
<td>$20.00</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5014</td>
<td>HEARING AID-REPAIR / MODIFICATION</td>
<td>By Report</td>
<td>NO</td>
</tr>
<tr>
<td>UNDER 21</td>
<td>V5267</td>
<td>HEARING AID ACCESSORIES</td>
<td>By Report</td>
<td>NO</td>
</tr>
</tbody>
</table>