

Michigan Department of Community Health

Bulletin Number: MSA 09-11

Distribution: Hearing Aid Dealers, Audiologists/Hearing Centers, Outpatient Hospitals, Practitioners, Medicaid Health Plans

Issued: March 1, 2009

Subject: Correction to Bulletin MSA 09-03

Effective: February 1, 2009

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

This bulletin will provide information that was contained in the Public Comment distribution of Project 0829-HAD, but was inadvertently omitted from the final version of Bulletin MSA 09-03. It will also provide information concerning additional models of hearing aids that are being added to the database of covered hearing aids.

Current policy regarding replacement of hearing aids has been changed from 3 to 5 years. All hearing aids ordered on or after February 1, 2009, whether on contract or not, will be subject to the 5 year replacement policy. Prior authorization may be requested if it is necessary to replace a hearing aid prior to the end of the 5 year period.

Three models of hearing aids manufactured by Oticon, Inc. are being added to the list of covered hearing aids for Michigan Medicaid beneficiaries, effective February 1, 2009. The information is as follows:

Manufacturer	Model Name	Model Number	HCPSC Code Monaural/Binaural	Purchase Rate	Repair Rate	Repair Warranty
Oticon	Vigo BTE	001-100-015	V5257 (Monaural)	\$399.00	\$100.00	12 months
			V5261 (Binaural)	\$798.00	\$100.00	12 months
Oticon	Vigo HS	001-100-004	V5256 (Monaural)	\$399.00	\$100.00	12 months
			V5260 (Binaural)	\$798.00	\$100.00	12 months
Oticon	Vigo LP	001-100-005	V5256 (Monaural)	\$399.00	\$100.00	12 months
			V5260 (Binaural)	\$798.00	\$100.00	12 months

A complete list of covered hearing aids for Michigan Medicaid beneficiaries is available on the Michigan Department of Community Health website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Hearing Aid Services >> HAD Databases.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive, flowing style.

Stephen Fitton, Acting Director
Medical Services Administration