



Michigan Department of Health & Human Services

Hearing Services And Devices

New Provider and Policy Updates Webinar

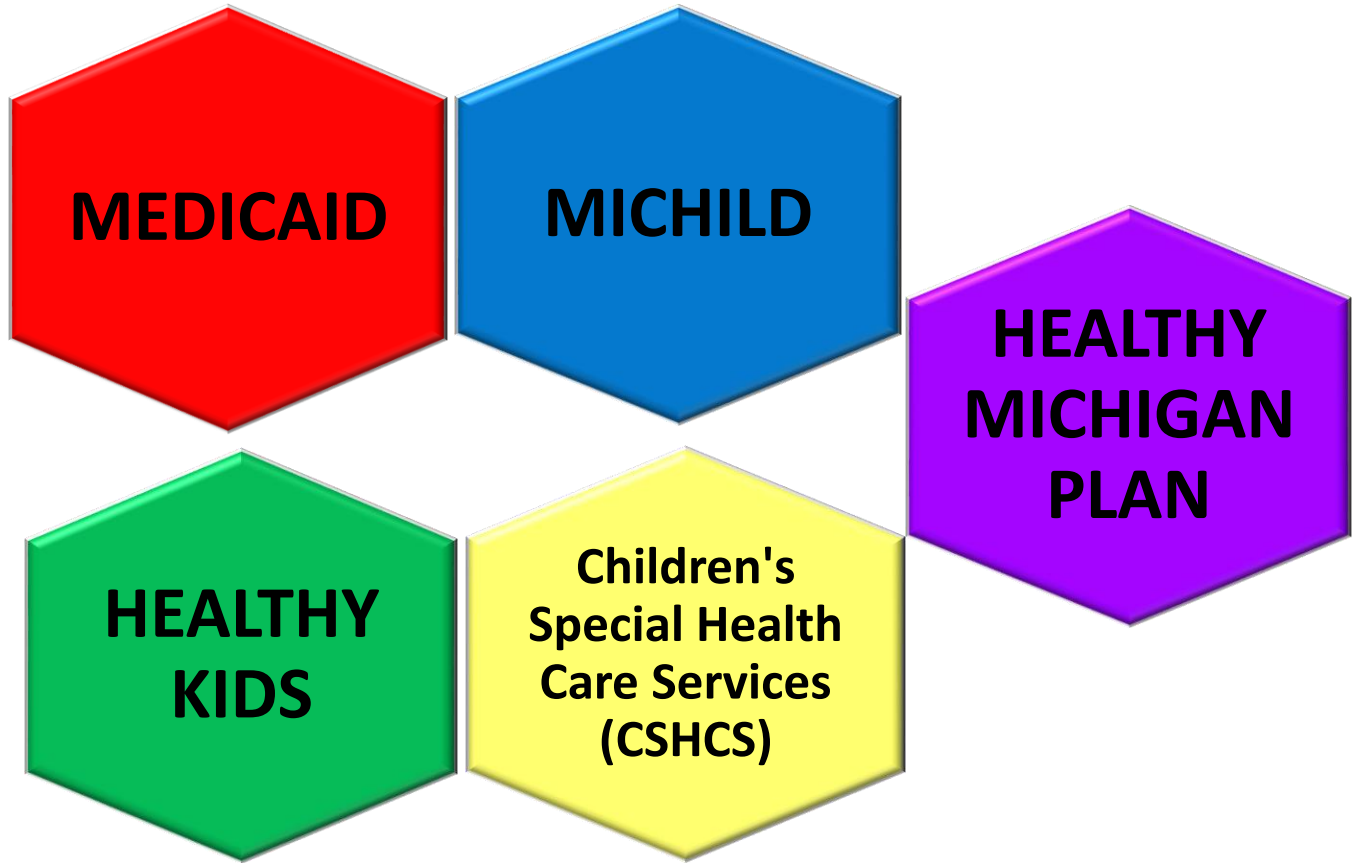
MDHHS HEARING SERVICE PROVIDER VIRTUAL WEBINAR

- Welcome to MDHHS New Hearing Services Provider and Policy Updates Virtual Training
- You may download the presentation documents along with Adobe user guide within the files pod
- Please note: Audio is via your computer speakers.
 - For additional information regarding audio please download and follow the instructions in the Adobe User Guide located in the Files Pod above.
 - Select the Adobe User Guide document the Download File(s) button will appear, click on the button and follow the instructions.

AGENDA

- ❖ Health Care Programs
- ❖ CHAMPS
- ❖ Provider Enrollment
- ❖ Hearing Services and Device Coverage
 - Hearing Aid Devices, Supplies, and Services
 - Cochlear Implants
 - Bone Anchored Hearing Devices
- ❖ Provider Authorization Requests
- ❖ ListServ
- ❖ Contact us

HEALTH CARE PROGRAMS



*** Not a complete list of available programs***

PROGRAM ELIGIBILITY

MICHILD/HEALTHY KIDS

- Under age 19
- Income test
- \$10 per family monthly premium for MICHild
- Comprehensive package of health care benefits including audiology services

MEDICAID

- Parents and people who act as parents, caring for a dependent child
- Aged, blind, or disabled individuals
- Income and asset test
- Comprehensive package of health care benefits including audiology services

HEALTHY MICHIGAN PLAN

- 19-64 years of age
- Income at/below 133% FPL
- Does not qualify for/enrolled in Medicare or other Medicaid programs
- Not pregnant at the time of application
- Comprehensive package of health care benefits including audiology services

*For more information: [Health Care Coverage](#)



- Created to find, diagnose, and treat children in Michigan who have chronic illness or disabling conditions
- Individuals less than 21. (Exception: cystic fibrosis and certain coagulation disorders)
- Income is not a factor in determining eligibility
- 2,500 different covered diagnoses.
 - ❖ Examples: Hearing Loss, Diabetes, Epilepsy, Muscular Dystrophy, Cerebral Palsy, Cleft Palate/Cleft Lip
 - ❖ Diagnoses must meet a set of criteria such as: chronicity, severity, and need for treatment by a Physician Sub-specialist
- Beneficiary may have CSHCS **AND** a commercial, Medicaid, or other primary insurance

HOW CSHCS CAN HELP

- Pays specialty services related to qualifying diagnosis if Provider is Medicaid enrolled and agrees to accept client
- Assistance with Other Insurance Premiums
- Care Coordination
- Community Resources
- Hearing Aids/Hearing Aid Batteries
- Pharmacy/Medical Supplies
- Qualified Skilled Nursing Respite
- Therapies
- Transportation/Accommodation
- Equipment needs
 - Wheelchairs
 - Walkers



CSHCS does NOT cover primary care or mental health care

*For more information: [Children's Special Health Care Services](#)

MEDICAID HEALTH PLANS

MHPs must provide the full range of covered services

MHPs may provide services over and above those specified.

MHP's PA requirements and Utilization Management and Review Criteria may differ from FFS Medicaid

*For more information: [Medicaid Health Plans](#)

CHAMPS



Community Health Automated Medicaid Processing System

Select Domain *

Select Profile *

Select Favorite

[CHAMPS](#)

Web Portal Address:

<https://milogintp.michigan.gov>

CHAMPS

- A web-based, rules-driven, real-time Adjudication Medicaid Management System.
- Uses: eligibility verification, provider enrollment, prior authorization request submission, claim status
- All persons wishing to access CHAMPS must apply for a MILogin user name and password then subscribe to the CHAMPS application.

Additional Information: [CHAMPS Overview](#)

- MI-Login Registration Instructions
- Information on each Subsystem (Tabs) within CHAMPS
- Beginner User Guides
- Additional Webinars/Trainings



www.michigan.gov/medicaidproviders
>> CHAMPS

PROVIDER ENROLLMENT



REGISTRATION

REGISTER FOR SIGMA

Providers must have their Social Security Number , Employer Identification Number, or Tax Identification Number (TIN) enrolled with SIGMA Vendor Self Service (VSS) **prior to starting the enrollment process in CHAMPS.**

SIGMA Web Address: www.Michigan.gov/SIGMAVSS .

*Rendering/Servicing Only providers do not have to register with SIGMA.



REGISTER FOR A CHAMPS MILOGIN ACCOUNT

Required to access the CHAMPS system. All users who need access to information within CHAMPS must obtain a MIlogin user ID and password. After completing SIGMA registration allow 3 5 business days to begin and complete the CHAMPS MILOGIN application.

DECIDE ON A DOMAIN ADMINISTRATOR

1ST MILogin user who submits the Provider Enrollment application becomes the Provider Domain Administrator

The Domain Administrator has the responsibility of assigning rights for all users within the organization

Multiple Domain Administrators may be established for a single organization, but a separate application must be completed and approved for each administrator.

Complete Information and Instructions:

[Domain Administrator](#)

PROVIDER TYPES

INDIVIDUAL/SOLE PROPRIETOR

Provider that owns his/her own practice

Type 1 NPI. May also have Type 2

Receive direct payments from MDHHS for services rendered at his/her practice

May associate to other entities. Or Servicing providers may associate to them

RENDERING/SERVICING

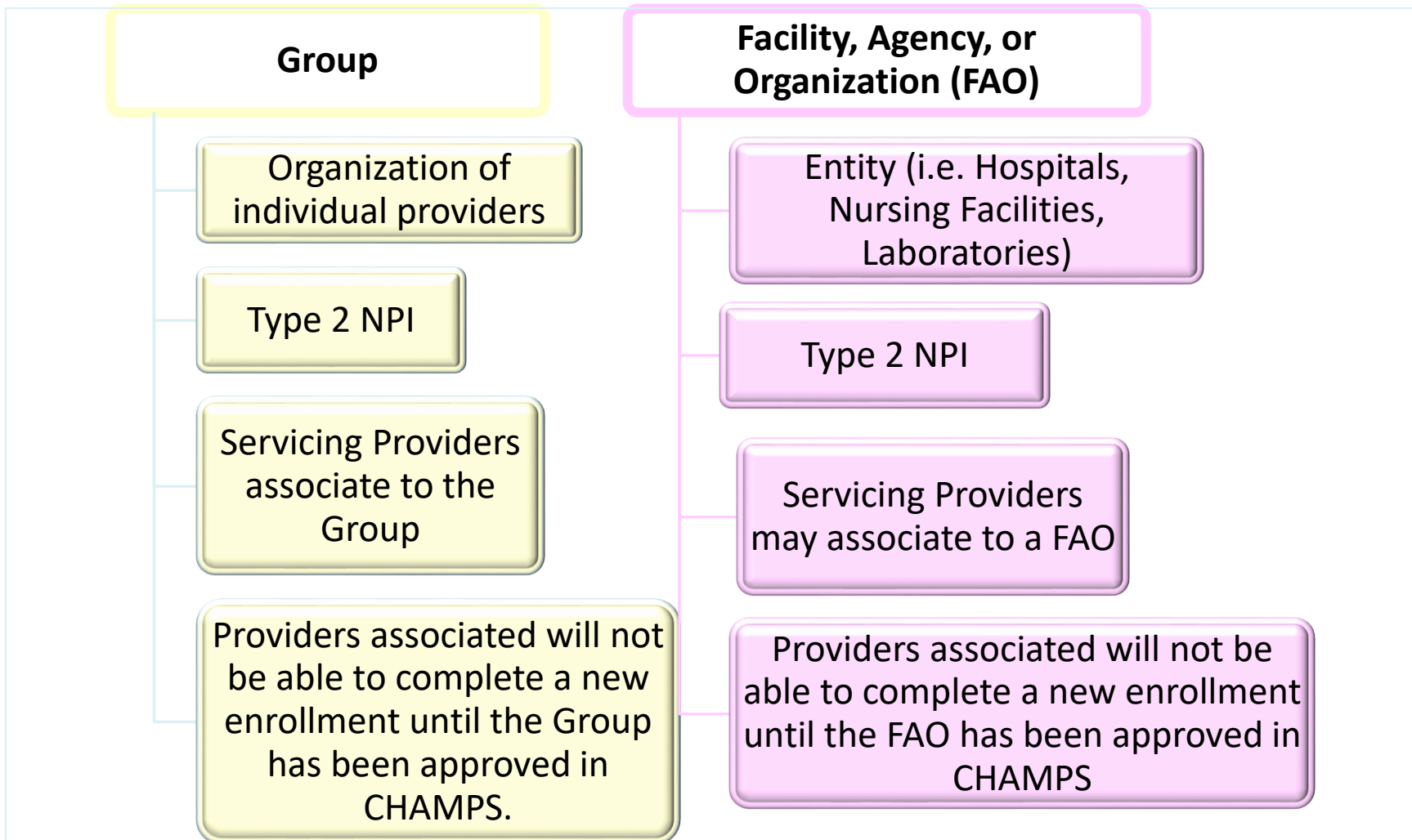
Provides services through a Group, Organization, or Individual/Sole Proprietor

Type 1 NPI

Does not bill Medicaid directly

Associated Billing Provider submits claims and receives payments on their behalf

PROVIDER TYPES



ENROLL

CHAMPS

Provider

Quick Find Note Pad External Links My Favorites Print Help

Provider Enrollment

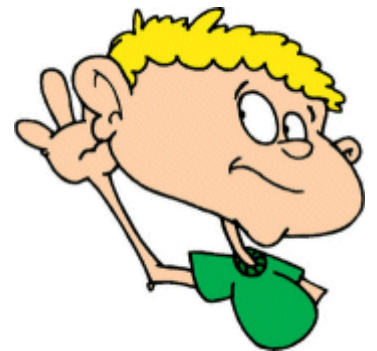
New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

- Complete each step and submit application. All Applications must be completed and submitted within 30 calendar days of the original start date or they will be deleted.
- Take note of your Application ID for tracking
- Providers will receive a letter letting them know whether they have been approved or denied. The letter is sent to the Correspondence address provided in the Enrollment Application.
- Step by Step [Enrollment Guide](#)



www.michigan.gov/medicaidproviders
>> Provider Enrollment

HEARING SERVICE AND DEVICE COVERAGE



COVERAGE RESOURCES

Medicaid Provider Manual – Hearing Services Chapter

- Documentation Requirements
- Standards of Coverage
- Payment Rules
- Billing Instructions



****UPDATED****

[Medicaid Provider Manual](#)

www.michigan.gov/medicaidproviders >>
Policy, Letters, & Forms >> Medicaid Provider Manual

Rate and Reference Tool – External Links Menu within CHAMPS

- Procedure Code Coverage, Rates, Limits, PA Requirements



The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and several menu items: My Inbox, Provider, Claims, Reference, Member, TPL, Rate Settings, PA, and Contract/MC. Below this is a dark blue header with a search bar and three icons: Quick Find, Note Pad, and External Links. The External Links menu is open, displaying a list of links. The link 'Medicaid Code and Rate Reference' is highlighted in blue. Below the menu, there is a section for 'My Reminders' with filter options and a 'Go' button.

COVERAGE RESOURCES

Medicaid Fee Schedules – Hearing Services/ Hearing Aid Dealers

- Hearing Services: Audiologist covered CPTs
- Hearing Aid Dealers: Audiologist or Hearing Aid Dealers covered CPTs/HCPCS



[Hearing Services and Devices Fee Schedule](#)

www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information

Hearing Services & Devices

Databases

Hearing Aid Dealers

Hearing Services

[Database Instructions](#)

Choose One

[Database Instructions](#)

Choose One

MDHHS
Hearing Aid Dealers Database
January 2020

HCPCS Code	Mod	Short Description	Maximum Fee	Limits	PA	Comments
V5011		Hearing Aid Fitting/Checking	\$22.96	2 per Year		
V5014*	LT/RT	Hearing Aid Repair/Modifying	\$150.00 *	2 per Year	N *	
V5020		Conformity evaluation	\$35.75	2 per Year		
V5030	LT/RT	Body-Worn Hearing Aid Air	\$450.00	1 per 5 Years	Y	
V5040	LT/RT	Body-Worn Hearing Aid Bone	\$450.00	1 per 5 Years	Y	

HEARING AIDS

Service Maximum: 1 per 5 years

MDHHS participates in a Multi-State Volume Purchase Hearing Aid contract. Models should be selected from the contract list whenever possible. Aids are ordered and purchased by the provider directly from participating hearing aid vendors.

No PA is required for contract aids. This includes CROS/BICROS models.



Contract Models and Vendors list maintained on MDHHS website.

CONTRACT DOCUMENTS

Hearing Services & Devices

Databases

Hearing Aid Dealers

Hearing Services

[Database Instructions](#)

[Database Instructions](#)

Choose One

Choose One

For additional pertinent coverage parameters, such as documentation and billing indicators, refer to the Medicaid Code and Rate Reference tool, which is accessible via the External Links menu within CHAMPS. Medicaid Code and Rate Reference is an online code inquiry system that provides real-time information for the following:

- Age restrictions,
- Diagnoses allowable for Ambulance,
- Documentation requirements,
- Frequency limitations,
- Hospital discharge – Bypass PA
- NDC information,
- Prior authorizations and medical conditions that may bypass these requirements,
- Rate information,
- Required modifiers,
- Supplies/DME – per diem, and
- Tooth number and surface requirements.

To request or view upcoming training sessions please refer to Michigan Department of Health and Human Services website at www.michigan.gov/medicaidproviders >> Communications and Training >> Medicaid Provider Training Sessions.

Any questions should be directed to Provider Inquiry, Michigan Department of Health and Human Services, phone toll-free 1-800-292-2550 or email at providersupport@michigan.gov.

[Hearing Aid Contract Models](#)

[Hearing Aid Contract Vendor Contact List](#)

[Hearing Aid Supplies and Accessories](#)

[Cochlear Implant and Bone Anchored Hearing Device Replacement Parts and Accessories](#)



[Hearing Aid Contract](#)

www.michigan.gov/medicaidproviders >>
**Billing & Reimbursement >> Provider
Specific Information**



New List - September

Digital Monaural/Binaural Hearing Aids Standards of Coverage:



Age: Under
21 Years

- ❖ Hearing loss of 25 dB HL or greater in the ear to be aided

Age: 21 Years
or Over

- ❖ Hearing loss of 30 dB HL or greater in the ear to be aided
- ❖ A Hearing Handicap Inventory for Adults, Hearing Handicap Inventory for the Elderly, Abbreviated Profile of Hearing Aid Benefit, or similar inventory indicates a need for amplification
- ❖ Hearing loss interferes with or significantly restricts functional communication, routine activities of daily living, education, and/or employment

Contralateral Routing Hearing Aids Standards of Coverage:



All Ages

❖ Profound hearing loss in the poorer ear as demonstrated by greater than 90 dB HL and indicates thresholds less than or equal to 30 dB HL in the better ear;

OR

❖ Profound hearing loss in the poorer ear as demonstrated by greater than 90 dB HL and indicates a hearing loss greater than 25 dB HL in the better ear

In addition, adults must have:

❖ A hearing inventory that indicates a need for amplification (i.e. Hearing Handicap Inventory for Adults, Hearing Handicap Inventory for the Elderly)

❖ A hearing loss that interferes with or significantly restricts functional communication, routine activities of daily living, education, and/or employment.

Age: 21 Years
or Over

NON-CONTRACT HEARING AIDS

Requires PA
Use form MSA-1653-B

Requires a letter of medical necessity identifying the specific medical reason(s) why a contracted hearing aid will not meet the beneficiary's needs.

*PA Form: [MSA 1653-B](#)

HEARING AIDS SERVICES/SUPPLIES

HEARING AID CHECKS

- 2 per year
- Services include device inspection and cleaning, volume adjustments, reprogramming, listening checks, and other electro acoustic testing

REPAIRS AND MODIFICATION

- 2 per year up to \$150.00 per year maximum

EARMOLDS

Maximums vary based on age

- Age 3 Years or Under: 4 per year
- Age 3 to 21 Years: 2 per year
- Age 21 Years or Over: 1 per year

HEARING AIDS SERVICES/SUPPLIES



****NEW****



BATTERIES

- 72 per year maximum (per aid). Up to 36 can be dispensed per day (per aid)
- Dispensable by Audiologist, Hearing Aid Dealer, or Medical Supplier (i.e. Walgreens)

SUPPLIES AND ACCESSORIES

- \$40 per year maximum
- Approved Supplies and Accessories List is located on the Hearing Services/Hearing Aid Fee Schedule Web Site.

[Hearing Aid Supply List](#)

Updated July 2020!



COCHLEAR IMPLANTS

- Unilateral and bilateral implantation is covered for all ages
- PA Required
- All the following requirements must be met :

A letter from the treating otolaryngologist establishing medical necessity and recommending implantation.

Limited benefit demonstrated with consistent use of appropriately fitted hearing aid(s) over a minimum of a three-month period.

Evidence of a functioning auditory nerve.

An accessible cochlear lumen structurally suited to implantation

Freedom from middle ear infection or any other active disease.

Psychological development, motivation of the beneficiary, and/or commitment of the beneficiary and family/caregiver(s) to undergo a program of prosthetic fitting, training, and long-term rehabilitation.

Cognitive ability to use auditory cues.

No medical or behavioral health contraindications for anesthesia or surgery.

Realistic expectations of beneficiary and/or family/caregiver(s) for post-implant educational/vocational rehabilitation, as appropriate.

Reasonable anticipation by treating providers that the cochlear implant(s) will confer awareness of speech at conversational levels.

Documented intervention or school placement, as appropriate

COCHLEAR IMPLANTS

Audiological Criteria:



Age: Under 24
Months


- ❖ Diagnosis of bilateral severe to profound sensorineural hearing loss (PTA equal to or greater than 70 dB HL)
- ❖ Lack of auditory skills development and minimal hearing aid benefit documented by results or outcomes of parent questionnaire.

Age: 24
Months - 17
Years

- ❖ Diagnosis of bilateral severe to profound sensorineural hearing loss (PTA equal to or greater than 70 dB HL.)
- ❖ Lack of auditory skills development and minimal hearing aid benefit documented by word recognition scores less than or equal to 60 percent on open set tests or other age appropriate developmental tests.

COCHLEAR IMPLANTS

Audiological Criteria Continued:



Age: 18 Years
and Older

- ❖ Diagnosis of bilateral moderate to profound sensorineural hearing loss (PTA equal to or greater than 40 dB HL, or level appropriate for model to be implanted).
- ❖ Minimal hearing aid benefit documented by a score of less than or equal to 50 percent under best-aided conditions on an open-set sentence recognition test.

COCHLEAR IMPLANT PROGRAMMING/MAPPING

**1 initial post-operative
session
(per implant)**

**5 subsequent
programming/mapping
sessions per year
(per implant).**



****CHANGE****

AUDITORY REHABILITATION

Covered for beneficiaries who have received a hearing device or who have pre-lingual or post-lingual hearing loss

Maximums: 36 visit per calendar year



BONE ANCHORED HEARING DEVICES

- Unilateral and bilateral devices are covered for all ages. Includes non-implantable soft band/headband devices
- Only bilateral devices need PA
- All the following requirements must be met :

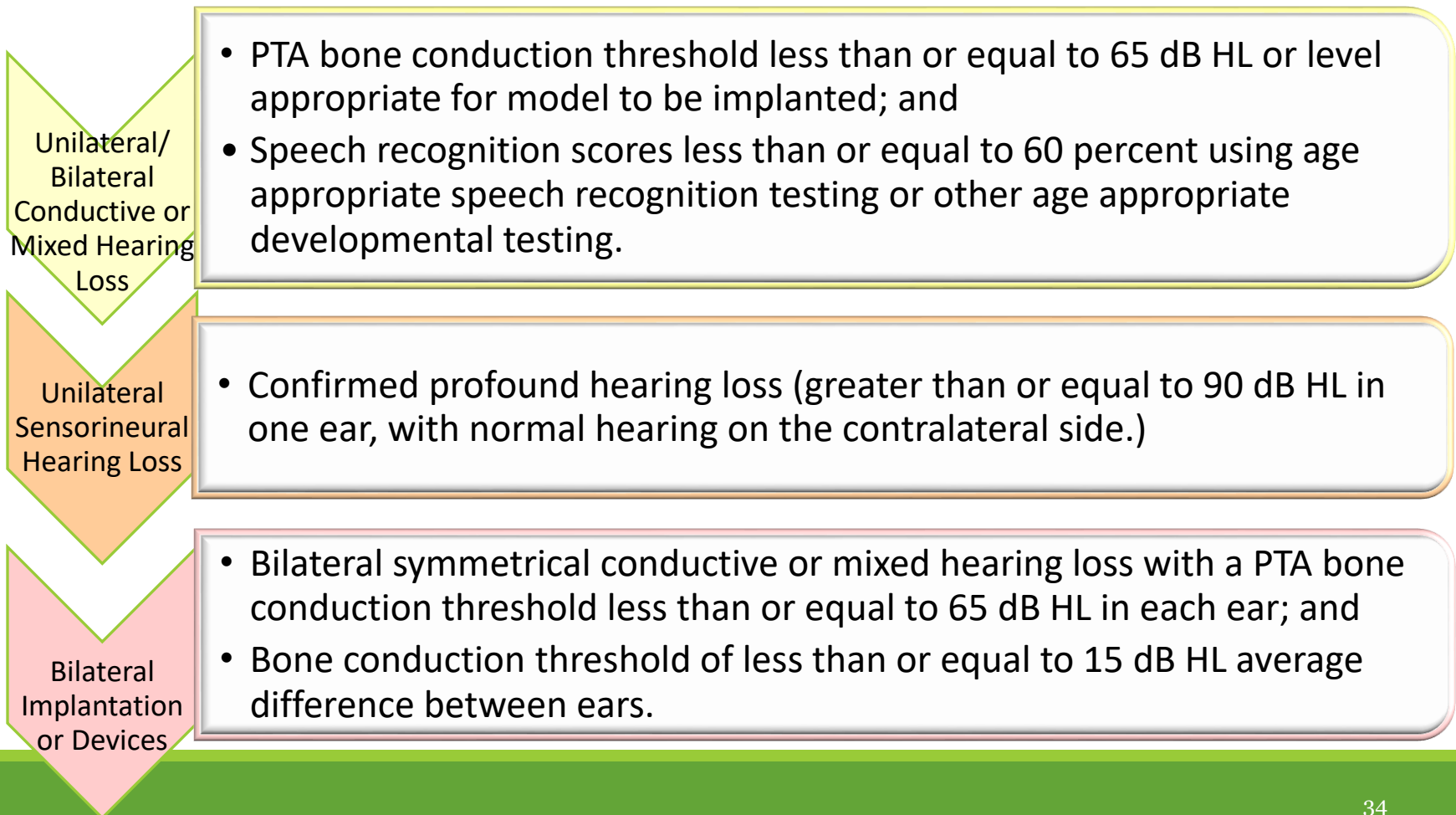


****CHANGE****

- * **Unilateral or bilateral conductive or mixed hearing loss or unilateral profound sensorineural hearing loss**
- * **Has at least one of the following conditions:**
 - > **Congenital malformation(s) of the middle/external ear or microtia**
 - > **Severe chronic otitis externa and/or chronic suppurative otitis media with chronic drainage preventing use of conventional air conduction hearing aids**
 - > **Conductive hearing loss due to ossicular disease and is not appropriate for surgical correction**
 - > **Tumors of the external ear canal and/or tympanic cavity**
 - > **Unilateral sensorineural hearing loss**
 - > **Condition that contraindicates an air conduction hearing aid**

BONE ANCHORED HEARING DEVICES

Audiological Criteria:



REPAIRS, SUPPLIES, AND ACCESSORIES

- \$400/year maximum
- Use HCPCS L7510
- Sound Processor Replacement – 1 per 4 years
 - ✓ Bilateral replacement requires PA



Approved Supplies and Accessories List is located on the Hearing Services and Devices Fee Schedule Web page

[Cochlear Implant/BAHD Replacement Parts and Accessories List](#)

Hearing Services & Devices

Databases

Hearing Aid Dealers	Hearing Services
Database Instructions Choose One <input type="text" value="Jan 2020 XLS"/> <input type="button" value="GO"/>	Database Instructions Choose One <input type="text" value="Jan 2020 PDF"/> <input type="button" value="GO"/>

For additional pertinent coverage parameters, such as documentation and billing indicators, refer to the Medicaid Code and Rate Reference tool, which is accessible via the External Links menu within CHAMPS. Medicaid Code and Rate Reference is an online code inquiry system that provides real-time information for the following:

- Age restrictions,
- Diagnoses allowable for Ambulance,
- Documentation requirements,
- Frequency limitations,
- Hospital discharge – Bypass PA
- NDC information,
- Prior authorizations and medical conditions that may bypass these requirements,
- Rate information,
- Required modifiers,
- Supplies/DME – per diem, and
- Tooth number and surface requirements.

To request or view upcoming training sessions please refer to Michigan Department of Health and Human Services website at www.michigan.gov/medicaidproviders >> Communications and Training >> Medicaid Provider Training Sessions.

Any questions should be directed to Provider Inquiry, Michigan Department of Health and Human Services, phone toll-free 1-800-292-2550 or email at providersupport@michigan.gov.

[Hearing Aid Contract Models](#)
[Hearing Aid Contract Vendor Contact List](#)
[Hearing Aid Supplies and Accessories](#)
[Cochlear Implant and Bone Anchored Hearing Device Replacement Parts and Accessories](#)

****Updated July 2020***

PRIOR AUTHORIZATION

Enter requests directly into the CHAMPS
{“*PA Request List*” page.}

MSA-1653-B form and Supporting
Documentation must be uploaded within
the “*Additional Documents*” section.

If items can't be uploaded, items can be
faxed (517-335-0075) separately using the
bar-coded fax sheet created by CHAMPS.
Note the separate documents in the
“*Procedure Code*” field of the PA request.

PRIOR AUTHORIZATION

The screenshot displays the CHAMPS web application interface. At the top, the navigation menu includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The 'PA' dropdown menu is open, showing 'PA REQUEST LIST' and 'PA INQUIRE' options, with a red arrow pointing to 'PA Request List'. Below this, the breadcrumb trail shows 'MyInbox > Prior Authorization'. A red box highlights the 'Add New Request' button. The main content area is titled 'PA Request List' and contains a form for creating a new request. The form fields include:

- *Request Received Date: 11/03/2017
- *Source of Request: DE-DDE
- *Service From Date: MM/DD/YYYY
- *Certification Type: (dropdown menu)
- *Service Type: (dropdown menu, highlighted with a red arrow)
- *Service To Date: MM/DD/YYYY
- Request Category: (dropdown menu)
- Prev. Auth. Number: (text field)

A red box highlights the 'Next' button at the bottom right of the form.

LISTSERV



ListServ Sign Up

<https://public.govdelivery.com/accounts/MIDHHS/subscriber/new>

Register!

- ❖ Informational Letters
- ❖ Medicaid Provider Manual Updates
- ❖ New Policies
- ❖ Policies out for Public Comments



ListServ Registration Instructions

www.michigan.gov/medicaidproviders>>Resources>>Listserv Instructions

QUESTIONS



General Questions?

(i.e. eligibility, benefits, claims, etc.)

Phone: 1-800-292-2550

Email: providersupport@michigan.gov

Enrollment Questions?

Phone: 1-800-292-2550

Email: providerenrollment@michigan.gov

Prior Authorization Questions?

Phone: 1-800-622-0276

Hearing Services Policy Questions?

Email: msapolicy@michigan.gov

