MSA MEDICAL SERVICES ADMINISTRATION

# Bulletin

**Michigan Department of Community Health**

**Bulletin:** MSA 06-11

**Distribution:** Hearing Aid Dealers
Hearing Centers

**Issued:** March 1, 2006

**Subject:** Hearing Aid Coverage, and Billing Clarifications and Changes

**Effective:** April 1, 2006

**Programs Affected:** Medicaid, CSHCS

## Use of the LT and RT Modifiers

The LT and/or RT modifiers are required when billing for all hearing aid repairs/modifications and earmolds. When the same service is provided for both the left and right ears on the same date of service, bill the appropriate HCPCS code on two separate claim lines. One claim line should include the HCPCS code with the LT modifier, and the second claim line should include the same HCPCS code with the RT modifier.

## Hearing Aid Repairs

Prior authorization is required for any repair/modification of a hearing aid not purchased by Medicaid, regardless of the cost of the repair/modification. The repair/modification may be covered by Medicaid only when:

- The beneficiary's hearing level, as supported by an audiogram, meets Medicaid coverage criteria; AND
- The aid itself meets Medicaid coverage criteria

A prior authorization request for this type of repair/modification must include both the date of purchase and the current audiogram. Medicaid's payment for any hearing aid repair/modification includes no more than the actual cost plus $19.20 per aid. The $19.20 for each aid should be reflected in the amount billed on each claim line.

## Earmolds for Cochlear Implants

Earmolds are a covered benefit when necessary to secure an ear-level cochlear implant processor for proper functioning of the device. Prior authorization is required. A letter of justification for the earmold, completed by the managing audiologist, must be submitted with all prior authorization requests.

## Freedom of Choice

After an audiologist completes the hearing aid evaluation, beneficiaries must be given freedom of choice of any Medicaid-enrolled hearing aid dealer when obtaining their hearing aid, even when the audiologist is also state-licensed and enrolled with Medicaid to dispense hearing aids.

**Emergency Prior Authorization**

Section 1.12.B. of the Hearing Aid Dealers Chapter of the Michigan Medicaid Provider Manual does not apply to hearing aid services. Please disregard this section until it is removed as part of the next manual update.

**Hearing Aid Replacement When Lost or Damaged**

Prior authorization is required when replacing any hearing aid for a beneficiary of any age more frequently than once every three years. For beneficiaries age 21 and over, Medicaid will pay for the replacement of the aid when lost or damaged beyond repair one time only within three years of the dispensing date of the lost/damaged aid.

Medicaid will not replace a hearing aid when lost or damaged beyond repair as a result of misuse or abuse by the beneficiary or caregiver. If loss or damage to a hearing aid is the result of theft or car accident, attempts should be made to collect the full or partial payment from the third party's insurance company, if applicable. A copy of the police or fire report must be submitted with the PA request form. All liable insurance coverage should be sought before requesting replacement by Medicaid.

**Dispensing Fees Paid for Returned Hearing Aids**

Providers may not receive dispensing fee reimbursement for hearing aids returned during the 30-day trial period. Any dispensing fees paid to providers for hearing aids subsequently returned during the 30-day trial period must be returned to Medicaid via a claim replacement.

The hearing aid dealer may bill HCPCS code V5011, Hearing aid fitting/checking, to receive reimbursement for any hearing aid fitting, orientation and checking services provided during the 30-day trial on returned hearing aids. HCPCS code V5011 represents one face-to face beneficiary encounter and may be billed once per day, and no more than two times per year, without PA.

**Manual Maintenance**

The provider should 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**

Paul Reinhart, Director
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