

Bulletin Number: MMP 23-01

Distribution: Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Hearing Aid Dealers, Hearing Centers, Outpatient Hospitals, Medicaid Health Plans, Integrated Care Organizations

Issued: December 29, 2022

Subject: Updates to Hearing Aid Dispensing Services Package and Rates

Effective: February 1, 2023

Programs Affected: Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services (CSHCS)

NOTE: Implementation of the fee schedule updates within this policy are contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

This bulletin provides notification of revisions to the services and products included under the Medicaid hearing aid dispensing fee and of updates to the hearing aid dealers fee schedule. The changes in this policy are effective for hearing aids dispensed on or after February 1, 2023.

Hearing Aid Dispensing Fee

Medicaid currently allows hearing aid providers to bill a separate charge for dispensing a Medicaid-covered hearing aid(s) when providing direct patient contact in delivering, fitting, and orientating beneficiaries on the use and care of the device. This fee applies to both digital or contralateral routing system models purchased through the Medicaid volume purchase contract agreement and noncontracted hearing aids.

Effective for hearing aids dispensed on or after February 1, 2023, professional services and products included in the Medicaid dispensing fee have been revised. Reimbursement for the dispensing fee includes all the following for a period of 90 days unless otherwise noted:

- Hearing aid delivery. Packing, shipping, and handling are provided by the hearing aid manufacturer at no cost to the dispensing provider.
- Initial and follow up care for hearing aid set up and management. Services include, but are not limited to, electroacoustic assessments, programming or setting of internal device controls, device inspections, cleanings, physical fit adjustments, and accessory pairing.
- Initial and follow up hearing aid education. Services include, but are not limited to, orientation, education, and instruction on use, care, and maintenance of the device.

- One 90-day supply of disposal batteries per aid (non-rechargeable models).
- All components necessary for the hearing aid's operation. These are generally provided by the hearing aid manufacturer and include items such as rechargeable batteries, chargers, cords, tubing, connectors, or receivers.
- A 90-day trial/adjustment period with exchange/return privilege. This warranty is provided by the hearing aid manufacturer at no cost to the dispensing provider.

Providers are required to report the dispensing fee using the monaural or binaural dispensing fee Healthcare Common Procedure Coding System (HCPCS) code that most appropriately reflects the hearing aid model dispensed. Individual components of the dispensing fee must not be reported separately.

Hearing aid fitting, checking, orientation, or other service described under HCPCS code V5011 should not be reported within 90 days of the hearing aid's dispensed date. These services are included in the Medicaid dispensing fee reimbursement. Providers may bill additional fitting/checking services when medically necessary and appropriate following the expiration of the 90-day dispensing period.

A conformity evaluation for verification and validation of a hearing aid's benefit and performance provided on the same date of service as the dispensing fee will not be separately reimbursed. Providers may bill for additional follow-up conformity evaluations occurring during or after the 90-day dispensing period.

Ear molds and hearing aid supplies and accessories not provided by the manufacturer may be billed separately from the dispensing fee.

All other hearing aid policy requirements remain unchanged. (Refer to the Hearing Services and Devices chapter in the [Michigan Department of Health and Human Services \[MDHHS\] Medicaid Provider Manual](#) for additional policy and coverage information.)

Hearing Aid Services Fee Schedule

MDHHS has updated the hearing aid dispensing fee and fitting/checking visit reimbursement rates according to the payment methodology outlined within the Michigan Medicaid State Plan. (Refer to the Medicaid Hearing Aid service fee schedule at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Hearing Services/Hearing Aid Dealers or the Medicaid Code and Rate Reference tool located within the external links menu in the Community Health Automated Medicaid Processing System [CHAMPS] for current rates.) The database is reviewed at least annually and updated as necessary.

Medicaid Health Plans/Integrated Care Organizations

Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. Graduates who wish to provide services to MHP or ICO beneficiaries should contact the plan for additional information or requirements.

Manual Maintenance

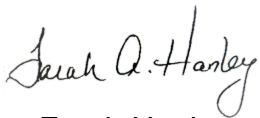
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Farah Hanley
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