

BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

Bulletin Number: MMP 25-43

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

Issued: September 30, 2025

Subject: Updates to Conventional Hearing Aid Battery Coverage and Reimbursement Rates

Effective: November 1, 2025

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

Note: Implementation of portions of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

The purpose of this policy is to update the standards of coverage and reimbursement rate for disposable hearing aid batteries. To improve access and reduce administrative barriers, Medicaid has removed the order requirement, increased the number of batteries a beneficiary can obtain without prior authorization (PA), and increased the reimbursement rate for each battery. The information in this bulletin is effective for dates of services on or after November 1, 2025.

Standards of Coverage

Medicaid will cover up to 144 conventional (e.g., disposable, non-rechargeable) hearing aid batteries per year per aid when obtained from a Medicaid-enrolled hearing aid dealer, audiologist, hearing center, or medical supplier. A maximum of 72 batteries for each aid may be dispensed per day. Additional batteries may be covered when medically necessary. PA is required for quantities exceeding the standards of coverage. (Refer to the Prior Authorization section of the Hearing Services and Devices chapter within the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#) for additional information.)

Order Requirement

Conventional hearing aid batteries no longer require an order from a physician or qualified non-physician medical practitioner unless required by the dispensing supplier. If the supplier requires a written prescription, refer to the Standards of Coverage section of the Hearing Services and Devices chapter within the MDHHS Medicaid Provider Manual for prescription requirements.

The dispensing of hearing aid batteries by a hearing aid provider is considered a service, and medical necessity must be documented in the beneficiary's chart along with the date of service and number of batteries dispensed.

Billing and Reimbursement Rate

Conventional hearing aid batteries should be reported to Medicaid under procedure code V5266 (battery for use in hearing device) along with the appropriate LT/RT modifier. Reimbursement rates for V5266 will be increased to \$1.42 per unit.

Refer to the current hearing aid dealer fee schedule at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Hearing Services/Hearing Aid Dealers >> Hearing Aid Dealers for the most up-to-date rate information.

Managed Care Organizations

Managed Care Organizations (MCO) must provide, at a minimum, the full range of covered services described in this policy. MCOs may choose to provide additional services over and above those specified. MCOs are allowed to develop PA and documentation requirements that differ from Fee-for-Service Medicaid requirements in accordance with their contract, applicable state law, and federal regulations. For beneficiaries enrolled in an MCO, the provider must check with the health plan for coverage 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 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

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

Approved

A handwritten signature in dark ink, reading "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director
Health Services