

Bulletin Number: MSA 18-24

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

Issued: August 1, 2018

Subject: Reinstatement of Adult Hearing Aid Coverage; Update to Disposable Hearing Aid Batteries and Replacement Earmold Coverage

Effective: September 1, 2018

Programs Affected: Medicaid

NOTE: Implementation of this policy is contingent upon State Plan Amendment Approval from the Centers for Medicare & Medicaid Services (CMS).

The purpose of this bulletin is to reinstate coverage of hearing aids for Medicaid beneficiaries 21 years of age and older and to update the disposable hearing aid batteries and replacement earmold(s) benefit. These policy provisions are effective for dates of service on and after September 1, 2018.

This policy applies to Medicaid Fee-for-Service (FFS) beneficiaries. 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. For beneficiaries enrolled in an MHP or ICO, providers must check with the beneficiary's health plan for prior authorization (PA), service limitations, and co-payment requirements.

Adult Hearing Aid Benefit

Per the durable medical equipment and supplies requirements mandated by the Medicaid Home Health Services rule and to be in compliance with section 6407 of the Patient Protection and Affordable Care Act of 2010 (ACA) and section 504 of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA), the Michigan Department of Health and Human Services (MDHHS) is reinstating hearing aid coverage for Medicaid beneficiaries 21 years of age and older. Hearing aids continue to remain covered for beneficiaries under 21 years of age. Medically necessary hearing aids are covered once every five years for a beneficiary of any age when provided by a licensed hearing aid dealer or audiologist. A co-payment may be required for beneficiaries who are not exempt from co-payment requirements. Co-payment information can be found on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Co-Payment Information.

MDHHS participates in a volume purchase contract agreement for hearing aids. Providers must purchase hearing aids directly from manufacturers that are part of the contract. The Hearing Aid Contract Vendor Contact List and reimbursement fee screens are maintained on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Hearing Services/Hearing Aid Dealers.

PA is required for certain services and hearing aid models. Refer to the Hearing Aid Dealers chapter of the Medicaid Provider Manual for specific PA requirements. (The Medicaid Provider Manual can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.) Requests for PA must be submitted on the Special Services Prior Approval-Request/Authorization form (MSA-1653-B). Medical documentation (e.g., medical clearance, audiogram and hearing aid recommendation from an audiologist, documentation to substantiate the acquisition cost) must accompany the MSA-1653-B.

Providers should refer to the Hearing Aid Dealers chapter of the Medicaid Provider Manual for complete coverage, authorization, and billing information related to hearing aid services.

Hearing Aid Batteries

Medicaid covers the replacement of up to 36 disposable hearing aid batteries per hearing aid every six months. All batteries must be dispensed in the original packaging and must be dispensed at least one year before the expiration date shown on the package. The establishment of a "battery club" where batteries are automatically mailed to a beneficiary regardless of need is not allowed.

PA is required for quantities exceeding the standards of coverage. Documentation must accompany the MSA-1653-B to substantiate the need for additional batteries.

Replacement Earmolds

Replacement earmolds are covered for beneficiaries who use hearing aids that require custom earmolds. Beneficiaries are eligible for replacement earmolds per the following schedule:

- Beneficiaries 13 years old and over: once every 12 months (per aid).
- Beneficiaries 3 to 13 years of age: twice every 12 months (per aid).
- Beneficiaries under 3 years of age: four times every 12 months (per aid).

PA is required for replacement earmolds exceeding the standards of coverage. Documentation must accompany the MSA-1653-B to substantiate the need for additional earmold replacements.

Manual Maintenance

Retain this bulletin until the information is incorporated into the 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-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 "Kathy Stiffler". The signature is written in a cursive style with a large initial "K".

Kathy Stiffler, Acting Director
Medical Services Administration