

101 CMR 323.00: RATES FOR HEARING SERVICES

Section

- 323.01: General Provisions
- 323.02: Definitions
- 323.03: General Rate Provisions, Requirements, and Rates
- 323.04: Reporting Requirements
- 323.05: Severability

323.01: General Provisions

- (1) Scope and Purpose. 101 CMR 323.00 governs the payment rates to be used by all governmental units and purchasers under M.G.L. c. 152 (the Workers' Compensation Act) for hearing services provided to publicly aided individuals and industrial accident patients.
- (2) Applicable Dates of Service. Rates contained in 101 CMR 323.00 apply for dates of service provided on or after June 1, 2021.
- (3) Disclaimer of Authorization of Services. 101 CMR 323.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 323.00. Governmental units and purchasers under M.G.L. c. 152 that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided individuals and industrial accident patients.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 323.00 and to update billing codes in accordance with 101 CMR 323.01(5).
- (5) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. Updates may reference coding systems including, but not limited to, the American Medical Association's Current Procedural Terminology® (CPT) and Healthcare Common Procedure Coding System (HCPCS). The publication of such updates and corrections will list
 - (a) codes for which the code numbers change, with the corresponding cross-references between new codes and codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;
 - (b) codes for which the code number remains the same, but the description has changed;
 - (c) deleted codes for which there are no corresponding new codes; and
 - (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) payment for these codes until appropriate rates can be developed.

323.02: Definitions

As used in 101 CMR 323.00, terms have the meanings in 101 CMR 323.02.

Accessories. Those essential items or options on a hearing aid purchased by a hearing instrument specialist that are not intrinsic components of the basic hearing aid unit. Accessories do not include nonessential items such as carrying cases.

Adjusted Acquisition Cost (AAC). The actual unit price paid to a manufacturer by a hearing aid dispenser for a hearing aid or accessories, including costs for shipping and handling, and excluding postal insurance charges.

Assessment of Hearing Aid. A procedure that includes

- (a) assessment of a patient's performance by appropriate tests with hearing aid devices;
- (b) a recheck of the patient and hearing aid after the prescribed aid has been fitted and used for a trial period; and
- (c) counseling related to the patient's adjustment to the use of the hearing aid.

323.02: continued

Audiological Evaluation. A routine audiological evaluation that includes

- (a) pure tone audiogram, by air and bone conduction testing; and
- (b) speech reception and discrimination testing.

Aural Rehabilitation. Therapy provided by a qualified audiologist either in a group or individually including, but not limited to:

- (a) Lip-reading. Training of the visual modality to improve the understanding of the speech or language of other speakers.
- (b) Auditory Training. Training of the auditory modality to improve the understanding of the speech or language of other speakers.

Binaural. The type of fitting or aid necessitated by varying degrees of hearing loss in both ears that requires unparalleled amplification *via* the use of two microphones and/or receivers.

Binaural Fitting. The fitting of two hearing aids, one to each ear, by a provider; the fitting to the second ear taking place no later than six months after the fitting to the first ear.

Contralateral Routing Hearing Aid. A type of hearing aid configuration that routes sounds from the hearing-impaired ear to the hearing ear *via* the use of a microphone.

Electroacoustic Evaluation for Hearing Aid. A check of the patient's personal hearing aid (includes electroacoustical analysis of the aid).

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any department, agency, board, division, or commission of the Commonwealth, and any political subdivision of the Commonwealth.

Hearing Aid. A small electronic device consisting of a microphone, an amplifier, and a receiver.

Hearing Aid Check. A check of the functioning of the patient's monaural or binaural hearing aid.

Hearing Services. Services including testing related to the determination of hearing loss, evaluation of hearing aids, the prescription of hearing aid devices, and aural rehabilitation.

Individual Consideration (I.C.). A designation indicating that there is no specified rate for a given service. Payment amounts for services designated "I.C." are determined by the governmental unit purchasing such services. The governmental unit determines the appropriate payment based on the provider's report of services provided and documentation as requested by the governmental unit. The report must include a pertinent history and diagnosis, a description of the service rendered, and the length of time spent with the patient. In making the determination of the appropriate payment amount, the governmental unit uses the following criteria:

- (a) the policies, procedures, and practices of other third-party purchasers of care, both governmental and private;
- (b) the severity and complexity of the patient's disorder or disability;
- (c) prevailing provider ethics and accepted practice; and
- (d) the time, degree of skill, and cost including equipment cost required to perform the procedure(s).

Industrial Accident Patient. A person who receives medical services for which persons, corporations, or other entities are in whole or part liable under M.G.L. c. 152 (the Workers' Compensation Act).

Major Repairs. Repairs to a hearing aid that must be made by a repair facility other than the provider's place of business.

Minor Repairs. Repairs performed at the provider's place of business such as, but not limited to, replacement and cleaning of tubing.

323.02: continued

Monaural Fitting. The fitting of one hearing aid by a provider.

Non organic Test Battery. Tests done to determine functional hearing loss.

Out-of-office Rates. Providers must use the appropriate place of service (POS) code when billing for out-of-office services. Out-of-office rates are 115% of their respective in-office counterparts.

Out-of-office Services. Authorized services provided in a nursing home, school, patient's home, or any other setting where the provider travels from his or her usual place of business to provide the service. Out-of-office services include only the codes in the following sections.

101 CMR 323.03(5)(b)1.: Hearing Aid Dispensing Fees

101 CMR 323.03(5)(c): Maximum Fee for Earmolds

101 CMR 323.03(5)(d): Maximum Fee for Ear Impressions

101 CMR 323.03(5)(e): Maximum Fee for Batteries

101 CMR 323.03(5)(i): Maximum Fee for Minor Repairs

101 CMR 323.03(5)(j): Maximum Fee for Major Repairs

Place of Service (POS). Providers who file claims with MassHealth must use the following CMS POS codes.

03 - School

04 - Homeless shelter

11 - Office

12 - Home

22 - Outpatient hospital

26 - Military treatment facility

31 - Skilled nursing facility

32 - Nursing facility

99 - Other place of service

Provider. A provider acting within the scope of the provider's license, in accordance with all applicable state and federal laws, who meets such conditions of participation as have been adopted by governmental units purchasing audiological services or by purchasers under M.G.L. c. 152 (the Workers' Compensation Act), and who is one of the following:

(a) an audiologist who is currently licensed by the Massachusetts Board of Speech-language Pathology and Audiology;

(b) any speech and hearing center (proprietorship, partnership, or corporation) that is not part of a hospital and provides authorized speech, hearing, or language services provided by a licensed, certified audiologist or a certified speech and language pathologist and does not bill separately from such facility for professional services;

(c) an audiology assistant who is currently licensed by the Massachusetts Board of Registration in Speech-language Pathology and Audiology; or

(d) a hearing instrument specialist who is currently licensed by the Massachusetts Board of Registration of Hearing Instrument Specialists.

Publicly aided Individual. A person who receives health care and other services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Used Hearing Aid. Any hearing aid that has been worn for any period of time by a user.

323.03: General Rate Provisions, Requirements, and Rates

(1) General Rate Provisions. Payment for the purchase of hearing aids and authorized related accessories and services for the care and maintenance of hearing aid instruments are the lowest of

(a) the provider's usual charge to persons other than publicly aided individuals and industrial accident patients;

(b) the provider's actual charge submitted; or

(c) the schedule or maximum fees listed in 101 CMR 323.03(5).

323.03: continued

- (2) Reimbursement as Full Payment. The payment rates under 101 CMR 323.03 are full compensation for care rendered to publicly aided individuals and industrial accident patients, as well as for any related administrative or supervisory duties and costs in connection with the services provided. Each provider must, as a condition of acceptance of payment made by the governmental unit purchasing audiological services or purchaser under M.G.L. c. 152 (the Workers' Compensation Act), accept the rate as full payment and discharge of all obligations for the services rendered.
- (3) General Requirements and Services Included.
- (a) Purchase of Hearing Aids. Payment for a hearing aid includes
1. the hearing aid and standard accessories for the proper operation of the hearing aid and proper fitting and instruction in the use, care, and maintenance of the hearing aid; and minor repairs and services as usually provided non-publicly aided individuals and industrial accident patients that may be necessary during the operational life of the hearing aid;
 2. a mandatory one year manufacturer's warranty and/or insurance against loss or damage; and
 3. the cost of a loaner hearing aid when necessary.
- (b) Earmold. Payment for an earmold includes the proper fitting of the earmold on delivery, and adjustments as may be needed. The maximum fee stipulated in 101 CMR 323.03(5)(c) is not allowed if an earmold is included in the manufacturer's price of the aid or the client already has an earmold.
- (c) Ear Impression. Payment for an ear impression includes one properly formed ear impression for each in-the-ear (ITE), in-the-canal (ITC), and behind-the-ear (BTE) aid purchased. The fee stipulated in 101 CMR 323.03(5)(d) is allowed only at the time an aid is purchased. The fee listed in 101 CMR 323.03(5)(d) includes provision for all associated costs.
- (d) Batteries. Proper freshness of batteries must be ensured. The maximum fee listed in 101 CMR 323.03(5)(e) includes provision for all associated costs. Batteries must be new and unused at the time of purchase.
- (e) Other Accessories or Options for a Hearing Aid. Proper fitting and adjustment of the accessory must be provided as needed. The maximum fee listed in 101 CMR 323.03(5)(g) includes provision for all associated costs. Accessories must be new and unused at the time of purchase.
- (f) Refitting Services/Other Professional Services. Additional fitting/refitting services are reimbursed only if the hearing aid was dispensed more than one year prior to the date of service of the refitting services. These professional services include refitting of the aid, orientation, counseling the member or member's family, contact with interpreters, fitting of a loaner aid, and similar services. Reimbursement for such services must include a face-to-face encounter with the publicly aided individual or industrial accident patient.
- (g) Minor Repairs and Office Visits for Evaluation and Management Services. An office visit for evaluation and management services is reimbursed only when one or more of the following services is required and is provided as part of the visit:
1. minor adjustments to the hearing aid to ensure a proper fitting, such as an earmold adjustment, when a provider is not the provider who initially fit the hearing aid, and the provider who initially fit the hearing aid no longer provides services to publicly aided individuals or industrial accident patients;
 2. minor office repairs for which the provider customarily charges patients who are neither publicly aided individuals nor industrial accident patients;
 3. cleaning of the hearing aid; or
 4. replacement of parts such as, but not limited to, tubing, hooks, battery doors, and replacement. No fee is allowed when the provider does not customarily charge clients other than publicly aided individuals and industrial accident patients for these repairs.
- (h) Major Repairs. A provider may submit a bill for major repairs to a hearing aid only after all warranties and/or insurance have expired. The hearing aid in need of a major repair must be sent directly to the repair facility or manufacturer that will perform the repair. Handling charges by an intermediary may not be submitted. Repair services must include a written warranty against all defects for a minimum of six months, unless otherwise documented by the repair facility or manufacturer. The provider of the repair services is responsible for the quality of the workmanship and parts, and for ensuring that the repaired aid is in proper working condition. The maximum fee listed in 101 CMR 323.03(5)(j) includes provision for all associated costs.

323.03: continued

(i) Extended Insurance Covering Loss and Damage. The manufacturer's insurance policy must provide coverage for the loss or damage of a hearing aid for no less than one year and up to three years following purchase.

(j) Other Services. No payment is allowed when the provider does not customarily charge clients other than publicly aided individuals and industrial accident patients for such items.

(4) Two Audiologists. MassHealth pays for two audiologists working together to perform an evaluation of an individual member when the knowledge, skills, and experience of the primary audiologist have identified a need for a second audiologist to aid in completing the initial test battery, such as for the testing of very young children or those with other pertinent developmental, physical, cognitive, or maturational factors. Circumstances warranting the services of two audiologists must be fully documented in the member's medical record. To receive full payment, both audiologists must use the appropriate service code and modifier combination listed in Subchapter 6 of the *MassHealth Audiologist Manual*. MassHealth will pay ½ of the total allowable payment for two audiologists to each individual provider.

(5) Rates. 101 CMR 323.03(5) sets forth maximum fees for the items and services listed in 101 CMR 323.03(5).

(a) Maximum Fees for Audiological Services.

1. Vestibular Function Tests, with Recording and Medical Diagnostic Evaluation.

Code	Description	Rate
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$50.83
92542	Positional nystagmus test, minimum of four positions, with recording	\$52.44
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$42.05
92545	Oscillating tracking test, with recording	\$38.26
92546	Sinusoidal vertical axis rotational testing	\$79.33
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	\$23.87

2. Audiologic Function Tests with Medical Diagnostic Evaluation.

Code	Description	Rate
92551	Screening test, pure tone, air only	\$9.24
92552	Pure tone audiometry (threshold); air only	\$17.89
92553	Pure tone audiometry (threshold); air and bone	\$25.57
92555	Speech audiometry threshold	\$14.65
92556	Speech audiometry threshold; with speech recognition	\$21.61
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	\$48.20
92562	Loudness balance test, alternate binaural or monaural	\$18.24

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

323.03: continued

Code	Description	Rate
92563	Tone decay test	\$15.74
92564	Short increment sensitivity index (SISI)	\$17.76
92565	Stenger test, pure tone	\$13.93
92567	Tympanometry (impedance testing)	\$19.82
92568	Acoustic reflex testing, threshold	\$13.88
92572	Staggered spondaic word test	\$8.17
92576	Synthetic sentence identification test	\$18.12
92577	Stenger test, speech	\$23.28
92579	Visual reinforcement audiometry (VRA)	\$28.81
92582	Conditioning play audiometry	\$30.98
92583	Select picture audiometry	\$32.17
92584	Electrocochleography	\$82.11
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	\$55.08
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	\$77.10
92590	Hearing aid examination and selection; monaural	\$23.59
92591	Hearing aid examination and selection; binaural	\$34.99
92592	Hearing aid check; monaural	\$14.79
92593	Hearing aid check; binaural	\$29.58
92594	Electroacoustic evaluation for hearing aid; monaural	\$40.54
92595	Electroacoustic evaluation for hearing aid; binaural	\$81.12
92596	Ear protector attenuation measurements	\$25.92
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	\$66.02
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	\$66.02
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	\$91.88

323.03: continued

Code	Description	Rate
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	\$91.88
V5020	Conformity evaluation	\$88.54

3. Evaluative and Therapeutic Services.

Code	Description	Rate
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	I.C.
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	I.C.
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	I.C.
92601	Diagnostic analysis of cochlear implant, patient younger than seven years of age; with programming	\$139.99
92602	Diagnostic analysis of cochlear implant, patient younger than seven years of age; subsequent reprogramming (do not report 92602 in addition to 92601)	\$96.04
92603	Diagnostic analysis of cochlear implant, age seven years or older; with programming	\$88.12
92604	Diagnostic analysis of cochlear implant, age seven years or older; subsequent reprogramming (do not report 92604 in addition to 92603)	\$57.14
92620	Evaluation of central auditory function, with report; initial 60 minutes	\$57.88
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	\$14.48
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	\$57.88
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	\$14.48
92700	Unlisted otorhinolaryngologic service or procedure	I.C.

323.03: continued

4. Miscellaneous.

Code	Description	Rate
V5008	Hearing screening	\$30.02
V5010	Assessment for hearing	\$60.88

(b) Maximum Fees for Hearing Aids. The maximum fees are the adjusted acquisition cost (AAC) of the hearing aid, plus the appropriate dispensing fee.

1. Hearing Aid Dispensing Fees.

Code	Description	Rate
V5090	Dispensing fee, unspecified hearing aid	\$307.16
V5110	Dispensing fee, bilateral	\$614.52
V5160	Dispensing fee, binaural	\$614.52
V5200	Dispensing fee, CROS contralateral, monaural	\$614.52
V5240	Dispensing fee, contralateral routing system, binaural	\$614.52
V5241	Dispensing fee, monaural hearing aid, any type	\$307.16

2. Hearing Aid Purchases.

Code	Description	Rate
V5030	Hearing aid, monaural, body worn, air conduction	AAC
V5040	Hearing aid, monaural, body worn, bone conduction	AAC
V5050	Hearing aid, monaural, in the ear	AAC
V5060	Hearing aid, monaural, behind the ear	AAC
V5070	Glasses, air conduction	AAC
V5080	Glasses, bone conduction	AAC
V5095	Semi-implantable middle ear hearing prosthesis	AAC
V5100	Hearing aid, bilateral, body worn	AAC
V5120	Binaural, body	AAC
V5130	Binaural, in the ear	AAC
V5140	Binaural, behind the ear	AAC
V5150	Binaural, glasses	AAC
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	I.C.
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	I.C.

323.03: continued

Code	Description	Rate
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	I.C.
V5190	Hearing aid, contralateral routing, monaural, glasses	AAC
V5211	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	I.C.
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	I.C.
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	I.C.
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	I.C.
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	I.C.
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	I.C.
V5230	Hearing aid, contralateral routing system, binaural, glasses	AAC
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	AAC
V5243	Hearing aid, analog, monaural, ITC (in the canal)	AAC
V5244	Hearing aid, digitally programmable analog, monaural, CIC	AAC
V5245	Hearing aid, digitally programmable analog, monaural, ITC	AAC
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	AAC
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	AAC
V5248	Hearing aid, analog, binaural, CIC	AAC
V5249	Hearing aid, analog, binaural, ITC	AAC
V5250	Hearing aid, digitally programmable analog, binaural, CIC	AAC
V5251	Hearing aid, digitally programmable analog, binaural, ITC	AAC
V5252	Hearing aid, digitally programmable, binaural, ITE	AAC
V5253	Hearing aid, digitally programmable, binaural, BTE	AAC
V5254	Hearing aid, digital, monaural, CIC	AAC

323.03: continued

Code	Description	Rate
V5255	Hearing aid, digital, monaural, ITC	AAC
V5256	Hearing aid, digital, monaural, ITE	AAC
V5257	Hearing aid, digital, monaural, BTE	AAC
V5258	Hearing aid, digital, binaural, CIC	AAC
V5259	Hearing aid, digital, binaural, ITC	AAC
V5260	Hearing aid, digital, binaural, ITE	AAC
V5261	Hearing aid, digital, binaural, BTE	AAC
V5262	Hearing aid, disposable, any type, monaural	AAC
V5263	Hearing aid, disposable, any type, binaural	AAC
V5298	Hearing aid, not otherwise classified	AAC

(c) Maximum Fees for Earmolds. Provider's adjusted acquisition cost (AAC), plus a dispensing fee as set forth below.

Code	Description	Rate
V5264	Ear mold/insert, not disposable, any type	AAC+ \$15.32
V5265	Ear mold/insert, disposable, any type	AAC+ \$15.32

(d) Maximum Fee for Ear Impressions.

Code	Description	Rate
V5275	Ear impression, each	\$15.32

(e) Maximum Fees for Batteries.

Code	Description	Rate
V5266	Battery for use in hearing device	\$1.63
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	AAC
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	AAC
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	AAC
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	AAC

323.03: continued

(f) Maximum Fees for Bone-anchored Hearing Aids (BAHA).

Code	Description	Rate
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	\$1,687.20
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	I.C.
L8693	Auditory osseointegrated device abutment, any length, replacement only	\$1,485.57
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	\$925.21

(g) Maximum Fees for Other Accessories. Provider's adjusted acquisition cost (AAC), plus a 44% markup.

Code	Description	Rate
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	AAC+ 44%
V5274	Assistive listening device, not otherwise specified	AAC+ 44%

(h) Maximum Fee for Refitting Services.

Code	Description	Rate
V5011	Fitting/orientation/checking of hearing aid	\$36.36

(i) Maximum Fee for Minor Repairs.

Code	Description	Rate
99499	Unlisted evaluation and management service	\$5.24

(j) Maximum Fee for Major Repairs.

Code	Description	Rate
V5014	Repair/modification of a hearing aid	AAC+ 44%

323.03: continued

(k) Maximum Fees for Cochlear Implant Services.

Code	Description	Rate
L7510MS	Repair of prosthetic device, repair or replace minor parts (six-month maintenance and servicing fee for reasonable and necessary parts and labor that are not covered under any manufacturer or supplier warranty) (I.C.) (for use only for the purchase of a cochlear implant service contract in accordance with 130 CMR 426.416: <i>Reimbursable Services.</i>)	I.C.
L8615	Headset/headpiece for use with cochlear implant device, replacement	\$328.54
L8616	Microphone for use with cochlear implant device, replacement	\$76.53
L8617	Transmitting coil for use with cochlear implant device, replacement	\$66.84
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	\$19.10
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	\$7,068.05
L8627	Cochlear implant, external speech processor, component, replacement	\$6,346.10
L8628	Cochlear implant, external controller component, replacement	\$1,100.24
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	\$159.25
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	I.C.

(l) Maximum Fee for Other Services.

Code	Description	Rate
V5299	Hearing service, miscellaneous	I.C.

(6) Medical Services. The payment rates for medical services are set forth in 101 CMR 317.00: *Medicine.*

(7) Therapeutic Services. The payment rates for therapeutic services are set forth in 101 CMR 339.00: *Restorative Services.*

323.04: Reporting Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.

(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 323.04(2).

323.05: Severability

The provisions of 101 CMR 323.00 are severable, and if any provision of 101 CMR 323.00 or application of such provision to any provider of hearing services or any circumstances is held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 323.00 or application of such provisions to providers of hearing services or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 323.00: M.G.L. c. 118E.