

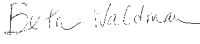


Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER AUD-11
April 2004

TO: Audiologists Participating in MassHealth

FROM: Beth Waldman, Director, Office of Medicaid 

RE: *Audiologist Manual* (Changes to Program Regulation)

This letter transmits revisions to the *Audiologist Manual* program regulations. These revisions are effective for dates of service on or after May 1, 2004.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the regulation. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title for audiologist services is 114.3 CMR 39.00: Audiological Services. The regulation title for hearing aid dispensing services is 114.3 CMR 23.00: Hearing Aid Dispensers.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Changes to the Audiologist Regulations

Effective October 1, 2003, the Division pays for office visits for evaluation and management services when certain procedures are required and provided as part of the office visit. These procedures include minor office repairs for which the provider customarily charges non-MassHealth patients, cleaning of the hearing aid, and the replacement of parts such as tubing and battery doors.

These visits are billable under Service Code **99499**, at one unit per service provided. For example, if two hearing aids are cleaned for one member during one visit, two units of Service Code 99499 may be billed. If one hearing aid cleaning and two battery door replacements are provided, three units of Service Code 99499 may be billed.

Effective for dates of service beginning May 1, 2004, MassHealth will pay for a maximum of **six** units of service per member per date of service.

These regulations are effective May 1, 2004.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Audiologist Manual

Pages vii, 4-7, 4-8, 6-3, and 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Audiologist Manual

Pages vii, 4-7, 4-8, 6-3 and 6-4 — transmitted by Transmittal Letter AUD-10

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series AUDIOLOGIST MANUAL	SUBCHAPTER NUMBER AND TITLE PREFACE	PAGE vii
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The regulations and instructions, governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, descriptions, billing instructions, and general information. MassHealth's regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For audiologists, those matters are covered in 130 CMR Chapter 426.000, reproduced as Subchapter 4 in the *Audiologist Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for making changes by hand ("pen-and-ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and with its members.

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426.416: Reimbursable Services

(A) Complete Audiological Evaluation. Payment for a complete audiological evaluation will be made only if the evaluation is recommended by a physician.

(B) Hearing-Aid Purchase. Payment for a hearing-aid purchase includes the following:

- (1) the hearing aid and standard accessories/options required for the proper operation of the hearing aid;
- (2) the proper fitting and instruction in the use, care, and maintenance of the hearing aid;
- (3) the maintenance, minor repair, and servicing provided during the operational lifetime of the hearing aid that is furnished free of charge to non-MassHealth patients;
- (4) the initial one-year manufacturer's warranty against loss or damage; and
- (5) the loan to the member of a hearing aid by the audiologist, when necessary.

(C) Earmold. An earmold is not reimbursable if it is included in the manufacturer's price of the hearing aid or if the member already has an appropriate earmold. Payment for an earmold includes the following:

- (1) the proper fitting of the earmold; and
- (2) any adjustments that may be needed during the operational life of the earmold.

(D) Ear Impression.

- (1) For a Hearing Aid. Payment for an ear impression for a hearing aid includes one properly formed ear impression for each in-the-ear hearing aid purchased. The provider may not claim payment for an ear impression for a hearing aid until the hearing aid has actually been delivered to the member.
- (2) For an Earmold. The provider may not claim payment for an ear impression for an earmold until the earmold has actually been delivered to the member.

(E) Batteries. Batteries must be new at the time of purchase.

(F) Accessories. Payment for accessories and hearing-aid options includes proper fitting and adjustment of the accessory as needed. Accessories must be billed separately from the basic hearing-aid unit. The costs of accessories, such as audio input cords and telephone coils, must be combined into one single total charge and billed as one unit of service.

(G) Major Repairs. The provider of a repair service is responsible for the quality of the workmanship and parts, and for ensuring that the repaired hearing aid is in proper working condition. The audiologist is responsible for ensuring that the repaired hearing aid is in proper working condition upon returning the aid to the member. Payment for a major repair to a hearing aid is limited to the following conditions.

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- (1) All warranties and insurance must have expired.
- (2) The hearing aid must be sent directly to the repair facility or manufacturer that will perform the repair. (The handling charges of an intermediary are not reimbursable.)
- (3) The repair service must include a written warranty against all defects for a minimum of six months.
- (4) A copy of the invoice from the repair facility or manufacturer for the cost of the repair must accompany the claim form.

(H) Office Visits for Evaluation and Management Services. MassHealth pays for an office visit for evaluation and management services 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 assure a proper fitting, such as an earmold adjustment, when the provider is not the provider who initially fit the hearing aid, and the provider who initially fit the hearing aid is no longer a MassHealth provider;
- (2) minor office repairs for which the provider customarily charges non-MassHealth patients;
- (3) cleaning of the hearing aid; or
- (4) replacement of parts such as, but not limited to, tubing, hooks, battery doors, and recasing.

(I) Refitting Services/Other Professional Services. MassHealth pays for additional fitting/refitting services only where the hearing aid was dispensed more than two years prior to the date of service of the refitting services. These professional services include refitting of the aid, orientation, counseling with the member or member's family, contact with interpreters, fitting of a loaner aid, and similar services. Payment for these services must include a face-to-face encounter with the member. Payment is made for a maximum of three visits per year.

(J) Cochlear Implant Service Contract. MassHealth pays for a service/maintenance contract from the manufacturer of a cochlear implant device that is approved by the U.S. Department of Health and Human Services Food and Drug Administration (FDA), which covers certain costs for repair and replacement parts for an eligible member's existing cochlear implant system. This does not include contracts for the sole purpose of replacement due to loss, theft, or accidental damage. The following restrictions apply to the service contract.

- (1) The service contract must be for a minimum period of two years, paid in full with the enrollment. MassHealth does not pay for a service contract purchased under an installment payment plan, where payment in full at enrollment is also an option.
- (2) The service contract, when available as a combined option, must include repair and replacement coverage for both the headpiece and speech processor.
- (3) The service contract is not covered until the manufacturer's original warranty, which is obtained at the time of initial implantation, expires.
- (4) A copy of the invoice from the manufacturer for the cost of the service contract must accompany the claim form.

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601 Service Codes and Descriptions (cont.)

Service
Code-Modifier Service Description

HEARING AID SERVICES

Office Visits for Evaluation and Management Services

99499 Unlisted evaluation and management service (up to a maximum of six services per member per date of service). (Providers may submit a prior-authorization request pursuant to 130 CMR 450.144(A) for members under 21 for units in excess of six per member per date of service.)

Refitting Services/Other Professional Services

V5011 Fitting/orientation/checking of hearing aid

Hearing Aid Purchases-Monaural

V5030 Hearing aid, monaural, body worn, air conduction (P.A. if cost exceeds \$500) (I.C.)
 V5040 Hearing aid, monaural, body worn, bone conduction (P.A. if cost exceeds \$500) (I.C.)
 V5050 Hearing aid, monaural, in the ear (P.A. if cost exceeds \$500) (I.C.)
 V5060 Hearing aid, monaural, behind the ear (P.A. if cost exceeds \$500) (I.C.)
 V5246 Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (P.A. if cost exceeds \$500) (I.C.)
 V5247 Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (P.A. if cost exceeds \$500) (I.C.)
 V5256 Hearing aid, digital, monaural, ITE (P.A. if cost exceeds \$500) (I.C.)
 V5257 Hearing aid, digital, monaural, BTE (P.A. if cost exceeds \$500) (I.C.)

Hearing Aid Purchases-Binaural

V5130 Binaural, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5140 Binaural, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5150 Binaural, glasses (P.A. if cost exceeds \$1,000) (I.C.)
 V5252 Hearing aid, digitally programmable, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)
 V5253 Hearing aid, digitally programmable, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)
 V5260 Hearing aid, digital, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)
 V5261 Hearing aid, digital, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)

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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

Hearing Aid Purchases-CROS and BICROS

V5170 Hearing aid, CROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5180 Hearing aid, CROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5190 Hearing aid, CROS, glasses (P.A. if cost exceeds \$1,000) (I.C.)
 V5210 Hearing aid, BICROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5220 Hearing aid, BICROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5230 Hearing aid, BICROS, glasses (P.A. if cost exceeds \$1,000) (I.C.)

Hearing Aid Purchases-Other

V5070 Glasses, air conduction (I.C.)
 V5080 Glasses, bone conduction (I.C.)
 V5100 Hearing aid, bilateral, body worn (I.C.)
 V5274 Assistive listening device, not otherwise specified (I.C.) (Use this code only for pocket-talkers.)
 V5298 Hearing aid, not otherwise classified (P.A.) (I.C.)

Hearing Aid Repairs, Accessories, and Related Services

V5014 Repair/modification of a hearing aid (I.C.)
 V5264 Ear mold/insert, not disposable, any type (I.C.)
 V5265 Ear mold/insert, disposable, any type (I.C.)
 V5266 Battery for use in hearing device (per battery)
 V5267 Hearing aid supplies/accessories (I.C.)
 V5275 Ear impression, each
 V5299 Hearing service, miscellaneous (P.A.) (I.C.)

Hearing Aid Dispensing Fees

V5160 Dispensing fee, binaural
 V5200 Dispensing fee, CROS
 V5240 Dispensing fee, BICROS
 V5241 Dispensing fee, monaural hearing aid, any type