



COMMONWEALTH OF MASSACHUSETTS
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DIVISION OF INSURANCE

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BULLETIN 2012-11

TO: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc.
and Health Maintenance Organizations

FROM: Joseph G. Murphy, Commissioner of Insurance

DATE: December 31, 2012

RE: Coverage of Hearing Aids for Children

This Bulletin clarifies recent changes to the Massachusetts laws that provide for coverage of hearing aids for children as expressed within Chapter 233 of the Acts of 2012 ("Chapter 233"). Chapter 233 was signed into law on August 6, 2012 and applies to all policies, contracts and certificates of health insurance (collectively called "Health Plans") that are delivered, issued or renewed on or after January 1, 2013. Section 2 of Chapter 233 amends M.G.L. c. 175, § 47X; Section 3 amends M.G.L. c. 176A, § 8Y; Section 4 adds M.G.L. c. 176B, § 4EE¹; and Section 5 amends M.G.L. c. 176G, § 4N.

The effect of these changes is to require that commercial health insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations (collectively called "Carriers") include in any Health Plan coverage of hearing aids for children who are 21 years of age or younger and who are covered under the Health Plan. Carriers also must include in any Health Plan coverage of all services related to a covered hearing aid device that is prescribed by a licensed audiologist or hearing instrument specialist, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds.

Carriers may limit Health Plan coverage of a hearing aid device to \$2,000 per hearing aid per hearing impaired ear in each 36 month period. Carriers must allow coverage of \$2,000 for each covered hearing aid device in the event that the insured selects a higher priced hearing aid device and the insured elects to pay the difference in cost above the limit of \$2,000. Carriers may not include related services and supplies in any coverage limit that applies to the hearing aid device.

¹ Section 5 of Chapter 234 of the Acts of 2012 also references a new M.G.L. c. 176B, § 4EE relative to the coverage of treatment of cleft palate and cleft lip for children.

Carriers may apply Health Plan deductibles, coinsurance, copayments or out-of-pocket limits to hearing aid devices, supplies and services related to hearing aids; such deductibles, coinsurance, copayments or out-of-pocket limits may not be greater than any applied to any other benefit covered in the Health Plan. Carriers must provide coverage of hearing aids and the related services and supplies upon a written statement from the child's treating physician. A treating physician may be considered to be the child's pediatrician or an ENT provider. Managed care plans, as defined in M.G.L. c. 176O, may apply medical necessity review as appropriate.

Carriers must include coverage of the above-noted services within all Health Plans that are delivered, issued or renewed on or after January 1, 2013. Carriers should submit revised contracts, policies, certificates and evidences of coverage, or relevant riders, endorsements, or amendments that would be attached to existing documents regarding benefit changes as soon as possible. Form filings should be filed with the Division via SERFF with the appropriate form filing fees. See Division of Insurance Bulletins 2008-08 and 2008-19 for form filing and fee information.

If you have any questions regarding this Bulletin or the filing of materials, please contact Nancy Schwartz, Director of the Bureau of Managed Care, at (617) 521-7347 or nancy.schwartz@state.ma.us.