



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Hearing Aid Dispenser Bulletin 9
July 2000

TO: Hearing Aid Dispensers Participating in MassHealth
FROM: Jean C. Sullivan, Acting Commissioner
RE: **Conditions of Payment for the Dispensing of Hearing Aids**

Change in Billing Procedures

Beginning with claims submitted in June 2000, you are no longer required to submit either an audiological evaluation or a physician's medical clearance with your claim for the dispensing of hearing aids, as described in 130 CMR 416.415.

You need to submit **only** a copy of the entire manufacturer's invoice with the completed claim form no. 9. Manufacturer's invoices must contain a date of service, the member's name, and the serial numbers of the hearing aids that were dispensed. If the invoice is for a bulk order, you must indicate on the invoice which hearing aids have been dispensed to the member. Catalogue price lists and monthly manufacturer's statements are not acceptable attachments.

Recordkeeping Requirements

You must continue to obtain both an audiological evaluation and a physician's medical clearance, as required in 130 CMR 416.414, and to maintain all documentation in the member's record in accordance with 130 CMR 416.419 and 450.205.

MassHealth Reminders

The rest of this bulletin provides reminders about other matters important to hearing aid dispensers participating in MassHealth.

Billing with Prior Authorization

When billing for services for which prior authorization has been obtained from the Division, you must enter the six-character prior-authorization number in Item 4 on claim form no. 9. All service codes billed on the claim form no. 9 must match those codes for which prior authorization was obtained. Even when you have obtained prior authorization, you must still submit the entire manufacturer's invoice with the completed claim form no. 9.

continued on back

**MassHealth Reminders
(cont.)**

Members Enrolled in an MCO

Since January 1, 1999, for any MassHealth member enrolled with a Division-contracted managed care organization (MCO), you must seek authorization and payment directly from the MCO. The Division will not pay hearing aid dispensers for hearing aid services provided to such members.

Provider File Maintenance

You must inform the Division of any changes that require updates to your provider file, including but not limited to, any changes in ownership, business or other addresses, phone numbers, and group practice affiliations. Send such changes to:

MassHealth Provider Enrollment and Credentialing
P.O. Box 9126
Somerville, MA 02145-9126

You may call MassHealth Provider Enrollment and Credentialing at (617) 576-4424 or 1-800-322-2909 if you have any questions about what to send.

Member Eligibility Verification

In accordance with 130 CMR 450.107, you must check the Recipient Eligibility Verification System (REVS) to verify a member's eligibility and coverage limitations before providing services.

For information about the options available to you to access REVS, including software for your personal computer to check eligibility, please contact the REVS Helpline at 1-800-462-7738.

Electronic Billing

Claims that require attachments must be billed on paper, but all other claims may be billed electronically. For information on submitting claims on tape or diskette, or in other electronic formats, please contact the MassHealth Provider Services Department at (617) 576-4483, or send an e-mail to maemc@unisys.com. Once you are approved to submit claims electronically, please contact the MassHealth Provider Services Department at (617) 576-4436 for technical assistance.

Questions

If you have any other questions about the information in this bulletin, please call the MassHealth Provider Services Department at (617) 628-4141 or 1-800-325-5231.
