

Introduction

Good morning. My name is Davina Maddox, and I am the Hearing Services Program Manager in the office of Provider Networks at the Executive Office of Health and Human Services (EOHHS). I am here to present testimony on proposed amendments to 101 CMR 323.00: *Rates for Hearing Services*. The proposed amendments are anticipated to be effective for dates of service on or after December 1, 2025.

Background

Regulation 101 CMR 323.00 governs the rates of payment by MassHealth and other governmental units for hearing services provided to publicly aided individuals and industrial accident patients by eligible providers. Hearing services include testing related to the determination of hearing loss, evaluation of hearing aids, the prescription of hearing aid devices, and aural rehabilitation.

Proposed Amendments

EOHHS proposes setting rates for codes 92622 and 92623, for services that provide diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, first 60 minutes and each additional 15 minutes, respectively. These codes were added to 101 CMR 323.00 with rates set at individual consideration (IC) by administrative bulletin, AB 24-07, effective January 1, 2024. The proposed amendments set the rate for code 92622 at \$48.08, and the rate for code 92623 at \$12.37. Each proposed rate was calculated by taking the average of the available rates for the corresponding code in comparable states. EOHHS considered the following states as comparable states: New York, New Jersey, Connecticut, Rhode Island, and New Hampshire. Of the comparable states, Rhode Island and New Hampshire were the only states with published rates available for codes 92622 and 92623.

All other rates are proposed to remain at their current levels.

The proposed amendments are in accordance with M.G.L. Chapter 118E, Section 13C, which requires that rates established by EOHHS for health care services be “adequate to meet the costs

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incurred by efficiently and economically operated facilities providing care and services in conformity with applicable state and federal laws and regulations and quality and safety standards and which are within the financial capacity of the commonwealth.” There is no current indication of an access issue.

Fiscal Impact

There is no estimated aggregate annual fiscal impact of the proposed amendments, as there is no current utilization of the two codes for which EOHHS proposes to establish fixed rates.

This concludes my testimony.

Thank you.