

Dear Providers,

This bulletin provides notification of the elimination of the Hearing Aid Dealers chapter and revisions to/renaming of the Hearing Services chapter in the Medicaid Provider Manual. The new Hearing Services and Devices chapter includes the incorporation of hearing services and hearing aid dealer information, reflects alignment with current United States Food and Drug Administration (FDA) audiological device indications, and clarifies or updates existing policy. The bulletin is effective for services provided on and after July 1, 2020.

Key Updates:

- Revised audiological criteria for digital hearing aids, contralateral routing devices, and cochlear implants
- Removal of the prior authorization (PA) requirement for contralateral routing devices (CROS/BICROS) included on the Michigan Department of Health and Human Services (MDHHS) Volume Purchase Contract
- Removal of the PA requirement for MDHHS Volume Purchase Contract hearing aids prescribed for beneficiaries with unilateral hearing loss
- Removal of the PA requirement for unilateral implantable and non-implantable bone-anchored hearing devices (BAHDs)
- Revised standards of coverage for alternative listening devices
- Addition of Independent Diagnostic Testing Facilities (IDTFs) as an allowable provider type to perform audiological diagnostic testing services
- Revised PA documentation requirements for non-contracted hearing aids
- Clarification of hearing aid checks and programming coverage

Additional Changes:

Providers should note the additional changes in the Hearing Services and Devices chapter:

- Updated Auditory Rehabilitation Standards of Coverage
  - Auditory rehabilitation is covered when medically necessary for beneficiaries who have received an implanted hearing device or hearing aid, or who have pre- or post-lingual hearing loss. To align auditory rehabilitation with other Medicaid-covered rehabilitation services, visit maximums are 36 visits per calendar year. PA is required for additional visits. Additionally, Speech Language Pathologists are eligible to bill for these services using Current Procedural Terminology (CPT) codes 92630 and 92633
- Revised Cochlear Implant Mapping Visit Maximums
  - The programming of the cochlear implant speech processor to the specifications and needs of the beneficiary is a covered benefit. Eligible beneficiaries may receive one initial and up to five subsequent mapping sessions per implant following surgery. PA is required for additional sessions. Existing cochlear implant users requiring reprogramming may receive up to five mapping sessions per year per implant

- Adult Bilateral Cochlear Implant Coverage
  - Cochlear implantation is covered with PA for all beneficiaries meeting the standards of coverage and audiological criteria. Cochlear implant coverage for beneficiaries 20 years of age and over has been expanded to include bilateral implantation
- Updated Cochlear Implant, BAHD, and Hearing Aid Supplies and Accessories Lists
  - Cochlear implant and BAHD accessories, parts, and supplies provided by a Medicaid-enrolled cochlear implant manufacturer and hearing aid supplies provided by an audiologist or hearing aid dealer are covered when the applicable standards of coverage have been met

Sincerely,

Meridian