

9505.0287 HEARING AID SERVICES.

Subpart 1. **Definitions.** The terms used in this part have the meanings given them.

A. "Audiologic evaluation" means an assessment of communication problems caused by hearing loss that is performed by an audiologist or an otolaryngologist.

B. "Audiologist" has the meaning given in part 9505.0390, subpart 1, item A.

C. "Hearing aid" means a monaural hearing aid, a set of binaural hearing aids, or other device worn by the recipient to improve the recipient's access to and use of auditory information.

D. "Hearing aid accessory" means chest harnesses, tone and ear hooks, carrying cases, and other accessories that are not included in the cost of the hearing aid but that are necessary to the recipient's use of the hearing aid.

E. "Hearing aid services provider" means:

(1) a person who has a certificate from the commissioner of health as a dispenser of hearing instruments as specified in Minnesota Statutes, chapter 153A;

(2) an audiologist;

(3) an otolaryngologist; or

(4) a provider, as specified in part 9505.0175, subpart 38, who employs dispensers of hearing instruments, audiologists, or otolaryngologists.

A hearing aid services provider who is not an audiologist or an otolaryngologist must not perform an audiologic evaluation.

F. "Hearing aid services" means the services provided by a hearing aid services provider that are necessary to dispense hearing aids and provide hearing aid accessories and repairs.

G. "Otolaryngologist" means a physician specializing in diseases of the ear and larynx who is board eligible or board certified by the American Board of Otolaryngology.

Subp. 2. **Covered hearing aid services.** To be eligible for medical assistance payment, the hearing aid services must meet the requirements of items A to E and the other requirements of this part.

A. A physician's examination must determine that the recipient does not have medical or surgical conditions that contraindicate fitting the recipient with a hearing aid.

B. The physician who examines the recipient must refer the recipient for an audiologic evaluation to determine if the recipient has a communication disorder caused by a hearing loss and if a hearing aid is medically necessary for the recipient.

C. The audiologist or otolaryngologist who conducts the audiologic evaluation required under item B must order a specific hearing aid based on the findings of the audiologic evaluation.

D. The hearing aid services provider must provide the hearing aid that is recommended by the audiologist or otolaryngologist.

E. The audiologist or otolaryngologist must inform the recipient of the need to schedule a follow-up visit and must request that the recipient schedule a follow-up visit to determine the effectiveness of the hearing aid within 30 days of providing the aid or within the time period specified in the contract obtained through the competitive bidding process under part 9505.0200, whichever is longer.

Subp. 3. **Eligibility for replacement hearing aid.** A recipient is not eligible to receive a replacement hearing aid through medical assistance within five years after a hearing aid was provided to the recipient under subpart 2 unless prior authorization is obtained from the commissioner. The criteria for prior authorization of a replacement hearing aid are listed in items A and B:

A. the recipient's present hearing aid is no longer effective because the recipient has had an increase in hearing loss; or

B. the recipient's hearing aid has been misplaced, stolen, or damaged due to circumstances beyond the recipient's control so that it cannot be repaired. The recipient's degree of physical and mental impairment must be considered in determining whether the circumstances were beyond the recipient's control. If the recipient's hearing aid was misplaced, stolen, or irreparably damaged more than two times in a five-year period, a recipient must not receive a replacement hearing aid.

Subp. 4. **Condition for payment; availability of hearing aid through contract purchase.** If the department seeks competitive bids under part 9505.0200 for the provision of hearing aids and if at least one of the hearing aids available to a recipient is consistent with the results of the audiologic evaluation, then medical assistance payment for the recipient's hearing aid is limited to a hearing aid available under part 9505.0200.

Subp. 5. **Hearing aid services provider payment.** A hearing aid services provider must receive one payment for fitting a new hearing aid for a recipient plus providing at least three batteries of the type necessary to operate the hearing aid. A hearing aid services provider must not request payment until after the hearing aid is dispensed. The payment also covers the following hearing aid services during the hearing aid warranty period:

A. instructing and counseling the recipient on the use and care of the hearing aid;

B. providing the recipient a copy of the manufacturer's warranty applicable to the recipient's hearing aid; and

C. returning the hearing aid to the manufacturer for repair.

Subp. 6. **Replacement batteries.** Medical assistance payment is available to pay for replacement batteries only in the quantity necessary to operate the hearing aid for a period of not more than 90 days, beginning with the date the hearing aid is provided to the recipient.

Subp. 7. **Hearing aid services to resident of long-term care facility.** For a resident of a long-term care facility to be eligible for medical assistance payment, the resident's hearing aid services must result from:

- A. a request by the recipient;
- B. a referral by a registered nurse, licensed practical nurse, or consulting nurse who is employed by the long-term care facility; or
- C. a referral by the recipient's family, guardian, or attending physician.

For purposes of this subpart, "long-term care facility" means a residential facility certified by the Department of Health as a nursing facility or an intermediate care facility for the developmentally disabled.

Subp. 8. **Other covered hearing aid services.** Medical assistance payment is also available to pay for the hearing aid services in items A and B:

- A. ear molds if the ear molds are not provided by the manufacturer as part of the hearing aid under the contract with the state, or if the earmolds are not customarily provided with the hearing aid; and
- B. hearing aid accessories.

Subp. 9. **Trial period for audiologist's or otolaryngologist's evaluation of hearing aid.**

A. A hearing aid services provider must allow a recipient at least a 30-day trial or the period required by the contract between the state and the hearing aid manufacturer, whichever is longer, to allow an audiologist or otolaryngologist to determine whether the hearing aid meets the recipient's needs. The trial period consists of consecutive days beginning with the date the hearing aid is provided to the recipient. The hearing aid services provider must tell the recipient of the beginning and ending dates of the trial period.

B. If the audiologist or otolaryngologist determines that the hearing aid does not meet the recipient's needs, the audiologist or otolaryngologist must tell the recipient of the availability of further audiologic services as set forth in part 9505.0390, subpart 4, and order any necessary changes during the trial period.

Subp. 10. **Hearing aid services not covered.** Medical assistance payment is not available to pay for the following hearing aid services:

- A. a hearing aid that is not medically necessary for the recipient;
- B. replacement batteries, other than as specified in subpart 6, provided regardless of the recipient's need;
- C. charges for picking up and delivering a hearing aid that are billed on a separate claim for payment;
- D. repairs to a hearing aid during the warranty period and other hearing aid services that the contract between the state and the hearing aid manufacturer specifies must be provided within the contract price;
- E. purchase without prior authorization of a hearing aid not covered by a contract obtained through the competitive bidding process under part 9505.0200;
- F. hearing aid services billed on a separate claim for payment when the payment for the service is included in the dispensing fee for the hearing aid;
- G. hearing aid drying kits, battery chargers, swim molds, or adapters for telephones, television, or radio;
- H. canal hearing aids;
- I. routine cleaning, checking, and other maintenance of hearing aids without request or referral from the recipient, the recipient's family, guardian, or attending physician; and
- J. hearing aids prescribed or hearing aid services ordered by a physician if the hearing aids or the hearing aid services are provided by a person or entity that commits a felony listed in United States Code, title 42, section 1320a-7b, subject to the exceptions listed in Code of Federal Regulations, title 42, part 1001, section 952.

Statutory Authority: *MS s 256B.04*

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