



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

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STATE OF WASHINGTON
FILED

DATE: September 25, 2019

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WSR 19-20-043

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

☐ 31 days after filing.

☒ Other (specify) November 1, 2019 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

☐ Yes ☒ No If Yes, explain:

Purpose: The agency is amending Chapter 182-547 WAC - Hearing aids, to implement E2SSB 5179, which restores coverage of hearing instruments for adults.

Citation of rules affected by this order:

New: 182-547-0850, 182-547-1050

Repealed:

Amended: 182-547-0100, 182-547-0200, 182-547-0700, 182-547-0800, 182-547-0900, 182-547-1000, 182-547-1100

Suspended:

Statutory authority for adoption: RCW 41.05.021, RCW 41.05.160, E2SSB 5179, 65th Legislature, 2018 Regular Session

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 19-14-123 on July 03, 2019 (date).

Describe any changes other than editing from proposed to adopted version:

WAC 182-547-0100 (3)

Proposed	(3) The agency requires prior authorization for covered hearing aids when the clinical criteria set forth in this chapter are not met. The agency evaluates these requests on a case-by-case basis to determine whether they are medically necessary, according to the process found in WAC 182-501-0165.	The agency deleted subsection (3) from WAC 182-547-0100 and moved the content to WAC 182-547-1050.
Adopted	(3) The agency requires prior authorization for covered hearing aids when the clinical criteria set forth in this chapter are not met. The agency evaluates these requests on a case-by-case basis to determine whether they are medically necessary, according to the process found in WAC 182-501-0165.	

WAC 182-547-0200

Proposed	<u>"Cochlear implant" means an electrical device that receives sound and transmits the resulting signal to electrodes implanted in the cochlea. That signal stimulates the cochlea so that hearing impaired persons can perceive sound.</u>	The agency changed the defined term from "cochlear implant" to "cochlear implant device" to match the references throughout the chapter.
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Adopted	"Cochlear implant device" means an electrical device that receives sound and transmits the resulting signal to electrodes implanted in the cochlea. That signal stimulates the cochlea so that hearing impaired persons can perceive sound.	
WAC 182-547-0700 (2)		
Proposed	(2) Clients (((who are))) enrolled in (((an))) a <u>medicaid</u> agency-contracted managed care organization (MCO) (((are eligible under fee-for-service for covered hearing aid services that are not covered by their plan, subject to the provisions of this chapter and other applicable WAC. However))) <u>must arrange for hearing aid and related services directly through the client's MCO. Additionally</u> , clients enrolled in an agency-contracted MCO must obtain replacement parts for cochlear implants and bone-anchored hearing aids (((BAHA)))), including batteries, through their MCO.	The agency added the word "devices" to the last sentence to make consistent references to "cochlear implant devices" throughout the chapter.
Adopted	(2) Clients (((who are))) enrolled in (((an))) a <u>medicaid</u> agency-contracted managed care organization (MCO) (((are eligible under fee-for-service for covered hearing aid services that are not covered by their plan, subject to the provisions of this chapter and other applicable WAC. However))) <u>must arrange for hearing aid and related services directly through the client's MCO. Additionally</u> , clients enrolled in an agency-contracted MCO must obtain replacement parts for cochlear implant <u>devices</u> and bone-anchored hearing aids (((BAHA)))), including batteries, through their MCO.	
WAC 182-547-0800 (4)		
Proposed	(4) The agency pays for cochlear implant and (((BAHA))) <u>bone-anchored hearing aid</u> replacement parts when: <ul style="list-style-type: none"> (a) The manufacturer's warranty has expired; (b) The part is for immediate use, not a back-up part; and (c) The part needs to be replaced due to normal wear and tear and is not related to misuse or abuse of the item (see WAC (((182-502-0160))) <u>182-501-0050</u>). 	The agency added the word "device" to the first sentence to make consistent references to "cochlear implant device" throughout the chapter.
Adopted	(4) The agency pays for cochlear implant <u>device</u> and (((BAHA))) <u>bone-anchored hearing aid</u> replacement parts when: <ul style="list-style-type: none"> (a) The manufacturer's warranty has expired; (b) The part is for immediate use, not a back-up part; and (c) The part needs to be replaced due to normal wear and tear and is not related to misuse or abuse of the item (see WAC (((182-502-0160))) <u>182-501-0050</u>). 	

WAC 182-547-0800 (5)		
Proposed	(5) The agency covers cochlear implant external ((speech)) <u>sound</u> processors, including maintenance and repair.	The agency added the word “devices” to the sentence to make consistent references to “cochlear implant devices” throughout the chapter. The agency then moved “external sound processors” to improve clarity.
Adopted	(5) The agency covers <u>external sound processors for cochlear implant devices</u> external-((speech))-sound processors , including maintenance and repair.	
WAC 182-547-0800 (7)		
Proposed	(7) The agency covers batteries for hearing aids, cochlear implant external ((speech)) <u>sound</u> processors, and ((BAHA-speech)) <u>bone-anchored hearing aid sound</u> processors.	The agency added the word “devices” to the sentence to make consistent references to “cochlear implant devices” throughout the chapter. The agency then moved “external sound processors” to improve clarity.
Adopted	(7) The agency covers batteries for hearing aids, <u>external sound processors for cochlear implant devices</u> external-((speech))-sound processors , and ((BAHA-speech)) <u>bone-anchored hearing aid sound</u> processors.	
WAC 182-547-0850 (2)		
Proposed	(2) Binaural hearing aids. The agency covers binaural hearing aids with prior authorization (PA).	The agency split subsection (2) into two sentences to better clarify agency policy.
Adopted	(2) Binaural hearing aids. The agency covers binaural hearing aids with p. <u>Prior authorization (PA) is required.</u>	
WAC 182-547-0850 (5)		
Proposed	(5) Repair or replacement of external components of cochlear devices and bone-anchored hearing aids. The agency covers the following with PA.	The agency added the word “implant” to the sentence to make consistent references to “cochlear implant devices” throughout the chapter. The agency added language to, and split, the second sentence into two sentences to clarify agency policy.
Adopted	(5) Repair or replacement of external components of cochlear <u>implant</u> devices and bone-anchored hearing aids. The agency covers the following with <u>repair or replacement of external components of cochlear implant devices and bone-anchored hearing aids. PA is required.</u>	
WAC 182-547-0850 (5)(a)		
Proposed	(5)(a) Repair or replacement of external components of cochlear devices. If the client has bilateral cochlear devices, both devices are eligible for repair and replacement of external components; and	The agency added the word “implant” to both sentences to make consistent references to “cochlear implant devices” throughout the chapter.
Adopted	(5)(a) Repair or replacement of external components of cochlear <u>implant</u> devices. If the client has bilateral cochlear <u>implant</u> devices, both devices are eligible for repair and replacement of external components; and	
WAC 182-547-0850 (7)		
Proposed	(7) Second hearing aid. The agency pays for a second hearing aid when the client either meets the following expedited prior authorization clinical criteria or PA for a limitation extension is requested:	The agency reworded the language in subsection (7) to improve clarity.

Adopted	(7) Second hearing aid. The agency pays for a second hearing aid when the client either meets the following expedited prior authorization clinical criteria or PA for a limitation extension is requested <u>and approved</u> :	
WAC 182-547-0850 (7)(a)		
Proposed	(7)(a) The client tries one hearing aid for a six-month period, but the hearing aid does not adequately meet the client’s hearing need; and	The agency lowered the trial period to reduce the possibility that using one hearing aid may result in a loss of functionality of hearing in the ear not provided with a hearing aid.
Adopted	(7)(a) The client tries one hearing aid for a six-month <u>ninety-day</u> period, but the hearing aid does not adequately meet the client’s hearing need; and	
WAC 182-547-0850 (7)(b)		
Proposed	(7)(b) One of the following reasons is documented in the client's record: (i) Inability or difficulty conducting job duties with only one hearing aid; (ii) Inability or difficulty functioning in the school environment with only one hearing aid; or (iii) Client is legally blind.	The agency added new (7)(b)(iii) to accommodate clients whose hearing impairment might cause the inability to live safely in the community with only one hearing aid rather than in a care facility. The agency reworded the subsection to improve clarity.
Adopted	(7)(b) One of the following reasons is documented in the client's record. <u>The client is:</u> (i) Inability <u>Unable to or has difficulty with</u> conducting job duties with only one hearing aid; (ii) Inability <u>Unable to or has difficulty with</u> functioning in the school environment with only one hearing aid; (iii) <u>Unable to live safely in the community with only one hearing aid;</u> or (iii) Client is <u>(iv) Legally blind.</u>	
WAC 182-547-0850 (8)		
Proposed	N/A	The agency added coverage of batteries because batteries may be considered to be “supplies,” which are covered under ESSB 5179 Chapter 159, Laws of 2018, Section 2 (1).
Adopted	(8) Batteries. The agency covers batteries for hearing aids, external sound processors for cochlear implant devices, bone-anchored hearing aid sound processors.	
WAC 182-547-0900 (1)		
Proposed	(1) <u>The medicaid agency does not cover the following items:</u> (a) <u>Batteries only for clients age twenty-one and over;</u> (b) <u>Tinnitus maskers;</u> (c) <u>Frequency modulation (FM) systems, including the computer-aided hearing devices for FM systems; and</u> (d) <u>Nonprescription hearing aids or similar devices including, but not limited to:</u> (i) <u>Personal sound amplification products (PSAPs);</u>	The agency will cover batteries, so the agency removed them from this list and then renumbered the list.

	<u>(ii) Hearables; and</u> <u>(iii) Pocket talkers or similar devices.</u>	
Adopted	<u>(1) The medicaid agency does not cover the following items:</u> <u>(a) Batteries only for clients age twenty one and over;</u> <u>(b) Tinnitus maskers;</u> <u>(e)(b) Frequency modulation (FM) systems, including the computer-aided hearing devices for FM systems; and</u> <u>(d)(c) Nonprescription hearing aids or similar devices including, but not limited to:</u> <u>(i) Personal sound amplification products (PSAPs);</u> <u>(ii) Hearables; and</u> <u>(iii) Pocket talkers or similar devices.</u>	
WAC 182-547-1000 (1)		
Proposed	(1) Prior authorization is not required for clients <u>age twenty ((years of age and under)) and younger</u> for hearing aid(s) and services. <u>When billing, providers ((should)) must</u> send claims for clients <u>age twenty ((years of age)) and younger</u> directly to the <u>medicaid</u> agency. Providers do not have to obtain authorization from the local children with special health care needs (CSHCN) coordinator.	The agency removed subsection (2). The agency moved the last two sentences of subsection (1) into a new subsection (3) to improve clarity.
Adopted	(1) Prior authorization is not required for clients <u>age twenty ((years of age and under)) and younger</u> for hearing aid(s) and services. (3) <u>When billing, providers ((should)) must</u> send claims for clients <u>age twenty ((years of age)) and younger</u> directly to the <u>medicaid</u> agency. Providers do not have to obtain authorization from the local children with special health care needs (CSHCN) coordinator.	
WAC 182-547-1000 (2)		
Proposed	(2) The agency evaluates requests for covered services that are subject to limitations or other restrictions and approves such services beyond those limitations or restrictions as described in WAC 182-501-0169.	The agency deleted the language in subsection (2) and added EPSDT language to remove possible confusion in regards to coverage for clients age twenty and younger.
Adopted	(2) The agency evaluates requests for covered services that are subject to limitations or other restrictions and approves such services beyond those limitations or restrictions as described in WAC 182-501-0169. (2) <u>The agency pays for services according to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions, as described in Chapter 182-534 WAC. The standard for coverage for EPSDT is that services, treatment, or other measures</u>	

	are medically necessary, safe and effective, and not <u>experimental</u> .	
WAC 182-547-1050		
Proposed	<p>(1) For covered services that require prior authorization (PA), the provider must properly request authorization in accordance with the medicaid agency's rules and billing instructions.</p> <p>(2) The agency evaluates requests for covered services that are subject to limitations or other restrictions and considers such services beyond those limitations or restrictions as described in WAC 182-501-0169.</p> <p>(3) When the agency authorizes hearing aids or hearing aid-related services, the PA indicates only that the specific service is medically necessary; it is not a guarantee of payment. The client must be eligible for covered services at the time those services are provided.</p> <p>(4) To receive payment, providers must order and dispense hearing aids and hearing aid-related services within the authorized time frame.</p>	
Adopted	<p>(1) <u>The agency requires prior authorization for covered hearing aids when the clinical criteria set forth in this chapter are not met. The agency evaluates these requests on a case-by-case basis to determine whether they are medically necessary, according to the process found in WAC 182-501-0165.</u></p> <p>(2)(3) For covered services that require prior authorization (PA), the provider must properly request authorization in accordance with the medicaid agency's rules and billing instructions.</p> <p>(3)(4) The agency evaluates requests for covered services that are subject to limitations or other restrictions and considers such services beyond those limitations or restrictions as described in WAC 182-501-0169.</p> <p>(4)(5) When the agency authorizes hearing aids or hearing aid-related services, the PA indicates only that the specific service is medically necessary; it is not a guarantee of payment. The client must be eligible for covered services at the time those services are provided.</p> <p>(5)(6) To receive payment, providers must order and dispense hearing aids and hearing aid-related services within the authorized time frame.</p>	The agency deleted subsection (3) from WAC 182-547-0100 and moved the content to become a new WAC 182-547-1050 (1). This also caused the numbering of WAC 182-547-1050 to shift.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Web site:

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	<u>2</u>	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted on the agency's own initiative:

New	_____	Amended	<u>7</u>	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	<u>2</u>	Amended	<u>7</u>	Repealed	_____

Date Adopted: September 25, 2019

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



AMENDATORY SECTION (Amending WSR 13-20-013, filed 9/20/13, effective 10/21/13)

WAC 182-547-0100 ~~((Hearing aids General For clients twenty years of age and younger.))~~ **General.** ~~((Unless otherwise defined in WAC 182-547-0200, the terms within this chapter are intended to correspond with the terms in chapter 18.35 RCW.))~~

(1) The medicaid agency covers the hearing aids listed in this chapter, according to agency rules and subject to the limitations and requirements in this chapter. See also WAC 182-531-0375 audiology services.

(2) The agency pays for hearing aids when:

(a) Covered;

(b) Within the scope of an eligible client's medical care program;

(c) Medically necessary as defined under WAC 182-500-0070;

(d) Authorized, as required within this chapter, chapters 182-501 and 182-502 WAC, and the agency's published billing instructions and provider notices;

(e) Billed according to this chapter, chapters 182-501 and 182-502 WAC, and the agency's published billing instructions and provider notices; ~~((and))~~

(f) The client ~~((is twenty years of age or younger and))~~ completes a hearing evaluation, including an audiogram ~~((and/or))~~ or developmentally appropriate diagnostic physiologic test ~~((results performed and/or)), that is administered by and the results~~ interpreted by a hearing health care professional; and

(g) The licensed audiologist, hearing aid specialist, otolaryngologist, or otologist concludes that the client may benefit from a hearing aid.

~~((3) The agency requires prior authorization for covered hearing aids when the clinical criteria set forth in this chapter are not met. The agency evaluates these requests on a case-by-case basis to determine whether they are medically necessary, according to the process found in WAC 182-501-0165.))~~

AMENDATORY SECTION (Amending WSR 13-20-013, filed 9/20/13, effective 10/21/13)

WAC 182-547-0200 ~~((Hearing aids--))~~ **Definitions.** The following definitions, the definitions found in RCW 18.35.010, and those found in chapter 182-500 WAC apply to this chapter.

"Bone-anchored hearing aid" or "bone conduction hearing device" means a type of hearing aid that transmits sound vibrations through bones in the head. The inner ear translates the vibrations the same way a normal ear translates sound waves. These devices can be surgically implanted or worn on headbands.

"Cochlear implant device" means an electrical device that receives sound and transmits the resulting signal to electrodes implanted in the cochlea. That signal stimulates the cochlea so that hearing impaired persons can perceive sound.

"Digital hearing aids" (~~((—Hearing aids))~~) means wearable sound-amplifying devices that use a digital circuit to analyze and process sound.

"Hearing aids" (~~((—))~~) means wearable sound-amplifying devices that are intended to compensate for hearing loss. These devices use a digital circuit to analyze and process sound. Hearing aids are described by where they are worn in the ear as in-the-ear (ITE), behind-the-ear (BTE), etc. (~~((Hearing aids can also be described by how they process the amplified signal. This would include analog conventional, analog programmable, digital conventional, and digital programmable.))~~)

"Hearing health care professional" (~~((—))~~) means an audiologist or hearing aid ((fitter/dispenser)) specialist licensed under chapter 18.35 RCW, or ((an otorhinolaryngologist or otologist)) a physician specializing in diseases and disorders of the ear licensed under chapter 18.71 RCW.

"Maximum allowable fee" (~~((—))~~) means the maximum dollar amount that the medicaid agency will pay a provider for specific services, supplies and equipment.

~~((("Prior authorization" — A form of authorization used by the provider to obtain approval for a specific hearing aid and service(s). The approval is based on medical necessity and must be received before the service(s) are provided to clients as a precondition for payment.))~~)

AMENDATORY SECTION (Amending WSR 13-20-013, filed 9/20/13, effective 10/21/13)

WAC 182-547-0700 (~~((Hearing aids Eligibility Clients twenty years of age and younger.))~~) Eligibility. (1) Clients (~~((twenty years of age and younger who are receiving services under a medical assistance program:~~

~~((a) Are eligible for covered hearing aids under this chapter and for the audiology services under WAC 182-531-0375;~~

~~((b) Must have a complete hearing evaluation, including an audiogram and/or developmentally appropriate diagnostic physiologic test results performed by a hearing health care professional; and~~

~~((c) Must be referred by a licensed audiologist, otorhinolaryngologist or otologist for a hearing aid))~~ covered by one of the Washington apple health programs as listed in the table in WAC 182-501-0060 are eligible for hearing aids and related services.

(2) Clients (~~((who are))~~) enrolled in (~~((an))~~) a medicaid agency-contracted managed care organization (MCO) ((are eligible under fee-for-service for covered hearing aid services that are not covered by their plan, subject to the provisions of this chapter and other applicable WAC. However)) must arrange for hearing aid and related services directly through the client's MCO. Additionally, clients enrolled in an agency-contracted MCO must obtain replacement parts for cochlear implant((s)) devices and bone-anchored hearing aids ((-BAHA-)), including batteries, through their MCO.

WAC 182-547-0800 (~~((Hearing aids))~~) Coverage—Clients age twenty years ((of age)) and younger. (1) The medicaid agency covers new, nonrefurbished, monaural or binaural hearing aid(s), which includes the ear molds, for eligible clients age twenty ((years of age)) and younger. In order for the provider to receive payment, the hearing aid must meet the client's specific hearing needs and carry a manufacturer's warranty for a minimum of one year.

(2) The agency pays for the following replacements as long as the need for replacement is not due to the client's carelessness, negligence, recklessness, deliberate intent, or misuse in accordance with WAC 182-501-0050(~~((8))~~):

(a) Hearing aid(s), which includes the ear molds, when:

(i) The client's hearing aid(s) are:

(A) Lost;

(B) Beyond repair; or

(C) Not sufficient for the client's hearing loss; and

(ii) All warranties are expired.

(b) Ear mold(s) when the client's existing ear mold is damaged or no longer fits the client's ear.

(3) The agency pays for repairs of hearing aids that are less than five years old as follows:

(a) A maximum of two repairs, per hearing aid, per year, when the repair is less than fifty percent of the cost of a new hearing aid. To receive payment, all of the following must be met:

(i) All warranties are expired; and

(ii) The repair warranty is for a minimum of six months.

(b) A rental hearing aid(s) for up to thirty days while the client's own hearing aid is being repaired. In the case of a rental hearing aid(s), the agency pays separately for an ear mold(s).

(4) The agency pays for cochlear implant device and (~~((BAHA)) bone-anchored hearing aid~~) replacement parts when:

(a) The manufacturer's warranty has expired;

(b) The part is for immediate use, not a back-up part; and

(c) The part needs to be replaced due to normal wear and tear and is not related to misuse or abuse of the item (see WAC (~~((182-502-0160))~~) 182-501-0050).

(5) The agency covers external sound processors for cochlear implant (~~((external speech processors))~~) devices, including maintenance and repair.

(6) The agency covers (~~((BAHA))~~) bone-anchored hearing aid speech processors, including maintenance and repair.

(7) The agency covers batteries for hearing aids, external sound processors for cochlear implant (~~((external speech processors))~~) devices, and (~~((BAHA speech))~~) bone-anchored hearing aid sound processors.

NEW SECTION

WAC 182-547-0850 Coverage—Clients age twenty-one and older.

(1) **Nonrefurbished, monaural hearing aids.** The medicaid agency covers

one new nonrefurbished monaural hearing aid, which includes the ear mold, every five years for clients age twenty-one and older.

(a) The client must have an average decibel loss of forty-five or greater in the better ear, based on a pure-tone audiometric evaluation by a licensed audiologist or a licensed hearing aid specialist at 1000, 2000, 3000, and 4000 hertz (Hz) with effective masking as indicated.

(b) The hearing aid must meet the client's specific hearing needs and carry a manufacturer's warranty for a minimum of one year.

(2) **Binaural hearing aids.** The agency covers binaural hearing aids. Prior authorization (PA) is required.

(3) **Replacement.** The agency covers the following replacements if the need for replacement is not due to the client's carelessness, negligence, recklessness, deliberate intent, or misuse under WAC 182-501-0050(7):

(a) One replacement hearing aid, including the ear mold, in a five-year period when the warranty is expired and the client's hearing aid(s) is:

(i) Lost; or

(ii) Broken and cannot be repaired.

(b) One replacement ear mold, per year, when the client's existing ear mold is damaged or no longer fits the client's ear.

(4) **Repair of hearing aids.** The agency covers two repairs, per hearing aid, per year, when the cost of the repair is less than fifty percent of the cost of a new hearing aid. To receive payment, all of the following must be met:

(a) All warranties are expired; and

(b) The repair is under warranty for a minimum of ninety days.

(5) **Repair or replacement of external components of cochlear implant devices and bone-anchored hearing aids.** The agency covers the following repair or replacement of external components of cochlear implant devices and bone-anchored hearing aids. PA is required.

(a) Repair or replacement of external components of cochlear implant devices. If the client has bilateral cochlear implant devices, both devices are eligible for repair and replacement of external components; and

(b) Repair or replacement of external components of bone-anchored hearing aids, whether implanted or worn with a headband. If the client has bilateral bone-anchored hearing aids, both devices are eligible for repair and replacement of external components.

(6) **Rental of hearing aids.** The agency covers rental hearing aid(s) for up to two months while the client's own hearing aid(s) is being repaired. For rental hearing aid(s) only, the agency pays separately for an ear mold(s).

(7) **Second hearing aid.** The agency pays for a second hearing aid when the client either meets the following clinical criteria or a limitation extension is requested and approved:

(a) The client tries one hearing aid for a ninety-day period, but the hearing aid does not adequately meet the client's hearing need; and

(b) One of the following reasons is documented in the client's record. The client is:

(i) Unable to or has difficulty with conducting job duties with only one hearing aid;

(ii) Unable to or has difficulty with functioning in the school environment with only one hearing aid;

(iii) Unable to live safely in the community with only one hearing aid; or
(iv) Legally blind.

(8) **Batteries.** The agency covers batteries for hearing aids, external sound processors for cochlear implant devices, and bone-anchored hearing aid sound processors.

AMENDATORY SECTION (Amending WSR 13-20-013, filed 9/20/13, effective 10/21/13)

WAC 182-547-0900 ((Hearing aids--))Noncovered services--Clients ((twenty years of age and younger)) age twenty-one and older. ((-1-)) The agency does not cover the following hearing and hearing aid-related items and services for clients twenty years of age and younger:

(a) Tinnitus maskers;
(b) Group screenings for hearing loss, except as provided under the early and periodic screening, diagnosis and treatment (EPSDT) program under WAC 182-534-0100; or
(c) FM systems, including the computer-aided hearing devices for FM systems.

(2) When EPSDT applies, the agency evaluates a noncovered service, equipment, or supply according to the process in WAC 182-501-0165 to determine if it is medically necessary, safe, effective, and not experimental (see WAC 182-534-0100 for EPSDT rules).)) (1) The Medicaid agency does not cover the following items:

(a) Tinnitus maskers;
(b) Frequency modulation (FM) systems, including the computer-aided hearing devices for FM systems; and
(c) Nonprescription hearing aids or similar devices including, but not limited to:

(i) Personal sound amplification products (PSAPs);
(ii) Hearables; and
(iii) Pocket talkers or similar devices.

(2) The agency evaluates requests for noncovered hearing aids and related services according to WAC 182-501-0160.

AMENDATORY SECTION (Amending WSR 13-20-013, filed 9/20/13, effective 10/21/13)

WAC 182-547-1000 ((Hearing aids--))Prior authorization--Clients age twenty ((years of age)) and younger. (1) Prior authorization is not required for clients age twenty ((years of age and under)) and younger for hearing aid(s) and services.

(2) The agency pays for services according to the early and periodic screening, diagnostic, and treatment (EPSDT) provisions, as described in chapter 182-534 WAC. The standard for coverage for EPSDT is that services, treatment, or other measures are medically necessary, safe and effective, and not experimental.

(3) When billing, providers ((should)) must send claims for clients age twenty ((years of age)) and younger directly to the Medicaid

agency. Providers do not have to obtain authorization from the local children with special health care needs (CSHCN) coordinator.

~~((2) The agency evaluates requests for covered services that are subject to limitations or other restrictions and approves such services beyond those limitations or restrictions as described in WAC 182-501-0169.))~~

NEW SECTION

WAC 182-547-1050 Prior authorization—Clients age twenty-one and older. (1) The agency requires prior authorization for covered hearing aids when the clinical criteria set forth in this chapter are not met. The agency evaluates these requests on a case-by-case basis to determine whether they are medically necessary, according to the process found in WAC 182-501-0165.

(2) For covered services that require prior authorization (PA), the provider must properly request authorization in accordance with the medicaid agency's rules and billing instructions.

(3) The agency evaluates requests for covered services that are subject to limitations or other restrictions and considers such services beyond those limitations or restrictions as described in WAC 182-501-0169.

(4) When the agency authorizes hearing aids or hearing aid-related services, the PA indicates only that the specific service is medically necessary; it is not a guarantee of payment. The client must be eligible for covered services at the time those services are provided.

(5) To receive payment, providers must order and dispense hearing aids and hearing aid-related services within the authorized time frame.

AMENDATORY SECTION (Amending WSR 13-20-013, filed 9/20/13, effective 10/21/13)

WAC 182-547-1100 (~~(Hearing aids Reimbursement General.)~~) Reimbursement. (1) The medicaid agency's payment for purchased hearing aids includes all of the following:

- (a) ~~((A prefitting))~~ The audiometric evaluation;
- (b) An impression for an ear mold;
- (c) The ear mold; ~~((and~~
- ~~(c) A minimum of three post-fitting consultations.))~~
- (d) The dispensing fee;
- (e) A conformity evaluation, if done;
- (f) Three batteries; and
- (g) Up to three follow-up visits for the fitting, orientation, and checking of the hearing aid.

(2) The agency denies payment for hearing aids ~~((and/or))~~ and services when claims are submitted without the prior authorization number, when required, or the appropriate diagnosis or procedure code(s).

(3) The agency does not pay for hearing aid charges paid by insurance or other payer source.

(4) To receive payment, the provider must keep documentation in the client's medical file to support the medical necessity for the specific make and model of the hearing aid ordered for the client. This documentation must include the record of the audiology testing providing evidence that the client's hearing loss meets the eligibility criteria for a hearing aid.