CHAPTER 64

HEARING AID SERVICES MANUAL

Authority

N.J.S.A. 30:4D–6b(12)(17), 30:4D–7, 7a, b and c, 30:4D–12; 42 CFR 440.70, 440.120.

Source and Effective Date

R.1991 d.154, effective February 22, 1991.
See: 22 N.J.R. 3614(a), 23 N.J.R. 859(a).

Executive Order No. 66(1978) Expiration Date

Chapter 64, Hearing Aid Services Manual, expires on February 22, 1996.

Chapter Historical Note

Rules concerning the Hearing Aid Services Manual were originally filed on October 21, 1971 as R.1971 d.186, to become effective on November 29, 1971. See: 3 N.J.R. 58(d), 3 N.J.R. 223(b). The chapter was amended by R.1972 d.163, effective August 21, 1972. See: 4 N.J.R. 126(b), 4 N.J.R. 217(e). The chapter was subsequently amended by R.1973 d.162, effective June 20, 1973. See: 5 N.J.R. 144(c), 5 N.J.R. 228(b). Further amendments were filed at R.1975 d.14, effective January 22, 1975. See: 6 N.J.R. 108(a), 7 N.J.R. 58(b). The text of Chapter 64 was deleted in its entirety and replaced with new text by R.1982 d.74, effective March 15, 1982 (operative April 1, 1982). See: 14 N.J.R. 29(a), 14 N.J.R. 279(b). Pursuant to Executive Order No. 66(1978), Chapter 64 was readopted by R.1991 d.154. See: Source and Effective Date.

See subchapter and section annotations for specific rulemaking activity.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL POLICIES

10:64–1.1 Scope

(a) This chapter is concerned only with hearing aids for eligible recipients of the New Jersey Medicaid Program. It is the intent of the program to furnish hearing aids and related services to eligible recipients who can benefit significantly from them.

(b) When a hearing aid is authorized and purchased on behalf of a Medicaid recipient, ownership of the hearing aid will vest in the Division of Medical Assistance and Health Services. The recipient will be granted a possessory interest for as long as the recipient requires use of the aid. When the recipient no longer needs the aid, possession and control will revert to the Division. The recipient shall sign an agreement to this effect as part of the process of authorizing purchase of the hearing aid.

10:64–1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Audiologist" means an individual who has received the Certificate of Clinical Competence in Audiology (CCC–A) from the American Speech–Language–Hearing Association, or who has completed the academic, experimental, and national examination requirements necessary to receive the CCC–A.

"Dispenser" means an individual who holds a current valid license or a temporary valid license to dispense hearing aids from the New Jersey Board of Medical Examiners and is approved as a provider by the New Jersey Medicaid Program, or is approved as a hearing aid provider under the Medicaid program in the state in which the hearing aid is to be dispensed.

"Hearing aid" means an ear-level or body-worn electroacoustic instrument for amplifying sound whose basic components are a microphone, amplifier, and receiver.

"Otologist" for purposes of this chapter refers to either a physician who specializes in diseases of the ear or a physician who specializes in diseases of the ear, nose and throat and who qualifies as a specialist according to the definition and conditions in the N.J.A.C. (10:64–1.1 Manual for Physician Services).

10:64–1.3 Hearing aid program, policies and procedures

(a) An otologic examination, an audiologic examination, and a hearing aid examination must be performed prior to prescribing a hearing aid. If the recipient is a patient of a long-term care facility, a nursing home hearing aid screening must also be included.

1. Otologic examinations consist of a history and physical examination of the ear, nose and throat with a relevant diagnosis supporting the need for audiologic and hearing aid examination, with such examination signed and dated by the otologist and forwarded to the individual providing the audiologic and hearing aid examinations.

2. Audiologic examinations performed by an audiologist or otologist shall include the following (data other than that in this section are acceptable for infants and non-verbal children):

i. Pure tone air and bone conduction thresholds;

ii. Speech reception thresholds;

iii. Speech discrimination scores;

iv. Masking when indicated;

v. Most comfortable listening levels (MCL);

vi. Uncomfortable loudness levels or thresholds of discomfort; and

vii. Middle ear measurements and reflex thresholds when indicated.

3. Hearing aid examination: A hearing aid examination performed by an audiologist or otologist shall include initial hearing aid testing as described in this section, and follow-up as described in N.J.A.C. 10:64–1.8;

i. Initial testing:

(1) Either in the sound field both with and without amplification (unaided and aided) to indicate benefit and effectiveness of the prescribed amplification; or

(2) With a master hearing aid.

4. Nursing home hearing aid screening, for nursing home residents, consists of an evaluation of the patient's desire and ability to use a hearing aid, the nursing staff's willingness to assist in caring for the aid, the status of the patient's previous hearing aid, if any, and an assessment of whether an aid will significantly improve the patient's quality of life by increased socialization or increased involvement in activities, Form FD–257 to record results of the screening, which is signed by the nursing director, social worker and the treating physician. Then it is forwarded to the otologist, who will provide the otologic examination.

(b) The hearing aid prescription:

1. Monaural hearing aids may be considered, except those requiring Silver Oxide Batteries.

2. CROS, BICROS and binaural hearing aids may be considered only for children, for adults attending school, for individuals with severe high frequency loss who must use a CROS aid to prevent feedback, or for an eligible adult recipient who is gainfully employed or who is likely to be employed if a CROS, BICROS or binaural hearing aid arrangement is provided.

3. Electroacoustic characteristics for a reconditioned hearing aid may also be prescribed in addition to the specific hearing aid prescription if any of the conditions listed under this section exists. The dispenser shall then have the option of providing either the specific aid or a reconditioned aid. Reconditioned hearing aids are subject to the conditions listed in N.J.A.C. 10:64–1.5(c) and may be provided if:

i. The patient is a resident of a long-term facility;

ii. The patient is in a living arrangement other than a long-term care facility and is deemed an appropriate candidate for a reconditioned aid;

iii. The patient has had a previous aid that was lost, stolen, or destroyed within 36 months of the date that it was dispensed.

10:64–1.4 Prior authorization for a hearing aid

(a) New and replacement hearing aids require prior authorization by the Medicaid District Office Medical Consultant.

(b) The hearing aid dispenser (provider) completes all items except Items 12, 25, and 34 on the Health Insurance Claim Form (1500 N.J.) and submits the form to the appropriate Medicaid District Office for prior authorization, along with the nursing home hearing aid screening form, if applicable, and the otologic and audiologic reports (see N.J.A.C. 10:64–1.7 concerning policies on replacement of hearing aids).

(c) The Medicaid District Office Medical Consultant reviews the otologic and audiologic reports along with the nursing home screening form, if applicable.

1. Claims for CROS, BICROS, BINAURAL, and reconditioned aids will be reviewed by the audiology consultant before authorization is determined.

(d) Authorization for a hearing aid is indicated by the signature of the Medicaid District Office Medical Consultant in Item 34 of the Health Insurance Claim Form (1500 N.J.).

(e) The Medicaid District Office returns the original copy of the claim form to the dispenser and retains a copy of the claim form, the nursing home hearing aid screening report, and the otologic and audiologic examination reports. The dispenser may then proceed to supply the authorized item to the recipient (see subchapter 2 for billing procedures). If the request is denied, "Authorization denied" will be indicated in Item 34 of the 1500 N.J. form and the dispenser will receive a notification letter from the Medicaid District Office.

Amended by R.1988 d.145, effective April 4, 1988.
See: 19 N.J.R. 1779(a), 20 N.J.R. 807(c).
Form name changed from MC11 to 1500 N.J.

10:64–1.5 Dispensing of hearing aid; repairs and replacement of parts

(a) Delivery of the hearing aid shall be made to the patient within 21 days of receipt of authorization from the Medicaid district office. If it is not possible to supply the instrument within the stated time, the dispenser shall notify the Medicaid district office and give the reason(s) for the delay. If the patient is a first time user, the earmold shall not be dispensed until prior authorization for the hearing aid is received.

(b) When the new hearing aid is delivered the dispenser shall:

1. Supply the new instrument;

2. Supply a custom-fitted earmold;

3. Supply tubing, or cord and receiver;

4. Issue a one month's supply of batteries;

5. Issue a garment bag, if applicable, and any other accessories normally supplied with the type of hearing aid provided;

6. Issue the manufacturer's User Instructional Brochure for the particular instrument provided;

7. Instruct in the use and care of the hearing aid and earmold, including specific instruction on insertion of the earmold; and

8. Explain the need for a follow-up visit and complete a copy of the Notice of Requirement for Hearing Aid Follow-up Visit, unless the aid is a replacement aid and no hearing aid examination was performed.

(c) When a reconditioned hearing aid is delivered, the dispenser shall:

1. Supply a reconditioned instrument no more than three years old, which closely meets the prescribed electroacoustic characteristics or, if a replacement aid, the electroacoustic characteristics of the aid to be replaced;

2. Provide a six-month factory or laboratory warranty;

3. Retain in the recipient's file a dated performance chart (e.g. B and K chart) for the hearing aid dispensed, showing that the aid is functioning as per the manufacturer's specifications;

4. Submit an invoice or sales document showing the acquisition cost of the aid, if any, and/or the factory or laboratory invoice showing the cost of reconditioning, with the claim form when requesting reimbursement from the contractor;

5. Supply a custom-fitted earmold;

6. Supply tubing, or cord and receiver;

7. Issue a one month's supply of batteries;

8. Issue a garment bag, if applicable, and any other accessories normally supplied with the type of hearing aid provided;

9. Instruct in the use and care of the instrument and earmold, including specific instruction on insertion of the earmold;

10. Explain the need for a follow-up visit and complete a copy of the Notice of Requirement for Hearing Aid Follow–Up Visit (see Subchapter 3, Exhibit III), unless the aid is a replacement aid and no hearing aid examination was performed.

10:64–1.6 Dispenser's responsibilities

(a) When the hearing aid is dispensed the dispenser shall:

1. Guarantee that all instruments and earmolds provided conform to the prescription as set forth in Form FD–36, Section C, Audiologic and Hearing Aid Examinations and fit comfortably and adequately to the extent that the recipient's condition permits.

2. Assume liability for material defects and unconditionally guarantee material and workmanship for one year from the date of delivery for a new hearing aid and six months from date of delivery of reconditioned aid.

i. Exceptions:

(1) Cords and bone-conduction receivers are excluded from this liability.

(2) The dispenser shall not be responsible for damage to an aid due to accident, misuse or alteration.

3. Provide appropriate repair services for a period of at least one year after delivery of the aid, including a loaner instrument of comparable performance in good working order.

4. Provide appropriate maintenance services for a period of at least one year after delivery of the aid. This includes:

i. Cleaning of the earmold;

ii. Replacing tubing;

iii. Cleaning contacts; and

iv. Spraying for volume wheel noise.

5. Accept return of an instrument or part thereof within 30 days of delivery to the patient when the audiologist, otologist or Medicaid staff member, after the follow-up visit, determines that the instrument does not conform to the prescription, does not fit properly, is not of acceptable quality and comfort consistent with the condition of the patient, or has failed to produce the benefit anticipated during the nursing home hearing aid screening or the hearing aid examination.

i. If it is found that material or workmanship is defective, then the dispenser shall be allowed a reasonable opportunity to make such adjustments, corrections or replacement that may be necessary to allow for acceptance of the instrument and/or earmold, without additional charges to the program.

ii. Exception: This responsibility does not apply to corrections necessitated by the patient's misuse or abuse of the instrument.

6. Make services, supplies, and parts reasonably accessible and available in an identifiable and fixed place of business during regular business hours. There must be a public entrance directly into the dispenser's place of business.

7. Maintain copies of all records for a period of at least five years.

10:64–1.7 Policies on replacement of a hearing aid

(a) Replacement of a hearing aid requires prior authorization by the Medicaid district office.

(b) Procedures for obtaining prior authorization to replace an aid will be the same as for providing the original aid, except (b)1, 2 and 3 below.

1. Another hearing aid examination is not required when the following conditions apply:

i. The audiologic examination shows no significant change in auditory sensitivity; and

ii. The recipient is under 18 years of age and a hearing aid examination has been performed within the preceding year; or

iii. The recipient is an adult, 18 years of age or older, and a hearing aid examination has been performed within the preceding three years.

2. If the aid is less than five years old and is beyond repair for any reason other than defects in material or workmanship, the dispenser must submit to the Medicaid district office a statement from the manufacturer or repair laboratory attesting to the nature of the damage and unrepairability of the aid.

3. If an aid was lost, stolen, or destroyed within three years of the date dispensed, the recipient or a representative must appear in person before the Local Medical Consultant to explain and discuss the incident before prior authorization to replace the aid may be granted.

(c) At the option of the dispenser, a hearing aid which is lost, stolen or beyond repair may be replaced by a reconditioned hearing aid with similar electroacoustic characteristics if any of the conditions exists as listed in N.J.A.C. 10:64–1.3(b).

10:64–1.8 Hearing aid follow-up visit

(a) For patients other than nursing home residents, follow-up shall consist of counselling and testing in the sound field within 21 days of the date the aid was provided to evaluate the adequacy, performance, and utilization of the amplification provided.

(b) For nursing home residents, follow-up shall consist of a personal visit to the patient by a member of the Medicaid staff (local medical consultant, regional consultant, nurse, or social worker) within 21 days of the date the aid was provided to assess whether the aid has noticeably improved the patient's quality of life by increased socialization or increased involvement in activities.

10:64–1.9 Policies on repairs, replacement earmolds, and replacement parts

(a) Repairs shall be provided when needed. Neither prior authorization nor a signed and dated prescription is required.

(b) Replacement earmolds shall be provided when needed. Neither prior authorization nor a signed and dated prescription is required.

(c) Replacement batteries shall be provided as a three month supply. Neither prior authorization nor a signed and dated prescription is required.

(d) Replacement cords, receivers, and garment bags shall be provided when needed. Neither prior authorization nor a signed and dated prescription is required.

10:64–1.10 Standards for environment and equipment used for audiologic and hearing aid testing

(a) The audiologic examination and hearing aid testing shall be performed in an environment that meets current standards published by the American National Standards Institute (ANSI S3.1–1977 Criteria for Permissible Ambient Noise during Audiometric Testing). When these standards are superseded by an approved revision, the revision shall apply.

1. Standards for the test environment may be waived in the rare case when a good hearing aid candidate cannot be moved due to severe health problems. Requests to waive these standards will be reviewed by the local medical consultant and the audiology consultant.

(b) Audiometers used shall meet current standards published by the American National Standards Institute (ANSI S3.6–1969; Specifications for Audiometers). When these standards are superseded by an approved revision, the revision shall apply.

(c) Calibration of audiometers shall be performed according to the following schedule, as a minimum:

1. Quarterly by an artificial ear and sound level meter;

2. Annually by electroacoustic instrumentation for frequency, intensity, linearity, sound field, and special functions.

(d) A written log shall be kept on quarterly and annual audiometric calibrations and signed by the individual performing the calibration.

10:64–1.11 Reimbursement policies

(a) Reimbursement for a new hearing aid shall be the lower of the following charges:

1. Usual and customary charge; or

2. A charge consisting of the following:

i. Wholesale cost of the instrument; plus

ii. Wholesale cost of the earmold, as per laboratory invoice or laboratory price list; plus

iii. Wholesale cost of the batteries; plus

iv. A dispensing fee of $175.00 for a monaural fitting or $280.00 for a binaural fitting.

(b) Reimbursement for a reconditioned hearing aid shall be the lower of the following:

1. Usual and customary charge; or

2. A charge consisting of the following:

i. Acquisition cost of the hearing aid, when applicable, as per manufacturer's invoice or sales document; plus

ii. Wholesale cost of the reconditioning, when applicable, as per the factory or laboratory invoice; plus

iii. Wholesale cost of the earmold, as per laboratory invoice or laboratory price list; plus

iv. Wholesale cost of the batteries; plus

v. A dispensing fee of $175.00.

(c) Reimbursement for a returned hearing aid:

1. Should it be determined at the follow-up examination that the prescribed hearing aid properly supplied has failed to provide the patient with the anticipated communication benefit, and that a different aid will not be prescribed (i.e. there will be no exchange), the dispenser shall be reimbursed for services and materials upon return of the hearing aid, at the lower of the following:

i. Usual and customary charge; or

ii. A charge consisting of the following:

(1) Wholesale cost of the earmold, as per laboratory invoice or laboratory price list; plus

(2) Wholesale cost of the batteries, cord and garment bag, as per laboratory invoice or laboratory price list; plus

(3) The manufacturer's restocking fee, if any; plus

(4) A service fee of $30.00.

(d) Replacement of an aid within one year from date of original dispensing, if not covered by the manufacturer's warranty, shall be reimbursed at the lower of the following:

1. Usual and customary charge; or

2. A charge consisting of the following:

i. Wholesale cost of the instrument, if new; or the acquisition cost and cost of the factory or laboratory reconditioning, when applicable, if a reconditioned unit; plus

ii. Wholesale cost of the earmold, as per laboratory invoice or laboratory price list; plus

iii. A dispensing fee of $50.00.

(e) Reimbursement for repair of a hearing aid, if not covered by the manufacturer's warranty, shall be the lower of the following:

1. Usual and customary charge; or

2. A charge consisting of the following:

i. Manufacturer's cost of repair; plus

ii. A 50 percent service fee.

(f) Reimbursement for replacement parts, if not covered by the manufacturer's warranty, shall be the lower of the following:

1. Usual and customary charge; or

2. A charge consisting of the following, depending upon the part or parts to be replaced:

i. Earmolds: Wholesale cost, as per laboratory invoice or laboratory price list; plus $10.00;

ii. Batteries, which shall be provided as a three month's supply: Manufacturer list price less percent;

iii. Cords: Manufacturer list price less 10 percent;

iv. Receivers: Manufacturer list price less 10 percent;

v. Garment bags: Manufacturer list price less 10 percent.

SUBCHAPTER 2. BILLING PROCEDURES

Historical Note

This subchapter has been recodified effective October 5, 1987. Below is a cross reference chart reflecting recodification changes.

RECODIFICATION CHART

Old Citation	New Citation
10:64–2.1	10:64–2.1
10:64–2.2	10:64–2.2
——	10:64–2.3
10:64–2.3	10:64–2.4
10:64–2.4	10:64–2.5
10:64–2.5	10:64–2.6

10:64–2.1 General billing procedures

(a) A claim is a bill which indicates a request for payment for a Medicaid-reimbursable service provided to a Medicaid-eligible individual. The claim may be submitted hard copy or by means of an approved method of automated data exchange.

(b) The Health Insurance Claim Form (1500 N.J.) (see Exhibit V) is to be used for billing of hearing aids and equipment. For hearing aids which require prior authorization, Item 34 must be signed and dated by the Medicaid District Office Medical Consultant before the claim may be considered for payment. Before billing the fiscal agent the dispenser shall have the recipient sign item 12 (Patient's or Authorized Signature), and the dispenser shall sign item 25 (Signature of Physician or supplier).

Amended by R.1987 d.408, effective October 5, 1987.
See: 19 N.J.R. 1155(a), 19 N.J.R. 1800(a).
New (a) added; old text numbered (b).
Amended by R.1988 d.145, effective April 4, 1988.
See: 19 N.J.R. 1779(a), 20 N.J.R. 807(c).
Substantially amended.

10:64–2.2 Procedures for the billing of hearing aids

(a) The procedure for the billing of hearing aids shall be as follows:

1. The dispenser shall attach one copy of Form FD–244 (Follow–Up to Hearing Aid Exemption) to the original copy of the claim form (1500 N.J.) when submitting the claim to the fiscal agent for payment.

2. If the "Notice of Missed Appointment" has been completed on Form FD–244, or written reason given for lack of follow-up, the dispenser shall answer questions in the bottom portion of this form, giving the following information:

i. The aid and earmold provided conform to the prescription as per Form FD–36; and

ii. The aid and earmold provided fit comfortably and adequately.

3. If the dispenser has not received Form FD–244 from the Medicaid staff or the audiologic facility within 30 days of delivery of the aid to the patient, a copy of the Notice of Requirement for Hearing Aid Follow–Up Visit shall be attached to the claim in lieu of the FD–244. On the bottom portion of this Notice, the dispenser shall add a signed and dated affidavit certifying the following:

i. That notification regarding follow-up testing was not received within 30 days of dispensing the aid;

ii. That the aid and earmold provided conforms to the prescription as per Form FD–36; and

iii. That the aid and earmold provided fit comfortably and adequately.

4. When billing the fiscal agent for a reconditioned hearing aid, the dispenser shall attach to the claim form the following:

i. A copy of the invoice or sales document showing the acquisition cost of the aid, if any; and/or

ii. A copy of the factory or laboratory invoice showing the cost of reconditioning.

Amended by R.1988 d.145, effective April 4, 1988.
See: 19 N.J.R. 1779(a), 20 N.J.R. 807(c).
Substituted "fiscal agent" for "contractor"; substituted 1500 N.J. for "Form MC–11–C4" and added new (a)3i.

10:64–2.3 Timeliness of claim submission and claim inquiry

For timeliness of claim submission and claim inquiry, see N.J.A.C. 10:49–1.12.

New Rule R.1987 d.408, effective October 5, 1987.
See: 19 N.J.R. 1155(a), 19 N.J.R. 1800(a).

10:64–2.4 Billing for services and materials

(a) Billing for services and materials in the event that an aid is returned, in accordance with N.J.A.C. 10:64–1.6, shall be as follows:

1. The dispenser shall prepare a new claim form showing charges for materials, manufacturer's charges, and the service fee. No prior authorization is necessary.

2. The dispenser shall attach a copy of Form FD–244 (Follow–Up to Hearing Aid Examination) to the new claim before mailing it to the contractor.

10:64–2.5 Billing for repairs

(a) Billing for repairs shall be as follows:

1. The dispenser shall attach one copy of the factory or laboratory invoice to the claim form (1500 N.J.) when billing the fiscal agent.

2. The dispenser shall note on the claim form one of the following:

i. "Repair of new aid"; or

ii. "Repair of recon aid".

Amended by R.1988 d.145, effective April 4, 1988.
See: 19 N.J.R. 1779(a), 20 N.J.R. 807(c).
Substituted "fiscal agent" for "contractor" and substituted "(1500 N.J.)" for "(MC–11–C4)".

10:64–2.6 Mailing instructions

(a) Mailing instructions are as follows:

1. Mail the original copy (Fiscal Agent) to:

The Prudential Insurance Company of America
P.O. Box 1900
Millville, New Jersey 08322

Amended by, R.1987 d.408, effective October 5, 1987.
See: 19 N.J.R. 1155(a), 19 N.J.R. 1800(a).
Original copy mailed to Fiscal Agent instead of contractor.
Amended by R.1988 d.145, effective April 4, 1988.
See: 19 N.J.R. 1779(a), 20 N.J.R. 807(c).
Deleted (a)2.–3.

SUBCHAPTER 3. INSTRUCTIONS FOR FILLING OUT FORMS AND EXHIBITS

10:64–3.1 Completion of "Nursing Home Hearing Aid Screening" (Form FD–257)

(a) Instructions for completing the "Nursing Home Hearing Aid Screening" Form (FD–257) are as follows:

1. Items 1 through 5: Self explanatory;

2. Item 6: All questions must be answered by designating checkmark in appropriate column;

3. Item 7: List any additional information or recommendations as to need of hearing aid;

4. Item 8: Signature of nursing director;

5. Item 9: Signature of social worker;

6. Item 10: This is to be checked if patient is a candidate for a hearing aid and form forwarded to the otologist who will provide the otologic examination;

7. Item 11: This is to be checked if the patient is not a candidate for a hearing aid and the completed form is to be placed in the patient's records;

8. Items 12 through 13: Self explanatory.

10:64–3.2 Completion of the "Audiologic and Hearing Aid Examinations" (Form FD–36)

(a) Results of the audiologic and hearing aid examinations shall be reported on the Audiologic and Hearing Aid Examinations (Form FD–36) and shall include the following:

1. Information relative to the patient's hearing aid candidacy, including:

i. Patient's occupation and whether currently employed; also whether patient has applied for vocational assistance;

ii. Special residential setting, if any;

iii. Motivation to wear an aid and physical ability to manipulate an aid;

iv. Assessment of patient's mental alertness and rationality;

v. Name and relationship to patient of persons responsible for the care of the aid (checking function, cleaning earmold, ordering batteries and repairs) if other than the patient;

vi. Data relative to patient's present hearing aid, if the patient currently has an aid, including make and model, age of aid, and reason for requesting a new aid.

2. Results of the audiologic examination.

3. Results of the hearing aid examination, including:

i. Brief description of the hearing aid examination procedure;

ii. The ear to be fitted, and the earmold and hearing aid prescription.

4. Signatures: Form FD–36 shall be signed by the prospective recipient, if mentally and physically capable, and by the individual who has personally performed the tests, and shall be forwarded in duplicate to the hearing aid dispenser along with a copy of the nursing home hearing aid screening, if applicable, and the otologic examination.

10:64–3.3 Completion of "Notice of Requirement for Hearing Aid Follow–Up Visit" (Form FD–245)

(a) At the time of delivery of an aid to a nursing home recipient, Affidavit I of the Notice of Requirement for Hearing Aid Follow–Up Visit shall be completed in duplicate by the dispenser, as follows:

1. The recipient's name shall be entered on the line provided;

2. The affidavit shall be read to the nursing director or a designee, describing the requirement for a site visit within 21 days and the requirement that the nursing supervisor or designee contact the Medicaid district office within three days;

3. The Nursing Director or designee shall sign the affidavit stating that he or she was so advised;

4. One copy of the form shall be given to the Nursing Director or designee, and one copy maintained in the dispenser's files.

(b) At the time of delivery of an aid to a recipient who does not reside in a nursing home, Affidavit II of the Notice of Requirement for Hearing Aid Follow–Up Visit shall be completed in duplicate by the dispenser, as follows:

1. The name of the audiologic facility and its telephone number shall be written on the lines provided and brought to the attention of the recipient or the recipient's guardian.

2. The affidavit shall be read to the recipient or the recipient's guardian, including the reasons why follow-up testing within 21 days is important.

3. Recipient or guardian shall sign the affidavit stating that he or she was so advised.

4. One copy of the form shall be given to the recipient or guardian and one copy maintained in the dispenser's files.

10:64–3.4 Completion of "Follow–Up to Hearing Aid Examination or Notice of Missed Appointment" (Form FD–244)

(a) Results of the follow-up visit shall be reported on Form FD–244 in triplicate and shall include recipient information and the following information relative to the amplification provided:

1. Make, model, serial number and special fitting requirements of the aid provided, including type of earmold;

2. Sound field data showing whether improvement in communication has resulted. This information may be omitted in cases of infants and non-verbal children for whom such data are unobtainable, and in cases of nursing home patients when site visits are performed;

3. Statement as to the appropriateness of the aid and earmold provided, or explanation of changes required;

4. Statement as to the situations in which the recipient is using the hearing aid provided, or explanation of why the aid is not being used;

5. Recommendation for purchase, alteration, or return of the aid to the dispenser;

6. Signature: Form FD–244 shall be signed by the individual who has personally visited the nursing home, tested the patient, or verified a missed appointment by completing the Notice of Missed Appointment, and shall be forwarded in duplicate to the hearing aid dispenser.

(b) In the event that it is not possible to provide follow-up within 21 days of acceptance of the aid by the patient, the audiologic facility or the Medicaid district office shall submit to the dispenser Form FD–244, completing Notice of Missed Appointment if applicable, or writing the reason why the follow-up visit could not be completed on the bottom of the form.

10:64–3.5 Instructions for completion of "Health Insurance Claim Form" (1500 N.J.)

(a) Instructions for completing the Health Insurance Claim Form (1500 N.J.) are as follows:

1. ITEM 1. Copy the patient's name EXACTLY as it appears on the Medicaid eligibility validation form.

2. ITEM 2. Indicate patient's date of birth. Use six digits (for example, September 10, 1980 is written 09/10/80). If only the year is known, enter the year. If birthdate is unavailable, submit claims without birthdate.

3. ITEM 3. Not applicable.

4. ITEM 4. Indicate patient's address and telephone number.

5. ITEM 5. Check appropriate block to identify patient's sex.

6. ITEM 6. Copy the patient's Health Insurance (Medicare) Claim Number as it appears on the Medicare Health Insurance card when the patient is covered by both Medicare and Medicaid.

7. ITEM 7. Not applicable.

8. ITEM 8. Copy the patient's Health Services Program (Medicaid) Case Number and Person Number EXACTLY as shown on the Medicaid eligibility validation form.

9. ITEM 8a. Not applicable.

10. ITEM 9. Check appropriate block to indicate whether the patient has other health insurance coverage. If yes, you must attach a copy of the explanation of payment or a copy of the decline notice from the other insurance coverage.

11. ITEM 10. Check as appropriate.

12. ITEM 11. Not applicable.

13. ITEM 12. Under ordinary circumstances, the patient must sign the claim form when services have been received. The claim form must indicate services rendered prior to presenting it to the patient for signature. Indicate in the blocks provided, the relationship of signer to the patient-recipient. If the patient's signature is unobtainable, refer to your Medicaid Provider Manual for procedures to follow.

14. ITEM 13. Not applicable.

15. ITEM 14. Not applicable.

16. ITEM 15. Not applicable.

17. ITEM 16. Not applicable.

18. ITEM 16a. Not applicable.

19. ITEM 17. Not applicable.

20. ITEM 18. Not applicable.

21. ITEM 19. Indicate the name of the prescribing practitioner unless the patient is an MP Plan member in which case you MUST indicate the name of the MP Plan Physician Case Manager.

22. ITEM 19a. Enter the Individual Medicaid Practitioner (IMP) Number of the practitioner or Case Manager whose name is entered in Item 19.

23. ITEM 20. Not applicable.

24. ITEM 21. Write in the name of the facility if place of service is other than the patient's home or provider's place of business (office, etc.). To be completed in addition to Item 24B.

25. ITEM 21a. Not applicable.

26. ITEM 22. Not applicable.

27. ITEM 23A. Enter diagnosis for all services identified in Item 24D.

28. ITEM 23B. EPSDT Program Referral: Complete this item for patients under 21 years of age. Ask the patient and/or referring physician or clinic if this service is the result of an EPSDT screening.

29. ITEM 24A. Enter date(s) of each visit or service provided.

30. ITEM 24B. Identify place of service by selecting appropriate alpha code as listed on the reverse side of the 1500 N.J. form under "Place of Service".

31. ITEM 24C. Not applicable.

32. ITEM 24D. Indicate the HCPCS code number for the service provided as listed in your Medicaid Provider Manual. Indicate the item number, model number, manufacturer's name, and sale amount. If there is no code in the manual to identify the service provided, enter a narrative description of the service. If a replacement within 36 months, add the notation "replacement aid". If a reconditioned aid, add the notation "Recon" and the notation "six months warranty" and attach to the claim form, an invoice or sales document showing the acquisition cost of the aid, if any, and/or the facility or laboratory invoice showing the cost of reconditioning. Indicate the number of batteries and type of custom fitted earmold. If applicable, indicate the receiver model, one cord and garment bag. For repairs indicate "Repair of new aid" if originally dispensed as a new aid. Indicate "Repair of recon aid" for repair of a reconditioned aid. For replacement earmolds, describe the earmold and attach a copy of the laboratory cost list or laboratory invoice to the claim form. For batteries and replacement parts, describe the item.

33. ITEM 24E. Enter either the reference number or the diagnosis code from Item 23A that is related to the service provided.

34. ITEM 24F. Enter quantities or units.

35. ITEM 24G. Enter your usual and customary charge for each service.

36. ITEM 24H. Not applicable.

37. ITEM 24I. Not applicable.

38. ITEM 25. Read the Medicaid Provider Certification on the reverse side of the 1500 N.J. form carefully and sign and date the claim form accordingly.

39. ITEM 26. Not applicable.

40. ITEM 27. Enter the sum total of the individual charges indicated in Item 24G.

41. ITEM 28. Not applicable.

42. ITEM 29. Not applicable.

43. ITEM 30. Not applicable.

44. ITEM 31. If not preprinted, write provider name, address and provider number. Enter telephone number.

45. ITEM 32. Not applicable.

46. ITEM 33. Not applicable.

47. ITEM 34. For services requiring prior authorization the Medicaid District Office Medical Consultant will affix his/her signature, date the authorization and terms of authorization, that is, purchase or denial, and the provider must assure that Item 34 is complete before submitting the claim for payment.

New Rule R.1988 d.145, effective April 4, 1988.
See: 19 N.J.R. 1775(a), 20 N.J.R. 807(c).
Old rule was "Instructions for completion of Medical Supplies and Equipment Claim (Form MC–11)".

SUBCHAPTER 4. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

Authority

N.J.S.A. 30:4D–6a(3)(4)b(5); 6b(1)(3)(5)(6)(7)(8)(10)(12)(15)(16); 7, 7a, 7b, 7c.

Source and Effective Date

R.1986 d.52, effective March 3, 1986.
See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Executive Order 66(1978) Expiration Date

Pursuant to the requirements and criteria of Executive Order 66(1978), this subchapter expires on March 3, 1991.

Editor's Note: The Division of Medical Assistance and Health Services utilizes the HCPCS (Health Care Financing Administration's Common Procedure Coding System) as the basis of reimbursement for hearing aid providers that participate in the New Jersey Medicaid Program. The HCPCS coding system utilizes procedure codes and narrative descriptions and the basis of reimbursement.

The HCPCS coding system is not published in the New Jersey Administrative Code but may be obtained from the Administrative Practice Officer, Division of Medical Assistance and Health Services, CN–712, Trenton, New Jersey 08625.