

CHAPTER 64**HEARING AID SERVICES****Authority**

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2006 d.289, effective July 17, 2006.
See: 38 N.J.R. 1385(a), 38 N.J.R. 3304(a).

Chapter Expiration Date

Chapter 64, Hearing Aid Services, expires on July 17, 2011.

Chapter Historical Note

Chapter 64, Hearing Aid Services Manual, was adopted as new rules by R.1971 d.186, effective November 29, 1971. See: 3 N.J.R. 58(d), 3 N.J.R. 223(b).

Chapter 64, Hearing Aid Services Manual, was repealed and Chapter 64, Hearing Aid Services Manual, was adopted as new rules by R.1982 d.74, effective March 15, 1982, operative April 1, 1982.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).

Subchapter 4, HCFA Common Procedure Coding System (HCPCS), was adopted as new rules by R.1986 d.52, effective March 3, 1986. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 64, Hearing Aid Services Manual, was readopted by R.1991 d.154, effective February 22, 1991. See: 22 N.J.R. 3614(a), 28 N.J.R. 859(a).

Chapter 64, Hearing Aid Services Manual, was repealed, and Chapter 64, Hearing Aid Services Manual, was adopted as new rules by R.1996 d.100 effective February 20, 1996. See: 27 N.J.R. 4688(a), 28 N.J.R. 1297(a).

Pursuant to Executive Order No. 66(1978), Chapter 64, Hearing Aid Services, was readopted as R.2001 d.71, effective January 29, 2001. See: 32 N.J.R. 3965(a), 33 N.J.R. 793(a).

Chapter 64, Hearing Aid Services, was readopted by R.2006 d.289, effective July 17, 2006. As a part of R.2006 d.289, Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was renamed Healthcare Common Procedure Coding System (HCPCS), effective August 21, 2006. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS**SUBCHAPTER 1. GENERAL POLICIES**

- 10:64-1.1 Scope
- 10:64-1.2 Definitions
- 10:64-1.3 Provisions for provider participation
- 10:64-1.4 Recordkeeping
- 10:64-1.5 Basis of reimbursement

SUBCHAPTER 2. PROVISION OF SERVICES

- 10:64-2.1 Hearing aid program, policies and procedures
- 10:64-2.2 Dispensing of a hearing aid to a Medicaid beneficiary residing in a nursing facility
- 10:64-2.3 Dispensing of a hearing aid; repairs and replacement of parts
- 10:64-2.4 Provider's responsibilities
- 10:64-2.5 Policies on replacement of a hearing aid
- 10:64-2.6 Hearing aid follow-up visit
- 10:64-2.7 Policies on repairs, replacement earmolds, and replacement parts

10:64-2.8 Standards for environment and equipment used for audiologic and hearing aid testing

SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

- 10:64-3.1 Introduction to the HCPCS procedure code system
- 10:64-3.2 HCPCS Procedure codes and maximum fee allowance schedule for Level II codes and narratives
- 10:64-3.3 HCPCS Procedure codes and maximum fee allowance schedule for Level III codes and narratives
- 10:64-3.4 HCPCS Procedure codes with qualifiers for hearing aid services

APPENDIX**SUBCHAPTER 1. GENERAL POLICIES****10:64-1.1 Scope**

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

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

Amended by R.2001 d.71, effective March 5, 2001.
See: 32 N.J.R. 3965(a), 33 N.J.R. 793(a).

Substituted references to beneficiaries for references to recipients throughout.

10:64-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the content 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 equivalent academic and work experience necessary to receive the CCC-A, or who has completed the academic program and is acquiring the supervised work experience to qualify for the certificate and who is licensed by the State as an audiologist, in accordance with N.J.S.A. 45:3B-8 and N.J.A.C. 13:44C-3.2, or who has a comparable license from their state of practice.

“Dispenser” means an individual who is licensed by the State as a hearing aid dispenser in accordance with N.J.S.A. 45:9A-9 and N.J.A.C. 13:35-8, or is licensed or certified by a comparable agency in the state where they are practicing.

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

“Otolologist” 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 N.J.A.C. 10:54, Manual for Physician Services.

Amended by R.2006 d.289, effective August 21, 2006.

See: 38 N.J.R. 1385(a), 38 N.J.R. 3304(a).

In definition “Audiologist”, substituted “in” for “on” preceding “Audiology”.

10:64-1.3 Provisions for provider participation

(a) In order to participate in the Medicaid program as a hearing aid provider, the dispenser shall apply to and be approved by the New Jersey Medicaid program. Application for approval by the New Jersey Medicaid program as a hearing aid provider requires completion and submission of the “Medicaid Provider Application” (FD-20) and the “Medicaid Provider Agreement” (FD-62).

1. The documents referenced above are located as Forms No. 8 and No. 9 in the Appendix at the end of the Administration chapter (N.J.A.C. 10:49), and may be obtained from and submitted to:

Unisys Corporation
Provider Enrollment
PO Box 4804
Trenton, New Jersey 08650-4804

(b) In order to be approved as a Medicaid participating provider, the dispenser shall have a current valid license to dispense hearing aids from the New Jersey Board of Medical Examiners.

1. An out-of-State hearing aid dispenser shall have comparable documentation from the state in which they are licensed to provide hearing aid services.

(c) A photocopy of the current valid license shall be provided with the application for enrollment.

(d) Upon signing and returning the Medicaid Provider Application, the Provider Agreement and other enrollment documents to Unisys, the fiscal agent for the New Jersey Medicaid program, the hearing aid dispenser will receive written notification of approval or disapproval. If approved, the hearing aid dispenser will be assigned a provider identifier number. Unisys will furnish the provider identifier number, provider number, and will provide an initial supply of pre-printed claim forms.

Amended by R.2001 d.71, effective March 5, 2001.

See: 32 N.J.R. 3965(a), 33 N.J.R. 793(a).

Amended by R.2006 d.289, effective August 21, 2006.

See: 38 N.J.R. 1385(a), 38 N.J.R. 3304(a).

In the introductory paragraphs of (a) and (b), and also in (b)1 and (c), substituted “shall” for “must”.

10:64-1.4 Recordkeeping

(a) The hearing aid provider, in any and all settings, shall keep legible individual records as are necessary to fully disclose the kind and extent of service(s) provided, the HCPCS procedure code being billed, and proof of medical necessity for those services.

(b) Documentation of services performed by the hearing aid provider shall include, but may not be limited to, the following:

1. The date of service;
2. The name of beneficiary;
3. The reason for visit;
4. Evaluation findings;
5. The service(s) provided;
6. Follow-up procedures or visits, if required;
7. The signature of the dispensing provider rendering the service(s); and
8. Other documentation required to support the services billed to the Medicaid program.

(c) Written records required to support services billed to the Medicaid program shall be made available for review and/or inspection if requested by the Department of Medical Assistance and Health Services (DMAHS).

(d) Further discussion of the extent of documentation requirements can be found at N.J.A.C. 10:49-9.7, 9.8 and 9.9.

(e) The hearing aid provider’s involvement shall be clearly demonstrated in notes reflecting the provider’s personal involvement with, or participation in, the service rendered.

(f) Hearing aid providers shall make documentation available to Medicaid staff during post-payment audits. Providers who repeatedly overbill or fail to follow hearing aid candidacy criteria or Program regulations may be required to have all of their claims prior authorized.

1. The provider shall maintain copies of all records, including, but not limited to, the following:
 - i. Otologic reports;
 - ii. FD-36, FD-244, FD-257, and CMS 1500 claim forms;
 - iii. Documentation to support the need for replacement aids; and
 - iv. Repair invoices.

(g) Copies of all records shall be kept and maintained by the provider for a period of at least five years from the date the service was rendered.