

## Hearing Aid Services

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### Overview

This section provides policy and billing information for hearing aid service providers including audiologists and hearing instrument dispensers.

### Key Points

#### Hearing Aid Volume Purchase Contract

All hearing aids must be purchased directly from manufacturers participating on the [Hearing Aid Volume Purchase Contract](#). Hearing aid service providers are paid the contract price plus a dispensing fee. Hearing aids must:

- Be new, current production models
- Be complete instruments, including all necessary equipment to make it fully functional
- Use standard commercial batteries and battery sizes
- Be accompanied by a live performance graph and invoice at the contracted price
- Have a minimum 24-month manufacturer warranty covering parts and labor (warranty is exclusive of the ear piece, cord, and batteries)

- Have a one-year loss and damage warranty

Hearing aids that do not prove satisfactory to a user are to be returned to the manufacturer within 90 days from the date the hearing aid is provided to the recipient at no cost to DHS/MHCP or the hearing aid dealer. The hearing aid volume purchase contract requires that:

- The contract price for a hearing aid cannot be further reduced or altered
- Orders for DHS contracted hearing aids may not be used to obtain, or grant, additional commercial discounts
- The manufacturer may not charge for packaging, postage, insurance, or handling

Hearing aids **do not** include ear molds and accessories not included in the cost of the hearing aid but that are necessary to the recipient's use of the hearing aid:

- Ear molds and ear impressions are billable for BTE aids
- Accessories including chest harnesses, tone and ear hooks, carrying cases, T-coils, audio boots, neck loops, etc., are billable when not included in the price of the hearing aid (check the contract for hearing aid features included in the price)

No extra charge may be made for:

- Casing color choice
- Hypo-allergenic cases
- Soft canal casing or other shell treatments
- Conventional or screw-set volume control

Manufacturers will not process hearing aid orders unless all authorization requirements are met.

### **Hearing Aids Not on Volume Purchase Contract List (Non-contract aids)**

Hearing aid service providers must provide hearing aids under the terms of the volume purchase contract. If the audiologist prescribes a non-contract hearing aid, the hearing aid service provider must obtain authorization by providing either:

- Reasons the contract aids will not meet the recipient's needs; or
- Reasons the non-contract aid will meet the recipient's needs (describe extenuating circumstances that eliminate the possible use of a contract aid)

The hearing aid service provider who bills for the repair of a non-contract aid must obtain and include the purchase date and the purchase warranty expiration date of the hearing aid from the manufacturer. If the aid is under warranty, MHCP will not reimburse providers or manufacturers for repairs or the cost of returning the aid to the manufacturer.

### **Dispensing Fee**

MHCP will reimburse the hearing aid service provider one dispensing fee for fitting and dispensing a monaural or set of binaural hearing aids for a recipient. Claims are not eligible for payment until after the hearing aid is dispensed. The dispensing fee includes:

- Adjusting the hearing aid to the wearer, including the necessary programming on digital and digitally programmable aids
- Provision of at least three hearing aid batteries of the type necessary to operate the hearing aid
- Informing the recipient of the trial period
- Instructing and counseling the recipient on use and care of the hearing aid
- A written copy of the manufacturer's warranty
- Returning the hearing aid to the manufacturer for repair during the 24-month warranty period for parts and labor.

Providers may submit dispensing fee claims when providing replacement hearing aids. If a dispensing fee has already been paid, authorization is required. For example, providers may bill (with authorization) an additional dispensing fee when hearing aids are replaced under the loss and damage warranty. No additional dispensing fee is payable for replacing an unsatisfactory hearing aid(s) during the required trial period.

### **Trial Period**

Hearing aids obtained under the volume purchase contract that are not satisfactory to the user may be returned to the manufacturer within 90 days after the dispensing date, but no sooner than 30 days. The trial period consists of consecutive days beginning the day the hearing aid is provided to the recipient and must extend at least 30 days, but no more than 90 days. The hearing aid service provider must inform the recipient of the beginning and ending dates of the trial period, and refer the recipient to the prescribing audiologist when the aid cannot be adjusted to the recipient's satisfaction. If the audiologist prescribes a hearing aid to replace the [unsatisfactory aid](#), the hearing aid service provider must order the prescribed replacement aid.

### **Replacement**

MHCP covers one hearing aid or set of binaural hearing aids within a period of five years for an eligible recipient. If hearing aids must be replaced due to change in hearing, or hearing aid loss, theft, or irreparable damage, the provider must request authorization for a new aid. MHCP considers the recipient's [physical or mental impairment](#) in determining whether circumstances were beyond the recipient's control if the aid is lost or broken and will only approve a replacement in those cases.

Always [verify recipient eligibility \(PDF\)](#) and prior receipt of a hearing aid(s) before dispensing or requesting an authorization.

MHCP will not replace a lost, stolen or broken hearing aid when MHCP has replaced a hearing aid twice within the five-year period previous to the date of request. Per federal requirements, this replacement policy does not apply to children under 21. In cases when MHCP does not provide a replacement hearing aid, the hearing aid service provider may provide the eligible recipient with a contract hearing aid at the contract price. The hearing aid and dispensing fee will be paid by the recipient.

### **Documentation Requirements and Approval Criteria**

The following documentation requirements for medical records apply regardless of whether or not the hearing aid requires authorization. This information must also be attached to authorization forms, if authorization is required:

- Physician's medical clearance, with a date six months or less of dispensing the hearing instrument, stating no contraindication for hearing aid use. This may include general support for amplification, if needed, to determine medical necessity. Hearing services for a resident of an LTC facility must result from a request by the recipient, or a referral by facility nursing staff or the recipient's family, guardian, or attending physician, and be part of the recipient's plan of care or ordered in writing by the attending physician.
  - Authorization requests for replacement aid(s) due to loss or damage must include:
  - Documentation from the recipient's primary care provider of the recipient's physical or mental impairment that demonstrates the loss or damage was beyond the recipient's control
  - A copy of the resident's care plan which outlines steps that will be taken to prevent future losses for recipients residing in a nursing home (both long and short-term stay), assisted living facility, group residential housing, intermediate care facility, or other group housing.
  - A statement from the recipient's parents or other caregivers (including daycare providers) demonstrating steps that will be taken to safeguard the replacement hearing instrument when

authorization is sought to replace a child's hearing instrument(s); i.e. use of safety clips, headband or other retention devices, storing the instruments in a secure location when child is sleeping/napping, etc.

- Audiologic recommendations including:
  - Written recommendation for hearing aid(s) including manufacturer specifications
  - Follow-up plan for determining effectiveness of hearing aid use
- Documentation supporting audiologic recommendations:
  - Audiogram – air and bone thresholds, speech thresholds, word recognition scores for each ear or reason why this data was not obtained and report of substitute data (e.g., sound field, informal tests – internal consistency of data needed);
  - History of previous appliance use and status of current aid(s), if applicable;
  - When evidence of middle ear dysfunction exists (e.g., abnormal tympanometry or audiometric conductive loss), audiologist must give rationale for recommending hearing aid use prior to documentation of normal middle ear function (e.g., previous diagnosis of inoperable otosclerosis); and
  - Audiologist's documentation of need for amplification, this may include interpretation of audiometric data relative to recipient's communication needs, formal hearing aid evaluation, real ear measurements, sound field, etc.
  - An adult's pure-tone average (PTA) must be 25 dB HL and a child's PTA must be 20 dB HL or greater in the fitted ear to qualify for a hearing aid under this program, or authorization is required. The PTA is the average air-conduction threshold for 1000 and 2000 Hz, and 3000 Hz measured with an earphone.

#### **Eligible Hearing Aid Service Providers**

- Dispensing audiologist who meets the requirements of [MS 148.515](#)
- Hearing instrument dispenser who meets the certification requirements of [MS 153A](#)
  - A *dispenser trainee* as defined in [MS 153A.14, Sub 4a](#), may provide hearing aid services under the supervision of a certified hearing aid dispenser, but is not eligible to enroll as an MHCP provider
- Otolaryngologists
- Outpatient hospitals, clinics, corporations or partnerships and other health care providers who employ audiologists, otolaryngologists and/or hearing instrument dispensers and have the legal control and responsibility for claims for reimbursement for hearing instrument dispensing services.

Before providers are reimbursed for hearing aid assessments or dispensing, a physician, physician assistant or nurse practitioner must rule out medical or surgical indications contrary to fitting the recipient with a hearing aid. The medical clearance must be performed within six months prior to dispensing. After ruling out contraindications, the physician then refers the recipient for an audiologic evaluation to determine if a hearing aid is necessary. An audiologist or otolaryngologist must provide the audiologic testing and if a hearing aid is indicated, prescribe a specific hearing aid offered under the hearing aid volume purchase contract. An individual who is enrolled as a hearing aid dispenser, but is not an audiologist or otolaryngologist, may not perform audiologic evaluations or prescribe hearing devices.

The hearing aid service provider must dispense the hearing aid according to the hearing aid exam, selection, and prescription of the otolaryngologist and audiologist. The recipient shall see an audiologist within the hearing aid trial period so that the audiologist may determine the effectiveness of the hearing aid.

Out-of-state hearing aid service providers (including audiologists) who do not sell hearing aids/instruments in Minnesota must comply with licensing/certification requirements of the other state, but are not required to be certified in Minnesota.

### **Eligible Recipients**

All MHCP recipients except recipients of programs with limited benefit sets such as Emergency Medical Assistance (EMA). Refer to "Benefits by Programs" charts in [Health Care Programs and Services](#).

### **Covered Services**

Hearing aid services are an MHCP covered service; in addition to dispensing hearing aids, hearing aid services include:

- Batteries
- Ear impressions
- Ear molds, including open dome style ear molds (not disposable) replaced about every 3 months
- Hearing aid checks (programming)
- Hearing aid repairs
- Parts and Accessories
- Programming/reprogramming
- Re-casing, re-makes, shell modifications
- Replacing battery doors

MHCP does not reimburse hearing aid service providers separately for audiologic evaluations, hearing aid exams and selection, or home visits.

**Authorization is required for all hearing systems other than personal hearing aids; i.e. cochlear implants(s), bone anchored hearing aids.**

### **Batteries**

Hearing aid batteries may not, at one time, be dispensed in a quantity that exceeds a 90-day supply. Hearing aid batteries may not be dispensed unless the recipient is in need of the batteries and requested them. Batteries may be dispensed on the same date as the hearing aid is dispensed. However, the dispensing service must include the provision of at least three batteries.

### **Ear Impressions**

Ear impressions needed for the purpose of custom making an in-the-ear (ITE) hearing aid and ear molds for behind-the-ear (BTE) hearing aids are reimbursed as a separate service from the dispensing fee.

### **Ear Molds**

Replacement ear molds for BTE hearing aids are covered, including open dome style ear molds (not disposable) that are replaced about every 3 months.

### **Hearing Aid Checks (programming)**

Hearing aid checks, including setting and resetting volume, programming and reprogramming and other adjustments of digital and digitally programmable hearing aids, are billable services only after the hearing aid trial period. Hearing aid checks are limited to four checks per year. Claims for hearing aid checks with date of service prior to 90 days following the day of service for dispensing new aids will deny.

### **Hearing Aid Repairs**

- MHCP does not cover repairs or the cost of returning the aid to the manufacturer while the aid is under warranty. All claims for hearing aid repairs must include the hearing aid expiration warranty date. To verify the hearing aid warranty has expired, hearing aid service providers must obtain the purchase date and purchase warranty expiration date from the manufacturer and submit with hearing aid repair claims.
- All hearing aid repairs are required to have a minimum six months warranty, whether sent to the manufacturer or performed by the hearing aid service provider. Most manufacturers on the hearing aid volume purchase contract provide a one-year repair warranty. However, some provide repair warranties as long as 24 months. Providers are responsible to check the manufacturers repair warranty information listed on the contract from which the hearing aid was obtained. Specific repair warranty information is in the hearing aid volume purchase contract.
- The hearing aid repair rate is determined by the hearing aid volume purchase contract under which the aid was purchased. The hearing aid volume purchase contracts require manufacturers to honor the contracted repair rate for the life of the hearing aid following the expiration of the contract.
- For non-contract hearing aids, those purchased outside the volume purchase contract, parts and labor (including manufacturer fees) constitute one repair charge.
- Do not bill re-casing, remakes or shell modifications as repairs. Bill these services using code V5014.

### **Parts and Accessories**

Hearing aid accessories such as chest harnesses, telecoils, and tone and ear hooks are covered when not included in the price of the hearing aid. Check the contract for hearing aid features included in the price.

- Telecoils are covered if not standard with recommended hearing aid in the following circumstances:
  - One aid per person
  - When the audiologist determines a recipient needs the telecoil to use the telephone
  - After the audiologist determines the recipient's telephone is compatible with the hearing aid's telecoil by report or direct examination

### **Programming/Reprogramming**

Programming/reprogramming and other adjustments of digital and digitally programmable hearing aids are billable services only after the hearing aid trial period. See "Hearing Aid Checks" above.

### **Re-casing, Remakes, Shell Modifications**

Re-casing, remakes and shell modifications are billable services. Providers must include a description of the service provided. For example, when billing a shell modification, the provider must describe the:

- Materials used (i.e., description and amount of compound to fill hole in shell)
- Service provided (i.e., filled hole in shell, built up shell to adjust fit, or ground down shell to adjust fit, etc.)
- Amount of time

Provide the manufacturer's invoice with the claim when billing a re-case or remake.

### **Replacing Battery Doors**

Battery door replacements are billable. Providers must include a description of this service on the claim.

### **Non-covered Services**

- Replacement batteries provided on a scheduled basis regardless of actual need

- Services specified as part of the contract price when billed separately for payment, including charges for repair of hearing aids under warranty
- Routine screening of individuals or groups for identification of hearing problems
- Separate reimbursement for postage, handling, taxes, mileage, or pickup and delivery
- Disposable hearing aids, non-electronic hearing aids, battery chargers,
- Alarm systems including but not limited to:
  - Vibrating bed alarms
  - Doorbell transmitters (door announcer)
  - Baby monitors
  - Personal signaling system
- Adapters for telephones, television, or radio, including but not limited to:
  - Telephone amplifiers
  - Amplifying phone handsets
  - Visual telephone ringers
  - Personal television and radio amplifying systems
- Hearing aid maintenance and retention products including but not limited to:
  - Swim molds/swim plugs
  - Ear plugs
  - Swimmers' headband
  - Dry aid kits and dehumidifiers
  - Moisture guard (i.e., Super Seals®)
  - Wax filters, wax guards, cerumen guards
  - Microphone protectors
  - Retention cords and safety clips such as OtoClips and Critter Clips™
- Ear care and comfort products including but not limited to:
  - Ear comfort creams
  - Ear cleansers/cleaning solutions
  - Wax removal kits/systems
  - Hearing aid pads
- Regularly scheduled maintenance, cleaning, and checking of hearing aids, unless there has been a request or referral for the service by the person who owns the hearing aid, the person's family, guardian or attending physician
- Loaner hearing aid charges
- Canal type hearing aids [In-the-Canal (ITC) and Completely-in-the-Canal (CIC)]
- Non-contract hearing aids obtained without authorization
- Services included with the dispensing fee when billed separately
- Hearing aid services to a resident of an LTC facility if the services did not result from a request by the resident, a referral by a registered nurse or licensed practical nurse who is employed by the LTC facility, or a referral by the resident's family, guardian or attending physician
- Hearing aid services prescribed or ordered by a physician if the physician or entity commits a felony listed in United States Code, title 42, section 1320a-7b, subject to the "safe harbor" exceptions listed in Code of Federal Regulations, title 42, part 1001, section 952.

### **Authorization Requirements**

Submit authorization requests and documentation to the [authorization medical review agent](#).

### **Non-Personal Hearing Aids**

When systems such as FM systems, vibrotactile devices, [cochlear implants](#) or personal communicators (e.g., pocket talkers) are requested, justification is needed, just as for non-contract aids. The audiologist must also address each of the following points:

- Why the person cannot use personal hearing aids (e.g., person's unique inability to use auditory information provided via hearing aids)
- Documentation of expectation of person's ability to recognize and use vibrotactile information, specific to vibrotactile instruments (e.g., response to environmental vibratory information or low frequency bone conducted vibratory information).

### Billing

Bill services on the [MN-ITS \(837P\) Professional](#). For further billing instructions, please refer to the [Billing Policy](#) section of the manual and the [MN-ITS User Guide for Hearing Aids](#).

<p><b>Audiologists and hearing instrument dispensers in private practice</b></p>	<p>Claims are payable to the provider in private practice, i.e., audiologist or hearing instrument dispenser.</p> <ul style="list-style-type: none"> <li>• Enter the NPI of the provider in private practice as the Pay-to-Provider and Rendering Provider.</li> </ul>
<p><b>Group practice/facility billing:</b> For purposes of billing hearing instrument dispensing services, group practice or facility are defined as outpatient hospitals, clinics, corporation or partnerships and other health care providers who employ audiologists, otolaryngologists and/or hearing instrument dispensers – see definition under <a href="#">Eligible Providers</a></p>	<p>Claims are payable to the group practice/facility:</p> <ul style="list-style-type: none"> <li>• Enter the NPI of the outpatient hospital, clinic corporation or partnership, or other health care <a href="#">provider*</a> as the Pay-to-Provider.</li> <li>• Enter the NPI of the audiologist, otolaryngologist, or hearing instrument dispenser as the Rendering Provider.</li> </ul>
<p><b>Note:</b> Follow billing instructions above for service provided by audiologists or hearing instrument dispensers in private practice who also work part-time in a facility setting. Determine the setting where the dispensing services were provided and follow the instructions for either private practice or group practice/facility billing.</p>	

Claims for hearing aid purchases must include:

- Correct model number
- Correct modifiers – NU, LT, RT
- ICD diagnosis code(s)
- Monaural aid = 1 unit
- Binaural aids = 1 unit

Do not bill accessories included with the initial hearing aid purchase.

<p><b>Binaural Hearing Aids</b></p>	
<p><b>Billing Examples</b></p>	<p><b>Billing Instructions</b></p>
<p>Recipient's binaural hearing aid consists of matching hearing aid models</p>	<p>Bill the binaural set using the appropriate <b>binaural</b> code, <b>1 unit</b>, and other required modifiers (NU) and billing information</p>
<p>Recipient's binaural hearing aid consists of two different hearing aid models, dispensed on the same day</p>	<p>Bill each hearing aid model with appropriate <b>monaural</b> procedure code, <b>1 unit</b> and other required modifiers (LT, RT, NU) and billing information</p>
<p>Recipient's binaural hearing aid consists of two different hearing aids, dispensed on different dates of services. Authorization is required for the second aid (and dispensing fee) if the DOS are more than 6 months apart.</p>	<p>Bill each aid with appropriate <b>monaural</b> code, <b>1 unit</b>, and required modifiers (LT, RT, NU) modifiers. Second claim will deny due to recipient's benefits exhausted. Contact <a href="#">provider resource center</a> for assistance if DOS is less than</p>

	6 months from provision of first hearing aid. <b>Authorization is required</b> for the second aid (and dispensing fee) if the DOS are more than 6 months apart.
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### Dispensing Fee Claims

- Providers are required to bill their usual and customary charge
- Claims may not be submitted before the hearing aid(s) is dispensed
- Use the appropriate HCPCS code
  - Claims for monaural dispensing must include either the LT or RT modifier
- Bill the dispensing fee procedure code for the type of hearing aid dispensed; monaural, or binaural. Always bill the binaural dispensing fee when binaural hearing aid(s) are dispensed, whether the binaural unit consists of matching hearing aids or not:
  - Monaural = 1 unit
  - Binaural = 1 unit
- Bill a monaural dispensing fee when dispensing (fitting and adjusting) the external components for an auditory osseointegrated device ([Baha®](#) sound processing system)
- Dispensing fees require authorization whenever the hearing aid requires authorization
- The dispensing fee is a professional service. Do not bill the dispensing fee with modifier NU

### Unsatisfactory Hearing Aid(s)

During trial period, hearing aid(s) prove unsatisfactory to recipient	Recipient: Wants different aid(s)	Does not want different aid(s)
<b>Provider has billed for unsatisfactory aid(s)</b>	<ul style="list-style-type: none"> <li>• Submit a replacement claim for the unsatisfactory hearing aid(s) when submitting claim for replacement aid(s)</li> <li>• The dispensing fee does not require replacement</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aid(s) and dispensing fee billed on same claim:               <ul style="list-style-type: none"> <li>• Submit a replacement claim for the hearing aid and all but ½ of the dispensing fee</li> </ul> </li> <li>• Hearing aid(s) and dispensing fee billed on separate claims:               <ul style="list-style-type: none"> <li>• Void hearing aid(s) claim</li> <li>• Submit replacement claim for all but ½ of the dispensing fee</li> </ul> </li> </ul>
<b>Provider has not billed for unsatisfactory aid(s)</b>	<ul style="list-style-type: none"> <li>• Submit claim for replacement aid(s) and dispensing fee</li> </ul>	<ul style="list-style-type: none"> <li>• Return hearing aid to manufacturer – no need to bill MHCP</li> <li>• Submit claim for ½ of the appropriate dispensing fee (monaural, binaural, etc.)</li> </ul>

### Repair Claims

Hearing aid repairs consist of parts and labor required to maintain the operation of the hearing instrument.

Claims must include:

- A correct model number (in the Description field)

- Appropriate modifiers – RB, LT and/or RT
- The following in the Line Note field:
  - A description of the repair
  - Hearing aid purchase warranty expiration date (using mm/dd/yy format)
  - Hearing aid volume purchase contract number
- Repair invoice for repairs of non-contract hearing aids

### **Code V5014**

Use to billing the following:

- Battery door replacement
- Re-casing and/or re-plating (hearing aid is sent to manufacturer)
- Shell modification (for minor repairs to shell performed by dispenser or audiologist). List specific details of repair, amount of time and materials used.

### **Hearing Aid Batteries**

Bill hearing aid batteries in quantities of one unit per battery. Providers may bill replacement batteries in quantities not exceeding a quantity necessary to operate the hearing aid for a period of not more than 90 days, beginning with the date the hearing aid is dispensed.

The current listing of manufacturers and hearing aid models, and past hearing aid contracts dating back to 2005, are available online through the [Hearing Aid Dispensers home page](#), under [Forms](#).

### **Hearing Aid Checks**

Hearing aid checks may not be billed during hearing aid trial period. Bill hearing aid checks according to the provider type providing the service (treating provider):

<b>Provider Type</b>	<b>Procedure code(s)</b>	<b>Description/Instructions</b>
Audiologist	92592	Monaural hearing aid check. Service includes cleaning; do not bill cleaning separately. See <a href="#">Audiology Service Thresholds</a>
	92593	Binaural hearing aid check. Service includes cleaning; do not bill cleaning separately. See <a href="#">Audiology Service Thresholds</a>
Hearing Instrument Dispenser	V5011	Monaural hearing aid check: bill 1 unit Binaural hearing aid check: on same claim, bill 1 unit with LT modifier and 1 unit with RT modifier May not be billed with 92592 and 92593. See <a href="#">Hearing Aid Services Codes</a>

### **Hearing Aid Services Codes**

#### **Definitions**

**Audiologic Evaluation:** An assessment administered by an audiologist or otolaryngologist to evaluate communication problems caused by hearing loss

**Dispensing Audiologist:** An audiologist who meets the requirements of [MS 148.515](#)

**Hearing Aid:** A monaural hearing aid, set of binaural hearing aids, or other device worn by the recipient to improve access to and use of auditory information

**Hearing Aid Accessory:** Chest harnesses, tone and ear hooks, carrying cases, and other accessories necessary to use the hearing aid, but not included in the cost of the hearing aid

**Hearing Aid Service Provider:** A person who meets the requirements of [MS 153A](#) and is certified by the Department of Health as a hearing instrument dispenser

**Hearing Aid Services:** Services to dispense hearing aids and provide hearing aid accessories and repairs

**Otolaryngologist:** A physician specializing in diseases of the ear and larynx who is certified by the [American Board of Otolaryngology](#) or eligible for board certification

### **Legal References**

[MS 148.515](#) Qualifications for Licensure

[MS 153A](#) Hearing Instrument Dispensing

[MS 256B.0625](#), subd.8; subd.8a; subd.8c Covered Services PT, OT, SLP

[MS 256B.0625](#), subd.31a Aug. Communication Devices

[Minnesota Rules 4658.0525](#) Rehabilitative Nursing Care

[Minnesota Rules 9505.0175](#) Definitions

[Minnesota Rules 9505.0210](#) Covered Services, General Requirements

[Minnesota Rules 9505.0220](#) Health Services not covered by Medical Assistance

[Minnesota Rules 9505.0287](#) Hearing Aid Services

[Minnesota Rules 9505.0385](#) Rehabilitation Agency Services

[Minnesota Rules 9505.0386](#) Comprehensive Outpatient Rehabilitation Facilities

[Minnesota Rules 9505.0390](#) Rehabilitative and Therapeutic Services

[Minnesota Rules 9505.0391](#) Therapists Eligible to Enroll as Providers

[Minnesota Rules 9505.0392](#) Compliance with Medicare Requirements

[Minnesota Rules 9505.0410](#) Long-Term Care Facilities; Rehabilitative and Therapeutic Services to Residents

[Minnesota Rules 9505.0411](#) Long-Term Care Facilities; Rehabilitative and Therapeutic Services to Non-Residents

42 CFR 440.110

42 CFR 483.45

42 CFR sub. H, 485.701 to 485.729

42 CFR sub. D, 486.150 to 486.163

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