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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 18-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #022620184023

May 17, 2018

Dennis Schrader, Secretary
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

Dear Mr. Schrader:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 18-0003. The purpose of this SPA is to add coverage for adult hearing aids and cochlear implants.

The effective date for this amendment is July 1, 2018. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Ms. Talbatha Myatt of my staff at 215-861-4259.

/s/ Sincerely.

Francis T. McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0003	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE July 1 st , 2018
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: N/A	7. FEDERAL BUDGET IMPACT: a. FFY 2018: \$ 2.5 million b. FFY 2019: \$ 10 million
8. PAGE NUMBER ATTACHMENT: R OF THE PLAN SECTION OR Att. 3.1-A pg 24B-24B-5 (AMEND) Attachment 3.1-A pg. 21-A and new page: 3.1A, pg. 21-A-1 Attachment 3.1A pg. 28 and new page: 3.1A, pg. 28-A Attachment 4.19B pg. 36; Attachment 24b-24b5. Attachment 3.1A 24b-24b5. Pages 24b-1 & 24B-2 24 B-3, 24B-4 should now read "reserve for future use".	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1-A pg 24B-24B-5 (10-04) Attachment 3.1-A pg. 21-A and new page: 3.1A, pg. 21-A-1 Attachment 3.1A pg. 28 and new page: 3.1A, pg. 28-A Attachment 4.19B pg. 36; Attachment 3.1A 24b-24b5. Pages 24b-1 & 24B-2 24 B-3, 24B-4 should now read "reserve for future use".

10. SUBJECT OF AMENDMENT: To add coverage for adult hearing aids and cochlear implants

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Susan J. Tucker, Executive Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Susan J. Tucker, Executive Director OHS – DHMI 201 W. Preston St., 1 st floor Baltimore, MD 21201
13. TYPED NAME: Dennis Schrader	
14. TITLE: Medicaid Director, Maryland Department of Health	
15. DATE SUBMITTED: February 26, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 26, 2018	18. DATE APPROVED: May 16, 2018
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Francis T. McCullough	22. TITLE: Associate Regional Administrator

23. REMARKS:
The state permits CMS to make a pen and ink change on Form 179.
The state moved hearing aids and cochlear implants to the Home Health Services and Prosthetic Devices pages, respectively. These pages include:
Attachment 3.1-A pg. 21-A and new page: 3.1A, pg. 21-A-1
Attachment 3.1A pg. 28 and new page: 3.1A, pg. 28-A
Attachment 4.19B pg. 36
The state edited the pages related to Audiology Services under Attachment 3.1A 24b-24b5. Pages 24b-1, 24B-2, 24 B-3, 24B-4 should now read "reserve for future use".

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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7. a. Home Health Services – Hearing Aids

The Home Health Services benefit covers medically necessary hearing aids when the services are provided by appropriately licensed providers as directed below.

- A. Medically necessary hearing aids include:
 - 1) Unilateral or bilateral hearing aids that are:
 - a. Not used or rebuilt;
 - b. Meet the current standards set forth in 21 CFR §§801.420 and 801.421;
 - c. Recommended and fitted by an audiologist when in conjunction with written medical clearance from a physician who has performed a medical examination within six months;
 - d. Sold on a 30-day trial basis; and
 - e. Fully covered by a manufacturer's warranty for a minimum of two years.
 - 2) Hearing aid accessories, as listed below:
 - a. Ear molds
 - b. Batteries; and
 - c. Other hearing aids accessories as determined to be medically necessary.
- B. Audiologists shall be licensed by the Maryland Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists to practice audiology, as defined in Health Occupations Article, Title 2, Annotated Code of Maryland, or by the appropriate licensing body in the jurisdiction where the audiology services are performed.
- C. The Maryland Medicaid Home Health Services Benefit covers the following hearing aids limited to:
 - 1) The initial coverage of:
 - a. Bilateral hearing aids for children younger than 21 years of age;
 - b. Unilateral hearing aids for participants age 21 years old and older unless otherwise approved by the Department or its designee;
 - 2) Replacement of unilateral or bilateral hearing aids once every five years unless the Program approves more frequent replacement;
 - 3) Replacement of unilateral hearing aid once every five years for participants over 21 years of age
 - 4) A maximum of 76 disposable batteries per participant per 12-month period for a unilateral hearing aid or 152 batteries per participant per 12-month period for bilateral hearing aids purchased from the Department not more frequently than every six months, and in quantities of 38 or fewer for unilateral hearing aid, or 76 or fewer for a bilateral hearing aid;
 - 5) Charges for routine follow-ups and adjustments which occur more than 60 days after the dispensing of a new hearing aid;
 - 6) A maximum of two unilateral earmolds or four bilateral earmolds per 12- month period for participants under 21 years of age;
 - 7) A maximum of one unilateral earmold or two bilateral earmolds per 12- month period for participants over 21 years of age;
 - 8) Replacement of hearing aids and equipment, if the existing devices are functional, repairable, and appropriately correct or ameliorate the problem or condition;
 - 9) Spare or backup hearing aids;

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- 10) Repairs to spare or backup hearing aids, equipment or supplies;
 - 11) Investigational or experimental services or devices;
 - 12) Replacement of improperly fitted earmold(s) unless the:
 - a. Replacement service is administered by someone other than the original provider; and
 - b. Replacement service has not been claimed before;
 - 13) Additional professional fees and overhead charges for a new hearing aid when a dispensing fee claim has been made to the Program; and
 - 14) Loaner hearing aids.
- D. The following audiology services require preauthorization:
- 1) All hearing aids;
 - 2) Certain hearing aid accessories;
 - 3) Repairs for hearing aids exceeding \$500.
- E. Preauthorization is valid:
- 1) For services rendered or initiated six months from the date the preauthorization was issued; and
 - 2) If the patient is an eligible participant at the time the service is rendered.
- F. The following written documentation shall be submitted by the provider to the Department or its Designee with each request or preauthorization of hearing aids:
- 1) Audiology report documenting medical necessity of the hearing aids,;
 - 2) Interpretation of the audiogram; and
 - 3) For initial hearing amplification device requests only, a medical evaluation by a physician supporting the medical necessity of the hearing aids within six months of the preauthorization request.

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11. Physical therapy and related services:

- c. Services for individuals with speech, hearing and language disorders (provided by or under the direction of a speech pathologist or audiologist)

1. Audiology Services:

- A. The Audiology Program covers medically necessary audiology services when the services are provided by appropriately licensed providers as directed below.
- B. Medically necessary audiology and hearing amplification services covered by Maryland Medicaid include:
 - 1) Audiology assessments using procedures appropriate for the participant's age and abilities;
 - 2) Hearing aid evaluations and routine follow-up for participants with identified hearing impairment and who currently use or are being considered for hearing aids;
- C. Audiologists shall be licensed by the Maryland Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists to practice audiology, as defined in Health Occupations Article, Title 2, Annotated Code of Maryland, or by the appropriate licensing body in the jurisdiction where the audiology services are performed.

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RESERVE FOR FUTURE USE

TN#: 18-0003
Supersedes TN#: 10-04

Approval Date: May 16, 2018

Effective Date: July 1st 2018

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

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RESERVE FOR FUTURE USE

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RESERVE FOR FUTURE USE

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12 c. Prosthetic Devices (covered services)

Prosthetic devices as described in CFR §440.120 are covered when medically necessary and furnished by Medicaid providers.

Prosthetic devices are replacement, corrective, or supportive devices prescribed by a physician to: artificially replace a missing portion of the body; prevent or correct physical deformity or malfunction; or support a weak or deformed portion of the body.

Devices covered include:

- (a) Artificial eyes;
- (b) Breast prostheses, including surgical brassiere;
- (c) Upper and lower extremity, full and partial, to include stump cover or harnesses where necessary; and
- (d) Replacement of prostheses;
- (e) Cochlear implants; and
- (f) Auditory osseointegrated devices.

Coverage of cochlear implants includes:

1. The initial implantation of:
 - 1) Bilateral cochlear implants for participants younger than 21 years of age;
 - 2) Unilateral cochlear implants for participants age 21 years old and older;
2. Post-operative evaluation and programming of the cochlear implant(s);
3. Aural rehabilitation services
4. A maximum of 180 or fewer disposable batteries for a unilateral cochlear implant per 12-month period or 360 disposable batteries per 12-month period for a bilateral cochlear implant purchased every six months in quantities of 90 or fewer for a unilateral cochlear implant, or 180 or fewer for a bilateral cochlear implant;
5. Two replacement cochlear implant component rechargeable batteries per 12-month period for bilateral cochlear implants, and a maximum of one for a unilateral cochlear implant;
6. Two cochlear implant replacement transmitter cable per 12-month period for bilateral cochlear implants and a maximum of one replacement transmitter cable for a unilateral cochlear implant;
7. Two cochlear implant replacement headset cable per 12-month period for bilateral cochlear implants and a maximum of one replacement for a unilateral cochlear implant;
8. Two replacement cochlear implant transmitting coils per 12-month period for bilateral cochlear implants, and a maximum of one replacement transmitting coil for a unilateral cochlear implant.
9. Cochlear implant audiology services and external components provided less than 90 days after the surgery or covered through initial reimbursement for the implant and the surgery;
10. Spare or backup cochlear implant components;
11. Replacement of cochlear implant device components, if the existing devices are functional, repairable, and appropriately correct or ameliorate the problem or condition;
12. Repairs to spare or backup cochlear implants, equipment or supplies;

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12 c. Prosthetic Devices (covered services continued)

Coverage of auditory osseointegrated devices includes:

1. The initial implantation of:
 - 1) Bilateral auditory osseointegrated devices for participants younger than 21 years of age;
 - 2) Unilateral auditory osseointegrated device for participants age 21 years old and older;
2. Non-implantable or softband device(s) for participants under the age of five years;
3. Evaluation and programming of the auditory osseointegrated device(s); and
4. A maximum of 76 disposable batteries per participant per 12-month period for a unilateral osseointegrated devices, or 152 batteries per participant per 12-month period for bilateral auditory osseointegrated devices purchased from the Department not more frequently than every six months, and in quantities of 38 or fewer for unilateral device, or 76 or fewer for a bilateral device;
5. Replacement of auditory osseointegrated devices, if the existing devices are functional, repairable, and appropriately correct or ameliorate the problem or condition;
6. Spare or backup auditory osseointegrated device components;
7. Repairs to spare or backup auditory osseointegrated devices, equipment or supplies;

Prepayment authorization is required for the following:

1. Certain cochlear implant devices and replacement components;
2. All auditory osseointegrated devices; and
3. Repairs of cochlear implant devices and auditory osseointegrated devices exceeding \$500.

Preauthorization is valid:

1. For services rendered or initiated six months from the date the preauthorization was issued; and
2. If the patient is an eligible participant at the time the service is rendered.

The following written documentation shall be submitted by the provider to the Department or its Designee with each request or preauthorization of cochlear implants, or auditory osseointegrated devices:

1. Audiology report documenting medical necessity of the cochlear implants, or auditory osseointegrated devices;
2. Interpretation of the audiogram; and
3. For initial hearing amplification device requests only, a medical evaluation by a physician supporting the medical necessity of the cochlear implants or auditory osseointegrated devices within six months of the preauthorization request.

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Disposable Medical Supplies and Durable Medical Equipment

Medical equipment services reimbursed above \$1,000 and medical supply services reimbursed above \$500 require prepayment authorization. A unit of service is an item and quantity as prescribed by the physician.

The Department does not pay for:

- (1) Disposable medical supplies usually included with the office visit;
- (2) Completion of forms and reports; and
- (3) Fitting, dispensing, or follow-up care.

The Department developed the reimbursement methodology on July 1st, 2012 and it is the same for both governmental and private individual practitioners. The current fee schedule is published on the Department's website at:

health.maryland.gov/providerinfo

Hearing Aids

The Department covers medically necessary hearing aids when the services are provided by appropriately licensed providers as described in the State Plan.

The Department's fee schedule was set as of July 1st, 2018 and is effective for services provided on or after that date. Except as otherwise noted in the State Plan, fee schedules are the same for both governmental and private individual practitioners. Any annual/periodic adjustments to the fee schedule are published on the agency's website at:

health.maryland.gov/providerinfo

Oxygen and Related Respiratory Equipment

Payment for oxygen and respiratory equipment includes: equipment delivery, set up, training for use in the home, and data downloads. A unit of service is an item and quantity as prescribed by the physician.

Oxygen and related respiratory equipment services reimbursed above \$1,000 and oxygen and respiratory supplies reimbursed above \$500 require prepayment authorization.

The Department does not pay for:

- (1) Completion of forms and reports; or
- (2) Fitting, dispensing, or follow-up care.

The Department developed the reimbursement methodology on July 1st, 2012 and it is the same for both governmental and private individual practitioners. The current fee schedule is published on the Department's website at:

health.maryland.gov/providerinfo

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