

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Adriena Krul-Hall

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Initial ☐

Public Comment ☒

Final ☐

Brief description of policy:

This policy updates the standards of coverage and reimbursement rate for disposable hearing aid batteries. Effective for dates of services on or after October 1, 2025, Medicaid has removed the physician order requirement, increased the number of batteries a beneficiary can obtain without prior authorization to 144 per year, and increased the reimbursement rate for each battery to \$1.42 per unit.

Reason for policy (problem being addressed):

To improve access and reduce administrative barriers.

Budget implication:

☒ budget neutral

☐ will cost MDHHS \$, and (select one) budgeted in current appropriation

☐ will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

☐ controversial (Explain)

☒ acceptable to most/all groups

☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: ☒ Yes ☐ No

If Yes, please provide status:

☐ Approved

☒ Pending

☐ Denied

Date:

Approval

Date:

Public Notice Required: ☒ Yes ☐ No

If yes,

Submission Date: **7/16/25**

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2530-Hearing	Date: July 24, 2025

Comments Due: August 28, 2025

Proposed Effective Date: October 1, 2025

Direct Comments To: Adriena Krul-Hall

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Policy Subject: Updates to Conventional Hearing Aid Battery Coverage and Reimbursement Rates

Affected Programs: Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services (CSHCS)

Distribution: Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Hearing Aid Dealers, Hearing and Speech Centers, Outpatient Hospitals, Medical Suppliers, Medicaid Health Plans, Integrated Care Organizations

Summary: The purpose of this policy is to update the standards of coverage and reimbursement rate for disposable hearing aid batteries. Effective for dates of services on or after October 1, 2025. Medicaid has removed the order requirement, increased the number of batteries a beneficiary can obtain without prior authorization to 144 per year and increased the reimbursement rate for each battery to \$1.42 per unit.

Purpose: To improve access and reduce administrative barriers.

Cost Implications: Budget neutral

Potential Hearings & Appeal Issues: Aware of None

State Plan Amendment Required: Yes ☒ No ☐
If yes, date submitted:

Public Notice Required: Yes ☒ No ☐
Submitted date: July 16, 2025

Tribal Notification: Yes ☒ No ☐ - **Date:** June 5, 2025

THIS SECTION COMPLETED BY RECEIVER

☐ **Approved**

☐ **No Comments**

☐ **See Comments Below**

☐ **Disapproved**

☐ **See Comments in Text**

Signature:

Phone Number

Signature Printed:

Bureau/Administration (please print)

Date

Proposed Policy Draft

Michigan Department of Health and Human Services
Health Services

Distribution: Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Hearing Aid Dealers, Hearing and Speech Centers, Outpatient Hospitals, Medical Suppliers, Medicaid Health Plans, Integrated Care Organizations

Issued: August 29, 2025 (Proposed)

Subject: Updates to Conventional Hearing Aid Battery Coverage and Reimbursement Rates

Effective: October 1, 2025 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services (CSHCS)

Note: Implementation of portions of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

This purpose of this policy is to update the standards of coverage and reimbursement rate for disposable hearing aid batteries. To improve access and reduce administrative barriers, Medicaid has removed the order requirement, increased the number of batteries a beneficiary can obtain without prior authorization, and increased the reimbursement rate for each battery. The information in this bulletin is effective for dates of services on or after October 1, 2025.

Standards of Coverage

Medicaid will cover up to 144 conventional (e.g., disposable, non-rechargeable) hearing aid batteries per year per aid when obtained from a Medicaid-enrolled hearing aid dealer, audiologist, hearing center, or medical supplier. A maximum of 72 batteries for each aid may be dispensed per day. Additional batteries may be covered when medically necessary. Prior authorization (PA) is required for quantities exceeding the standards of coverage. (Refer to the Prior Authorization section of the Hearing Services and Devices chapter within the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#) for additional information.)

Order Requirement

Conventional hearing aid batteries no longer require an order from a physician or qualified non-physician medical practitioner unless required by the dispensing supplier. If the supplier requires a written prescription, refer to the Standards of Coverage section of the Hearing Services and Devices chapter within the MDHHS Medicaid Provider Manual for prescription requirements.

The dispensing of hearing aid batteries by a hearing aid provider is considered a service, and medical necessity must be documented in the beneficiary's chart along with the date of service and number of batteries dispensed.

Billing and Reimbursement Rate

Conventional hearing aid batteries should be reported to Medicaid under procedure code V5266 (battery for use in hearing device) along with the appropriate LT/RT modifier. Reimbursement rates for V5266 will be increased to \$1.42 per unit.

Refer to the current hearing aid dealer fee schedule at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Hearing Services/Hearing Aid Dealers >> Hearing Aid Dealers for the most up-to-date rate information.

Managed Care Organizations

Managed Care Organizations (MCO) must provide, at a minimum, the full range of covered services described in this policy. MCOs may choose to provide additional services over and above those specified. MCOs are allowed to develop prior authorization and documentation requirements that differ from fee-for-service Medicaid requirements in accordance with their contract, applicable state law, and federal regulations. For beneficiaries enrolled in an MCO, the provider must check with the health plan for coverage requirements.