

Webinar for Medical Providers



**Hearing Aid Coverage
for Children Program**

June 2023

Accessibility

- » **This presentation is being recorded and will be available at:**

<https://www.dhcs.ca.gov/services/HACCP/Pages/HACCP-Events.aspx>.

- » Live captions are available at:

https://www.streamtext.net/player?event=230622_DHCS_HACCP_MED.

HACCP Overview

- » Authority: Budget Act of 2020 and Budget Act of 2022
 - State-only benefit launched July 1, 2021
 - Expanded eligibility effective January 1, 2023

- » Program Implementation:
 - Based on Fee-For-Service (FFS) Medi-Cal coverage of hearing aid-related benefits for the same age group (under 21 years old)
 - Policies and documents incorporate extensive feedback from California Children's Services (CCS) and pediatric audiology stakeholders
 - Online application portal (<https://haccp.dhcs.ca.gov>) and program materials expanding to threshold languages
 - Dedicated support team and provider locator

HACCP Eligibility

- » Children 0-20 years of age
- » Must reside in California
- » Not otherwise eligible for Medi-Cal
 - For children: household income up to 266% of [Federal Poverty Level \(FPL\)](#)
 - For children in San Mateo, San Francisco, and Santa Clara counties (CCHIP counties): up to 322% of FPL
 - Contact your local [County office](#) for more information or [apply on-line at Covered California](#).

HACCP Eligibility

- » Not currently enrolled in CCS for a hearing-related condition
 - To learn more about whether your child may be eligible for CCS, please visit <https://www.dhcs.ca.gov/services/ccs/Pages/qualify.aspx>.
 - CCS eligibility criteria for ear- or mastoid-related conditions: [California Code of Regulations, Title 22, Section 41518](#)
- » Enrollment requires a valid hearing aid prescription or a referral from a medical provider or hearing professional
 - Includes referrals from newborn or school-based hearing screenings
 - Resource: [Provider Referral for Patient Enrollment \(DHCS 8482\)](#)

HACCP Eligibility (Continued)

» Household income under 600% of the federal poverty level (FPL)

Household / Family Size (including parents)	600% FPL (household combined gross income)
1	\$87,480 per year (\$7,290 per month)
2	\$118,320 per year (\$9,860 per month)
3	\$149,160 per year (\$12,430 per month)
4	\$180,000 per year (\$15,000 per month)
Each Additional	Add \$30,840 per year (\$2,570 per month)

HACCP Eligibility (Continued)

» Does not have other health coverage for hearing aids and related services

OR

» Has other health coverage that limits annual benefit for hearing aids to \$1,500 or less

» Documentation options:

- Denial of coverage notice from child's health insurance plan
- Explanation of coverage from child's health insurance plan
- Attestation of no other health insurance/coverage (see application)

Application and Enrollment Process

- » Apply online at <https://haccp.dhcs.ca.gov>
- » Complete the application form on the HACCP webpage:
 - <https://www.dhcs.ca.gov/services/HACCP/Pages/Families/Application-Process.aspx>
 - Available in English and Spanish
- » Mail or fax your application to HACCP. Please be sure to include all required documentation:
 - Household income
 - Existing health coverage (if any)
 - Hearing aid prescription or provider referral
- » Eligibility will be determined within 10 days from receipt of complete application. HACCP will confirm your enrollment status by mail.

HACCP Providers

- » Enrolled Medi-Cal providers may submit claims for covered benefits provided to HACCP clients through the same process they already use for FFS Medi-Cal and CCS patients.
- » HACCP Provider Locator: <https://providerca.maximus.com>.
 - Must already be enrolled as a Medi-Cal provider. To learn more and apply online: <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>.
 - Opt into the HACCP Provider Locator online: <https://maximus.surveymonkey.com/r/haccpprovidersurvey>.

HACCP Covered Benefits

- » Hearing aids, including assistive listening devices (ALDs) and surface-worn bone conduction hearing devices (BCHDs)
 - » Supplies, including ear molds and hearing aid batteries
 - » Medically necessary hearing aid accessories
 - » Hearing aid-related audiology and post-evaluation services
- » Note: Coverage determinations are based on medical necessity. There is no cap on medically necessary, HACCP-covered benefits.

HACCP Covered Benefits (Continued)

- » Specific examples include:
 - Hearing aid assessment
 - Electroacoustic analysis (EAA)
 - Real ear measurements
 - Minor hearing aid repairs
- » For a more comprehensive list, check DHCS' HACCP Provider Manual at:
<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/hearaccp.pdf>.

Treatment Authorization Request (TAR) Process

- » Medi-Cal and HACCP use TARs to support appropriate use of covered benefits.

- » Some benefits always require a TAR for medical necessity, while others only require a TAR after a certain quantity.
 - Hearing aids always require an approved TAR.
 - Ear molds only require a TAR if your child needs more than two ear molds at a time, or more than four ear molds per year.

- » DHCS anticipates responding to most TARs within 30 days of receipt.

TAR Process (Continued)

- » When a TAR is required, it can be submitted for review either before or after rendering the service, but must be approved prior to submitting the claim for reimbursement. The claim must include the approved TAR number.

- » Additionally, specific documentation must be included with TARs for the following categories of benefits:
 - New hearing aids
 - Replacement of lost, stolen, or damaged hearing aids
 - Replacement of old hearing aids that no longer meet the needs of the recipient
 - Hearing aid repairs

Medical Necessity

- » HACCP uses the same standard of medical necessity that applies to Medi-Cal children the same age:
 - Does the requested benefit **correct or ameliorate** a defect or physical and mental illness or condition discovered through screening?
- » What is the hearing loss threshold to approve a hearing aid TAR for children?
 - Measurable improvement of your patient's hearing – with articulated documentation of the improvement and your clinical reasoning.
 - Traditional standard: booth testing (pure tone average)
 - Alternate, non-booth testing may also be clinically appropriate: otoacoustic emissions, electroacoustic testing

Explanation of Medical Necessity

- » If you have test results measuring comparable hearing or speech perception with and without the hearing aid, or similar, please share those with us.
- » If you are relying on non-testing measures of improved hearing or speech perception, please articulate your observations and clinical reasoning to document how this helps your patient.

Explanation of Medical Necessity: Examples

- » Describe the benefits – “The child appears to benefit.”
 - Insufficient (too vague)
 - Solution: Show us why you believe the child benefits from the device. Even a simple explanation can help us justify the expenditure as a responsible use of taxpayer dollars.

- » Trial and error – “Let’s try it and see if it works.”
 - Insufficient (too uncertain)
 - Solution: Explain your clinical reasoning why your recommended approach will successfully benefit the child.
 - If truly uncertain, additional testing and evaluation may be needed.

Submitting an eTAR

» TARs may be submitted online (eTAR)

- Medi-Cal Provider website (www.medi-cal.ca.gov). From the Providers drop-down menu, select Transactions. For eTAR assistance contact: Telephone Service Center (TSC) at 1 (800) 541-5555.
- The most important thing you can do when submitting an eTAR for HACCP is; select the “*Hearing Aid Coverage for Children Program (HACCP)*” **Special Handling code** on the **Patient Information page**. If the provider does not use this special handling, their TAR will be routed incorrectly and may result in a denial.

The screenshot shows a web browser window displaying the "Patient Information" form on the Medi-Cal Provider website. The browser's address bar shows the URL: <https://www.medi-cal.ca.gov/cgi-bin/forprovsage.pl?>. The form is titled "Patient Information" and includes a sidebar with navigation options: "TAR" (Home TAR, TAR Menu, Code Search, Primary Care) and "TRANSACTIONS" (Transaction Services, Logout). The main form area is titled "Please Enter Patient Information" and contains several sections of input fields:

- Participant ID:** Two text input fields for "Participant ID" and "Patient Record ID".
- Special Handling:** A dropdown menu with "Hearing Aid Coverage for Children Program (HACCP)" selected.
- Demographics:** Fields for "Patient's Last Name", "Patient's First Name", "Date of Birth", and "Male/Female" (radio buttons).
- Health Status:** Radio buttons for "Health Status" (Yes, No, Unknown).
- Medicare/Medicaid:** A dropdown menu for "Medicare/Medicaid Reason" with "Under 65, does not have Medicare Coverage" selected, and a "Medicare/Medicaid Start Date" field.
- Special Reason:** A dropdown menu for "Special Reason" with "No Other Health Coverage" selected.
- Authorized Representative:** Fields for "Last Name", "First Name", "Date of Birth", "Male/Female", "Name", "Street/Mailing Address", "City", "State" (dropdown), and "Zip Code".

A "Continue" button is located at the bottom of the form.

Submitting a Paper TAR

- » Submitting an eTAR and supporting documentation online is the quickest, most efficient, cost-effective, and secure way of submitting a TAR.
- » However, you do have the option of mailing in a paper TAR (50-1 form) and supporting documentation. Paper TARs should be mailed to:
 - TAR Processing Center
 - P.O. Box 13029
 - Sacramento, CA 95813-4029
- » **For paper 50-1 TARs**, providers **MUST** clearly write “HACCP” in the **Medical Justification section** of the form. If the provider does not, their TAR will be routed incorrectly and may result in a denial.
- » For TAR assistance contact: Telephone Service Center (TSC) at 1 (800) 541-5555

TAR Supporting Documentation

- » In order to have your TAR(s) processed in a timely manner, be sure to include any required supporting documentation.
- » For new hearing aids, your child's audiologist needs to include these documents when they submit the TAR:
 - ❑ Hearing aid **prescription** from an otolaryngologist (or the attending physician when no otolaryngologist is available in the community)
 - ❑ Signed medical history and physical **examination by an otolaryngologist**
 - ❑ Signed **audiologic report and hearing aid evaluation**
 - ❑ **Specification of ear** to be fitted
- » Documentation requirements for new hearing aids, repairs, and replacements can be found in the HACCP (*hear accp*) section of the Medi-Cal Provider Manual:
<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/hearaccp.pdf>

Frequently Asked Questions (FAQs) for Authorization Process & Reimbursement

- **Does enrollment in HACCP and receipt of the HACCP ID Card identification give implied authorization for hearing aids and services?**
No, enrollment and ID card reflect program acceptance; TAR approval is still required.
- **Is the authorization tied to a particular center for all services or can a patient/family seek different services at different centers? If so, can families change providers?**
The provider who submits the TAR and receives the TAR authorization must also be the provider to submit the claim. If the client changes providers, the new provider must submit a new TAR for any further hearing aid(s) and supplies.
- **What is the timeframe for TAR review?**
DHCS anticipates responding to most TARs within 30 days of receipt.
- **How should providers confirm benefits are active or that hearing aids have not been provided by another vendor rendering the patient ineligible for new hearing aids until current hearing aids reach their useful lifetime?**
Providers may check AEVS to confirm a patient's HACCP eligibility. Duplicate hearing aid requests will be eliminated by the TAR process. If a patient has an HACCP ID card but is not yet showing up in AEVS, please call the HACCP Help Center to confirm current enrollment.
- **Will authorizations be issued as a group (similar to CCS' SCG 04)?**
No.

Reimbursement

- » HACCP reimburses providers for covered benefits in accordance with Medi-Cal FFS rates and reimbursement policies. More information can be found online:
<https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>
- » For services rendered by audiologists, the Budget Act of 2022 restores **full reimbursement rates** following prior budget cuts from Assembly Bill 97 (Chapter 3, Statutes of 2011) which previously reduced payments by ten percent. Once implemented, this will be effective retroactively to July 1, 2022.

Claims Submission/Billing Example

HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 9/13											
PICA											
1. MEDICARE <input checked="" type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> OTHER PLAN <input type="checkbox"/> OTHER <input type="checkbox"/>			14. INSURED'S ID NUMBER (See Program in Part 1)			90000000A95001					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			3. PATIENT'S BIRTH DATE (MM DD YY)			4. INSURED'S NAME (Last Name, First Name, Middle Initial)			5. INSURED'S ADDRESS (No. Street)		
DOE JOHN			06 21 62						1234 MAIN STREET		
6. PATIENT'S ADDRESS (No. Street)			7. PATIENT RELATIONSHIP TO INSURED (Self, Spouse, Child, Other)			8. INSURED'S ADDRESS (No. Street)			9. INSURED'S CITY, STATE, ZIP CODE		
1234 MAIN STREET			Self						ANYTOWN CA 958235555		
10. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			11. PATIENT'S CONDITION RELATED TO (a) EMPLOYMENT (Current or Past), (b) AUTO ACCIDENT, (c) OTHER ACCIDENT, (d) OTHER ACCIDENT			12. INSURED'S POLICY GROUP OR PICA NUMBER			13. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M/F)		
14. DATE OF SUPPLY CLAIM (Month, Day, or Pregnancy (MM/DD))			15. OTHER DATE (Date, MM/DD/YY)			16. DATE (2/28) (ABLE TO WORK IN CURRENT OCCUPATION) FROM (MM/DD/YY) TO (MM/DD/YY)			17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (Last, First, Middle Initial)		
									HARRIS BROWN, MD		
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			19. HEARING AID EVALUATION (See A1 in Service Code)			20. HOSPITALIZATION DATES (Related to Current Service) FROM (MM/DD/YY) TO (MM/DD/YY)			21. OUTSIDE LAB? (Yes/No) \$ CHARGE		
HEARING AID EVALUATION			A. D1D1D10			FROM 10/01/15 TO 10/01/15			NO		
22. A. DATE(S) OF SERVICE (MM/DD/YY) B. PLACE OF SERVICE (City, State, ZIP) C. PROCEDURE, SERVICE, OR SUPPLY (Specify Unusual Circumstances) D. QUANTITY OF SUPPLY E. CHARGE F. UNIT PRICE G. TOTAL CHARGE H. AMOUNT PAID I. RATE BY NUCC USE			23. SIGNATURE OF PHYSICIAN OR SUPPLIER (Indicate Degree or Credentials. If certify that the signature on the reverse apply to this set and are made a part thereof.)			24. SERVICE FACILITY LOCATION INFORMATION			25. BILLING PROVIDER INFO & PII # (916) 555-5555		
10 01 15 11 X4500 8500 1 85			JANE DOE			1027 MAIN STREET ANYTOWN CA 958235555					
10 01 15 11 X4526 5000 1 50											
10 01 15 11 X4530 3800 1 38											
26. FEDERAL TAX ID NUMBER (SSN EIN) 27. PATIENT'S ACCOUNT NO. 28. ACCOUNT ASSIGNMENT TO THIS CLAIM ONLY (Yes/No) 29. TOTAL CHARGE 30. AMOUNT PAID 31. RATE BY NUCC USE			32. SIGNATURE OF PHYSICIAN OR SUPPLIER (Indicate Degree or Credentials. If certify that the signature on the reverse apply to this set and are made a part thereof.)			33. SERVICE FACILITY LOCATION INFORMATION			34. BILLING PROVIDER INFO & PII # (916) 555-5555		
12345			JANE DOE			1027 MAIN STREET ANYTOWN CA 958235555					
12345											
17300											

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CPO81403 APPROVED CMI-0036-1107 FORM 1500 (20-12)

Supporting Guidance to Families

- » What we're asking families to bring to their child's first appointment:
 - ❑ HACCP ID card
 - ❑ Health insurance card(s) if your child has other health coverage
 - ❑ Documents from earlier appointments (if any), which may include:
 - Hearing aid prescription signed by your child's otolaryngologist or physician
 - Medical history and examination notes from your child's otolaryngologist, including medical clearance for hearing aids
 - Hearing aid recommendation(s) and audiologic report from your child's previous audiologist
 - ❑ Any other documents requested by your child's enrolled provider

FAQs from Families & Patients

- **My child qualifies for CCS. Should we switch to HACCP?**
No. CCS provides a robust set of hearing aid-related benefits, as well as broader coverage for related services. If your child is enrolled in CCS coverage *for a hearing-related condition*, they do not qualify for HACCP.
- **My child has partial insurance coverage for hearing aids. Do they qualify for HACCP?**
Effective January 1, 2023, families may apply for supplemental hearing aid-related coverage through HACCP. Your provider will bill your insurance first.
- **How do I find my insurance plan's explanation of coverage?**
You should have received an explanation of coverage document when you first enrolled in your plan. You can also call your health plan's member services to request they send you a copy.
- **My child needs a bone conduction hearing device (BCHD). Are these covered?**
Surface-worn BCHDs are covered when medically necessary. BCHDs require TAR approval.

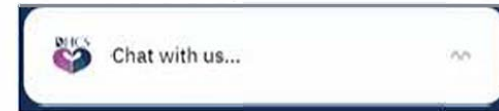
FAQs from Families & Patients (Continued)

- **Do parents need to pay out of pocket for HACCP-covered services?**
No, providers bill HACCP directly for covered benefits, just like they do for Medi-Cal/CCS. *Please note:* If you have partial coverage through a health insurance plan, your provider must bill your insurance first – which may also require you to pay your copay/coinsurance, depending on your plan.
- **Is authorization needed to see my HACCP-participating audiologist?**
While certain audiology services do require a TAR, providers may generally submit the TAR either before or after the appointment. As a result, the answer to this question depends on a particular audiologist's billing policies.
- **What happens if my child's application for HACCP enrollment is denied?**
If your child does not qualify for HACCP, you will receive a letter explaining which eligibility criteria were not met, how to request reconsideration of your application if you feel there was a misunderstanding or if your circumstances have changed, and other programs that may help.

Additional Resources

» HACCP Help Center

- Call 1 (833) 774-2227
 - Translators available, video relay, TTY/TTD
- Chat with us online at www.dhcs.ca.gov/HACCP
 - English and Spanish
 - Can upload documents
- Email HACCP@maximus.com



» Telephone Service Center (TSC)

- Call 1 (800) 541-5555
- Questions or follow-up related to TARs or claims

» HACCP Webpage

- Learn more at www.dhcs.ca.gov/HACCP