December 18, 2023

Martha Martinez-Camacho
Rules Coordinator
Oregon Health Authority
Health System Division
500 Summer Street, NE
Salem, OR 97301

RE: Proposed EPSDT Coverage Regulations

Dear Ms. Martinez-Camacho:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express support for early and periodic screening, diagnostic, and treatment (EPSDT) coverage and to offer amendments to the proposed regulations.

ASHA is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive communication disorders. Over 2,300 ASHA members reside in Oregon.[1]

Following are ASHA's recommended amendments to the proposed regulations.

Section 410-129-0085, Payment Methodology

a) E2599 "Accessory for SGD, not otherwise classified) and reimbursement shall be capped at $6,200."

ASHA recommends removing this cap as there should not be caps on EPSDT services/devices.

"(6d) PA is required for miscellaneous accessory code E2512 when the cost is greater than $480.L8691 (Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each) and reimbursement shall be capped at $1,888.94."

It is likely this cost cap will hinder the provision of services. We suggest removing it.

"The Division shall reimburse codes L8690-L8694 using 75 percent of the manufacturer's suggested retail price (MSRP). This is verifiable with quote, invoice, or bill from the manufacturer that clearly states the amount indicated is MSRPL8692 (Auditory osseointegrated device, external sound processor, used without osseointegration, body worn) and reimbursement shall be capped at $2,045.20."

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Medicaid programs typically don't specify this kind of detail in regulations. Our recommendation is to remove the cost cap since it would rule out the availability of some devices as manufacturers wouldn't accept the price cut.

Section 410-129-0240, Audiologist and Hearing Aid Procedure Codes

(2) (e) 92592 "Monaural hearing aid inspection and battery check. The aid is cleaned, and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid."

(f) 92593 "Binaural hearing aids inspection and battery check. The aids are cleaned, and the power and clarity are checked using a special stethoscope, which attaches to the hearing aids."

ASHA recommends deleting "*power and clarity are checked using a special stethoscope*" in both sentences above, as this changes the Code descriptions and is not necessary to specify. Audiologists should be able to determine the most appropriate way to check the power and clarity of the aid and not be limited to just one method.

Section 410-129-0260, Hearing Aids and Hearing Aid Technical Service and Repair

(2) (de) V5266 "Hearing aid batteries, limited to 60 individual batteries per calendar year."

We urge you to increase the limit to 100 disposable batteries per hearing aid per calendar year as batteries are not long lasting.

(ef) V5264 "Ear mold/insert, not disposable, any type, requires PA."

ASHA recommends not requiring PA for earmolds as this would add many barriers, particularly for children who will need regular earmold replacements as they grow.

Section 410-129-0070, Limitations

(2) Audiology and hearing aid services

(a) "All hearing services shall be performed by a licensed physician, audiologist, or hearing aid specialist."

Hearing aid specialists deal with sales only and are not recognized by Medicare as health care professionals. We do not feel they should be included in this list.

(b) "Binaural hearing aids shall be reimbursed no more frequently than every five years for adults aged 21 and older who meet the following criteria and medical necessity. (dB) hearing level or greater in two or more of the following frequencies: 1000, 2000, 3000, and 4000 Hertz."

(c) "Binaural hearing aids shall be reimbursed no more frequently than every three years for children, birth through age 20, who meet the following criteria: (A) Pure tone average

of 25dB for the frequencies of 500Hz, 1000Hz, and 2000Hz; or (B) High frequency average of 35dB for the frequencies of 3000Hz, 4000Hz, and 6000Hz."

ASHA recommends adding language providing the same reimbursement as (c) for monaural hearing aids to benefit individuals with unilateral hearing loss.

We also recommend deleting the audiometric eligibility criteria in (b) and (c) above. The criteria should be based on medical necessity as determined by a licensed physician or audiologist. Some children may not meet the numeric criteria but are still candidates for hearing aids and could possibly suffer from negative speech/language, academic, and social consequences if left untreated.

(d) "An assistive listening device may be authorized for individuals aged 21 or over who are unable to wear or who cannot benefit from a hearing aid. An assistive listening device is defined as a simple amplification device designed to help the individual hear in a listening situation. It is restricted to a hand-held amplifier and headphones."

ASHA recommends adding clarifying language specifying who is reimbursing for these nonprescription devices.

(e) "The following services do not require PA: (A) One basic audiologic assessment in a 12-month period; (B) One basic comprehensive audiometry (audiologic evaluation) in a 12-month period; (C) One hearing aid examination and selection in a 12-month period; (D) One pure tone audiometry (threshold) test; air and bone in a 12-month period; (E) One electroacoustic evaluation for hearing aid; monaural in a 12-month period; (F) One electroacoustic evaluation for hearing aid; binaural in a 12-month period; (G) Hearing aid batteries - maximum of 60 individual batteries in a 12-month period. Clients shall meet the criteria for a hearing aid."

ASHA recommends adding clarifying language to (G) specifying if the 60 batteries are per pair of hearing aids or individual. If the language is per pair, then the number should be increased to 100 disposable hearing aid batteries per hearing aid per year.

(f) "The following services require PA: (A) Hearing aids; (B) Repair of hearing aids, including ear mold replacement; (C) Hearing aid dispensing and fitting fees; (D) Assistive listening devices; (E) Cochlear implant batteries: (F) Bone anchored hearing aid (BAHA) replacement components."

For some patients, earmolds need to be replaced more frequently than hearing aids. They are also much lower in cost to both Medicaid and the provider. If a patient requires earmolds to use their hearing aids, it would be a barrier to care and hearing aid usage to wait for a PA for an earmold. Therefore, we suggest excluding PA for earmolds.

(g) Services not covered

"The following services require PA and must meet medical necessity and medical appropriateness under Early and Periodic Screening, Diagnostic and Treatment (EPSDT): (A) FM systems; (B) Vibro-tactile aids; Page 4 of 10 (C) Earplugs; (Dh) Services not

covered: (A) Adjustment of hearing aids is included in the fitting and dispensing fee and is not reimbursable separately; (EB) Aural rehabilitation therapy is included in the fitting and dispensing fee and is not reimbursable separately; (FC) Tinnitus masker. Statutory/Other Authority: ORS 413.042, ORS 414.065 Statutes/Other Implemented: ORS 414.065, 414.025."

ASHA recommends that this language be amended to allow both the adjustment of hearing aids and aural rehabilitation be reimbursed separately. This coverage is important for patients who may move to another location and seek audiological care from an audiologist who was not the provider who initially fit the patient.

Thank you for considering ASHA's suggested amendments on the EPSDT coverage proposed regulations. If you or your staff have any questions, please contact Eileen Crowe, ASHA's director, state association relations, at ecrowe@asha.org.

Sincerely,

Robert M. Augustine, PhD, CCC-SLP
2023 ASHA President

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[1] American Speech-Language-Hearing Association. (2022). *Oregon* [Quick Facts]. https://www.asha.org/siteassets/uploadedfiles/advocacy/state-fliers/oregon-state-flyer.pdf.