

MONTANA

- I. Reimbursement for Hearing Aid Services (excluding hearing aids) shall be the lower of the following:
- a. The provider's\* usual and customary charge for the service, or
  - b. The Department's fee schedule
- II. Reimbursement for Hearing Aid(s) shall be:
- a. The invoice cost for hearing aids from the manufacturer not to exceed the established rate on the fee schedule.
  - b. The invoice cost from the manufacturer for hearing aid repairs, or
  - c. 100% of the Medicare region D fee for other hearing devices and accessories.
- III. The Department's fee schedule is determined by:
- a. Establishing a fee for each new service which has been billed at least 50 times by all providers in the aggregate during the previous 12 month period. The Department shall set each fee at 90% of the average charge billed by all providers in the aggregate.
- IV All private and governmental providers are reimbursed according to the same published fee schedule. The agency's rates were set as of January 1, 2012 and are effective for services on or after that date. All rates are available on the Department's website at [www.mtmedicaid.org](http://www.mtmedicaid.org).

\*A provider is a licensed hearing aid dispenser or audiologist who is individually enrolled in the Montana Medicaid program.

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Approved

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CKS