



# Hearing Aid Coverage for Children Program (HACCP) Provider Webinar

# Accessibility

- » **This presentation will be recorded and posted on DHCS' HACCP webpage:**  
<https://www.dhcs.ca.gov/services/HACCP/Pages/Providers/Resources.aspx>.
- » Live captions for today's webinar are available at the link in the chat.

# HACCP Overview

- » Authority: Budget Act of 2020 and Budget Act of 2022
  - » State-only benefit
  - » Expanded eligibility will be effective on January 1, 2023
- » Phase I Implementation:
  - » July 1, 2021, launch
  - » English and Spanish application materials
  - » Application available in print and online as a fillable PDF
  - » Documents incorporate initial feedback from California Children's Services (CCS) and pediatric audiology stakeholders

# HACCP Overview (Continued)

- » Phase II Implementation – continuing:
  - » DHCS incorporating stakeholder feedback to optimize documents and resources
  - » Materials expanding to threshold languages
  - » Online application portal (<https://haccp.dhcs.ca.gov>)
  - » Additional covered benefits
  - » Strategic outreach

# HACCP Eligibility

- » Children 0-17 years of age
  - » As of January 1, 2023, will include 0-20 years of age
- » Must reside in California
- » Not otherwise eligible for Medi-Cal
- » Not currently enrolled in CCS
- » Enrollment requires a valid hearing aid prescription or provider referral

# HACCP Eligibility (Continued)

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

2022 Annual  
Federal Poverty Level Values  
(Rounded up to next higher dollar)

Family Size	266%	322%	600%
1	\$36,150	\$43,760	\$81,540
2	\$48,705	\$58,959	\$109,860
3	\$61,260	\$74,157	\$138,180
4	\$73,815	\$89,355	\$166,500
Ea Add'l	\$12,556	\$15,199	\$28,320

# 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 (effective January 1, 2023)

» Documentation options:

- » Denial of coverage notice from other health insurance/coverage
- » Explanation of coverage from other health insurance/coverage
- » 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/Pages/HACCP.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 Fee-For-Service (FFS) Medi-Cal and CCS patients.
- » HACCP-specific 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
  - » Hearing aid (monaural, binaural)
  - » Assistive listening device (ALDs)
  - » Electroacoustic analysis (EAA)
  - » Real ear measurements
  - » Ear molds
  - » Minor hearing aid repairs
  - » Hearing aid batteries
  
- » For a more comprehensive list, check on DHCS' HACCP webpage at:  
<https://www.dhcs.ca.gov/services/HACCP/Pages/Providers/Guide.aspx>.

# 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](http://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 with the URL <https://www.medi-cal.ca.gov/cgi-forte/forteisapi.dll?>. The page title is "Patient Information" and it features the Medi-Cal logo. On the left side, there are two main menu sections: "TAR" with options for "New TAR", "TAR Menu", "Code Search", and "Pharmacy Service"; and "TRANSACTIONS" with options for "Transaction Services" and "Logout". The main content area is titled "Please Enter Patient Information" and contains several fields:

- \* Recipient ID # (text input)
- Patient Record # (text input)
- Special Handling (dropdown menu, currently set to "Hearing Aid Coverage for Children Program (HACCP)")
- \* Patient's Last Name (text input)
- \* Patient's First Name (text input)
- Phone # (text input)
- \* Date of Birth (text input)
- \* Male Female (radio buttons)
- \* Work Related? (radio buttons: No, Yes, Unknown)
- Residence Status (dropdown menu, currently set to "None")
- \* Medicare Denial Reason (dropdown menu, currently set to "Under 65, does not have Medicare Coverage")
- Medicare/CHC Denial Date (text input)
- \* CHC Denial Reason (dropdown menu, currently set to "No Other Health Coverage")
- Mother/Transplant Recipient Providing Medi-Cal Eligibility (checkbox)
- Last Name (text input)
- First Name (text input)
- Date of Birth (text input)
- Male Female (radio buttons)
- Patient's Authorized Representative Name (text input)
- Street/Mailing Address (text input)
- City (text input)
- State (dropdown menu)
- Zip Code (text input)

A "Continue" button is located at the bottom center 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.
- » All TARs for a new hearing aid must include:
  - » Appropriately signed **prescription** from an otolaryngologist or the attending physician (in consultation with the evaluating otolaryngologist, if possible), when no otolaryngologist is available in the community
  - » Appropriately signed medical history and physical **examination by an otolaryngologist**
  - » Appropriately signed **audiologic report and hearing aid evaluation**, regardless of the recipient's ability to speak English
  - » **Specification of ear** to be fitted
- » Documentation requirements for new hearing aids, repairs, and replacements can be found in the Hearing Aid (hear aid) section of the Medi-Cal Provider Manual: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/hearaid.pdf>

# 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.
- **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) 02/12														
PICA <input type="checkbox"/>										PICA <input type="checkbox"/>				
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK (LUNG) (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>9000000A95001</b>													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>DOE, JOHN</b>			3. PATIENT'S BIRTH DATE (MM DD YY) <b>06 21 62</b>			SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
5. PATIENT'S ADDRESS (No., Street) <b>1234 MAIN STREET</b>						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>								
7. INSURED'S ADDRESS (No., Street)			8. RESERVED FOR NUCC USE			CITY			STATE					
CITY <b>ANYTOWN</b>			STATE <b>CA</b>			ZIP CODE			TELEPHONE (Include Area Code)					
ZIP CODE <b>958235555</b>			TELEPHONE (Include Area Code) <b>(916) 555-5555</b>			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH (MM DD YY)			SEX <input type="checkbox"/> M <input type="checkbox"/> F					
a. OTHER INSURED'S POLICY OR GROUP NUMBER			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC)			c. INSURANCE PLAN NAME OR PROGRAM NAME					
b. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO # if yes, complete items 9, 9a, and 9d.			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.					
c. RESERVED FOR NUCC USE			d. INSURANCE PLAN NAME OR PROGRAM NAME			14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY			15. OTHER DATE QUAL MM DD YY					
d. INSURANCE PLAN NAME OR PROGRAM NAME			12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY			15. OTHER DATE QUAL MM DD YY			17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>HARRIS BROWN, MD</b>			19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <b>HEARING AID EVALUATION</b>					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>HARRIS BROWN, MD</b>			17a. NP1 <b>0123456789</b>			20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES			22. RESUBMISSION CODE ORIGINAL REF. NO.					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <b>HEARING AID EVALUATION</b>			21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. <b>D1D1D1D</b> B. C. D. E. F. G. H. I. J. K. L.			23. PRIOR AUTHORIZATION NUMBER			24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (English/Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. D. DATE OR (LMT) H. I. IS PAYER? I. IS QUAL. J. RENDERING PROVIDER ID. #					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. <b>D1D1D1D</b> B. C. D. E. F. G. H. I. J. K. L.			24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (English/Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. D. DATE OR (LMT) H. I. IS PAYER? I. IS QUAL. J. RENDERING PROVIDER ID. #			25. FEDERAL TAX I.D. NUMBER SSN EIN			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (If prev. denied, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (English/Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. D. DATE OR (LMT) H. I. IS PAYER? I. IS QUAL. J. RENDERING PROVIDER ID. #			25. FEDERAL TAX I.D. NUMBER SSN EIN			26. PATIENT'S ACCOUNT NO. <b>12345</b>			28. TOTAL CHARGE \$ <b>17300</b>			29. AMOUNT PAID \$		
25. FEDERAL TAX I.D. NUMBER SSN EIN			26. PATIENT'S ACCOUNT NO. <b>12345</b>			27. ACCEPT ASSIGNMENT? (If prev. denied, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ <b>17300</b>			29. AMOUNT PAID \$		
28. TOTAL CHARGE \$ <b>17300</b>			29. AMOUNT PAID \$			30. Revid for NUCC Use			31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>Jane Doe</i>			32. SERVICE FACILITY LOCATION INFORMATION <b>JANE SMITH 1027 MAIN STREET ANYTOWN CA 958235555</b>		
30. Revid for NUCC Use			31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>Jane Doe</i>			32. SERVICE FACILITY LOCATION INFORMATION <b>JANE SMITH 1027 MAIN STREET ANYTOWN CA 958235555</b>			33. BILLING PROVIDER INFO & PH # <b>(916) 555-5555</b>			34. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>Jane Doe</i>		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>Jane Doe</i>			32. SERVICE FACILITY LOCATION INFORMATION <b>JANE SMITH 1027 MAIN STREET ANYTOWN CA 958235555</b>			33. BILLING PROVIDER INFO & PH # <b>(916) 555-5555</b>			34. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>Jane Doe</i>			35. DATE 10/02/15 a. NPI b. <b>0123456789</b>		
34. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>Jane Doe</i>			35. DATE 10/02/15 a. NPI b. <b>0123456789</b>			NUCC Instruction Manual available at: <a href="http://www.nucc.org">www.nucc.org</a>			PLEASE PRINT OR TYPE			CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)		

# 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, they do not qualify for HACCP.
- **My child has partial insurance coverage for hearing aids. Do they qualify for HACCP?**  
No, HACCP currently only covers children who are uninsured, or who have health insurance with no coverage for hearing aids.
- **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.

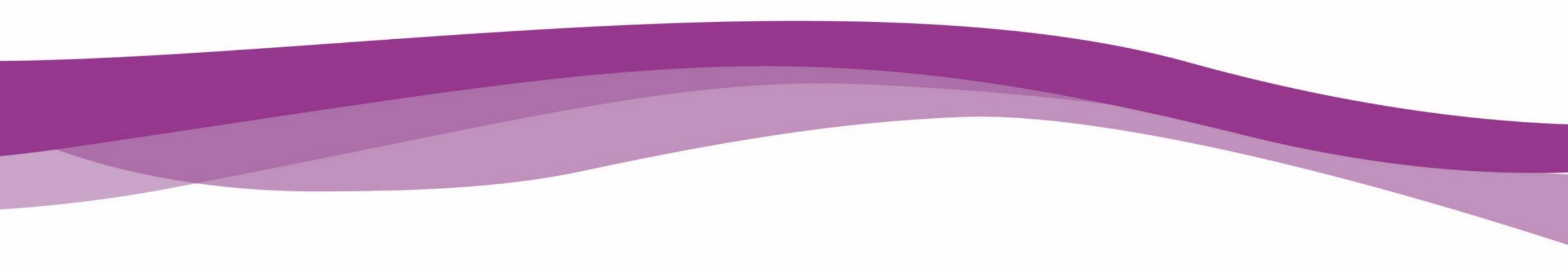


# FAQs (Continued)

- **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.
- **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 webpage: [www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp)
  - » Apply Online
  - » Find A Provider
  - » Billing Codes
  - » FAQs
- » TAR questions/follow-up: 1 (800) 541-5555
- » HACCP Help Center: For questions, please call 1(833) 774-2227 or email [HACCP@maximus.com](mailto:HACCP@maximus.com)



**Thank you for joining us today,  
and for your interest in HACCP.**

**Questions?**