

**Title 13—DEPARTMENT OF
SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 45—Hearing Aid Program**

PROPOSED AMENDMENT

13 CSR 70-45.010 Hearing Aid Program. The MO HealthNet Division is amending sections (1), (2), (3), (4), and (6).

PURPOSE: This amendment updates language to include hearing aids and related services for all eligible participants, removes language for certain categories of assistance, adds language to define “physician”, and removes website address for incorporated by reference material.

(1) Administration. The Hearing Aid Program shall be administered by the Department of Social Services, MO HealthNet Division. The services and items covered and not covered, the program limitations, and the maximum allowable fees for all covered services shall be determined by the Department of Social Services, MO HealthNet Division through the *[hearing aid manual]***Hearing Aid Manual** which is incorporated by reference and made a part of this rule, as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, *[at its website at dss.mo.gov/mhd, May 13, 2020]***revised December 23, 2025**. This rule does not incorporate any subsequent amendments or additions.

(2) Participants Eligible. The MO HealthNet Program pays for approved *[MO HealthNet services for]*hearing aids **and related** services when *[furnished]***provided** within the provider’s scope of practice to MO HealthNet eligible participants *[under the age of 21 or participants receiving MO HealthNet under a category of assistance for pregnant women, blind participants, or skilled nursing facility residents]*. The participant must be eligible on the date the service is *[furnished]***provided**. Participants may have specific limitations for hearing aid services according to the type of assistance for which they have been determined eligible. It is the provider’s responsibility to determine the coverage benefits for a participant based on their type of assistance as outlined in the *[provider program manual]***Hearing Aid Manual**. The provider *[shall]***must** ascertain the patient’s MO HealthNet and managed care or other lock-in status before any service is performed. The participant’s eligibility *[shall]***must** be verified in accordance with methodology outlined in the *[hearing aid manual]***Hearing Aid Manual**.

(3) Prior Authorization of Hearing Aids. All hearing aids and related services require prior authorization with the exception of hearing evaluation for the purpose of prescribing a hearing aid, post-fitting evaluations, post-fitting adjustments, repairs to hearing aids no longer under warranty, and special tests for ruling out retrocochlear involvement. All hearing aids *[program]***and related** services provided to participants in nursing facilities require prior authorization.

(4) Hearing Evaluation Requirements. A hearing evaluation for the purpose of obtaining a hearing aid must be performed by an audiologist, hearing instrument specialist, or physician *[(MD or DO)]* **(a duly licensed Doctor of Medicine (MD) or Doctor of Osteopathy (DO) licensed in accordance with the licensing provisions of the state in which s/he practices), of which all must have a current MO HealthNet participation agreement and provider number**, prior to the submission of a Prior Authorization Request form. This testing, when administered for the purpose of prescribing a hearing aid, will be reimbursed by the MO HealthNet *[p]*Program. Testing performed in relation to a medical or surgical diagnosis or treatment for hearing deficits or related medical problems for purposes other than determining the need for a hearing aid is a noncovered service and is not reimbursable by the MO HealthNet Hearing Aid Program. The hearing evaluation performed for the purpose of obtaining a hearing aid must include, at a minimum, air conduction thresholds, bone conduction thresholds (with masking when necessary), speech reception thresholds, and speech discrimination scores. The results obtained from these basic hearing tests must be clear and internally consistent, and must demonstrate that a hearing aid is needed, that it will benefit the participant and will support the recommendation of which ear is to be fitted. Testing must be provided in accordance with sound professional practice and the standards under which the provider is licensed.

(6) Medical Ear Examination Requirements. The participant must receive a medical ear examination for pathology or disease by a physician *[licensed as an]*(MD or DO). The medical ear examination must be performed within six (6) months prior to the date a hearing aid is dispensed.

AUTHORITY: sections 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2020. * *This rule was previously filed as 13 CSR 40-81.120. Emergency rule filed June 1, 1979, effective June 11, 1979, expired Sept. 13, 1979. Original rule filed June 1, 1979, effective Sept. 14, 1979. Emergency amendment filed April 10, 1981, effective April 20, 1981, expired July 10, 1981. Amended: Filed April 10, 1981, effective July 11, 1981. Rescinded and readopted: Filed July 18, 1989, effective March 1, 1990. Emergency amendment filed Aug. 11, 2005, effective Sept. 1, 2005, expired Feb. 27, 2006. Amended: Filed June 29, 2005, effective Jan. 30, 2006. Amended: Filed June 15, 2006, effective Dec. 30, 2006. Amended: Filed March 17, 2008, effective Oct. 30, 2008. Amended: Filed Oct. 10, 2013, effective April 30, 2014. Amended: Filed May 13, 2020, effective Nov. 30, 2020. Amended: Filed April 13, 2026.*

**Original authority: 208.152, RSMo 1967, amended 1969, 1971, 1972, 1973, 1975, 1977, 1978, 1981, 1986, 1988, 1990, 1992, 1993, 2004, 2005, 2007, 2011, 2013, 2014, 2015, 2016, 2018, 2021, 2023, 2024, 2025; 208.153, RSMo 1967, amended 1967, 1973, 1989, 1990, 1991, 2007, 2012, 2024; 208.201, RSMo 1987, amended 2007; and 660.017, RSMo 1993, amended 1995.*

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately \$2,313,793 for SFY 2026.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, P.O. Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing will not be scheduled.*