

Sec. 17b-262-793. Definitions

As used in sections 17b-262-792 to 17b-262-803, inclusive, of the Regulations of Connecticut State Agencies:

(1) “Actual acquisition cost” means the price paid to a manufacturer by a hearing aid provider for a hearing aid or accessory, as documented on the manufacturer’s invoice, less any applicable discounts or rebates. The actual acquisition cost shall be verified by a copy of the manufacturer’s invoice;

(2) “Advanced practice registered nurse” means a person who is licensed pursuant to section 20-94a of the Connecticut General Statutes;

(3) “Audiologist” means a person who is licensed under Chapter 399 of Connecticut General Statutes as an audiologist;

(4) “Audiometric report” means a written report that describes the results of measurement of overall performance in hearing, understanding and responding to speech for a general assessment of hearing and an estimate of the degree of practical handicap. The results are recorded on a graph or grid, also called an audiogram, to show the results and the impact of the hearing loss;

(5) “Chronic disease hospital” means “chronic disease hospital” as defined in section 19-13-D1(b)(2) of the Regulations of Connecticut State Agencies;

(6) “Client” means a person eligible for goods or services under the Medicaid program;

(7) “Commissioner” means the Commissioner of Social Services or his or her designee;

(8) “Department” means the Department of Social Services or its agent;

(9) “Dispensing fee” means a one-time fee pertaining to the selection, orientation, training in proper use, fittings and adjustments required within the first year of service;

(10) “Documented in writing” means handwritten, typed or computer printed;

(11) “Early Periodic Screening, Diagnosis and Treatment special services” or “EPSDT special services” means services that are not otherwise covered under Connecticut’s Medicaid program but which are nevertheless covered as EPSDT services for Medicaid-eligible children pursuant to the requirements of 42 U.S.C. 1396d(r)(5) when the service is medically necessary, the need for the service is identified in an EPSDT screen, the service is provided by a participating provider, and the service is a type of service that may be covered by a state Medicaid agency and qualify for federal reimbursement under 42 U.S.C. 1396b and 42 U.S.C. 1396d;

(12) “Ear specialist” means any licensed physician who specializes in diseases of the ear and is medically trained to identify the symptoms of deafness in the context of the total health of the patient, and is qualified by special training to diagnose and treat hearing loss. Such physicians are also known as otolaryngologists, otologists and otorhinolaryngologists;

(13) “Hearing aid” means any wearable instrument designed or offered for the purpose of aiding or compensating for impaired human hearing and any parts, attachments or accessories, excluding batteries and ear molds;

(14) “Hearing aid dealer” means a “licensed hearing instrument specialist” as defined in section 20-396 of the Connecticut General Statutes or a “hearing aid dealer” as described in section 20-406-1 to 20-406-15, inclusive, of the Regulations of Connecticut State Agencies;

(15) “Hearing aid supplies” means those items purchased by the provider that are

necessary for the proper operation of the hearing aid;

(16) “Hearing testing” means the measurement of an individual’s level of hearing, as set forth in section 20-406-9(f) of the Regulations of Connecticut State Agencies, for the purpose of determining if a hearing aid is medically necessary;

(17) “Home” means the client’s place of residence including, but not limited to, a boarding home, community living arrangement or residential care home. “Home” does not include facilities such as hospitals, chronic disease hospitals, nursing facilities, intermediate care facilities for the mentally retarded or other facilities that are paid an all-inclusive rate directly by Medicaid for the care of the client;

(18) “Hospital” means a “short-term hospital” as defined in section 19-13-D1(b)(1) of the Regulations of Connecticut State Agencies;

(19) “Intermediate care facility for the mentally retarded” or “ICF/MR” means a residential facility for the mentally retarded licensed pursuant to section 17a-227 of the Connecticut General Statutes and certified to participate in the Medicaid program as an intermediate care facility for the mentally retarded pursuant to 42 CFR 442.101, as amended from time to time;

(20) “Licensed practitioner” means a physician, a physician assistant or an advanced practice registered nurse;

(21) “Medicaid” means the program operated by the department pursuant to section 17b-261 of the Connecticut General Statutes and authorized by Title XIX of the Social Security Act;

(22) “Medical evaluation” means an examination to ensure that all medically treatable conditions that may affect hearing are identified and treated first and the client is an appropriate candidate for a hearing aid;

(23) “Medical necessity” or “medically necessary” has the same meaning as in section 17b-259b of the Connecticut General Statutes;

(24) “Nursing facility” means “nursing facility” as defined in 42 USC 1396r(a), as amended from time to time and licensed according to section 19-13-D8t(b) of the Regulations of Connecticut State Agencies as a chronic and convalescent home or rest home with nursing supervision;

(25) “Physician” means a person licensed pursuant to section 20-10 of the Connecticut General Statutes;

(26) “Physician assistant” means “physician assistant” as defined in section 20-12a(5) of the Connecticut General Statutes;

(27) “Practice of fitting hearing aids” means “practice of fitting hearing aids” as defined in section 20-396 of the Connecticut General Statutes;

(28) “Prescription” means an original, written order documenting medical necessity that is signed and dated by the licensed practitioner who issued the order;

(29) “Prior authorization” or “PA” means approval from the department for the provision of a service or the delivery of goods before the provider actually provides the service or delivers the goods;

(30) “Provider” means the vendor or supplier of a hearing aid and supplies who is enrolled with the department as a hearing aid dealer;

(31) “Replacement of a hearing aid” means any occasion in which a new hearing aid is

to take the place of a prior hearing aid; and

(32) “Usual and customary charge” means the amount that the provider accepts for the service or procedure in the majority of non-Medicaid cases. If the provider varies the charges so that no one amount is accepted in the majority of cases, usual and customary shall be defined as the median charge. Token charges for charity patients and other exceptional charges are to be excluded.

(Adopted effective July 11, 2011)