

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Hearing Instrument Specialist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
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601 Introduction

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 416.000 and 450.000. A hearing instrument specialist may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Hearing Instrument Specialist Manual*.

602 Service Codes and Descriptions

Service

Code      Service Description

**HEARING TESTING SERVICES**

- 92551      Screening test, pure tone, air only
- 92552      Pure tone audiometry (threshold); air only (S.P. 92553);
- 92553           air and bone
- 92555      Speech audiometry threshold (S.P. 92556)
- 92556           with speech recognition
- 92557      Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
- 92590      Hearing aid examination and selection; monaural
- 92591           binaural

**INSTRUMENT TESTING**

- 92592      Hearing aid check; monaural (Use for listening check and in-office minor repairs)
- 92593      Hearing aid check; Binaural (Use for listening check and in-office minor repairs)
- 92594      Electroacoustic evaluation for hearing aid; monaural (real ear measurement (REM) objective test of hearing instrument performance in the patient's ear as compared to a target response and electroacoustical assessment of the performance evaluation of the hearing instrument as compared to its original factory specifications)
- 92595      Binaural

**OFFICE VISITS FOR EVALUATION AND MANAGEMENT SERVICES**

- 99499      Unlisted evaluation and management service (up to a maximum of six services per member per date of service)

**HEARING AID SERVICES**

**Refitting Services/Other Professional Services**

- V5011      Fitting/orientation/checking of hearing aid (Use for programming)

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602 Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Hearing Aid Purchases-Monaural (Must use with modifier LT or RT.)**

Prior authorization (P.A.) is required where the adjusted acquisition cost (A.A.C.), not including shipping charges, exceeds \$500.00. One of the modifiers **LT** (left side) or **RT** (right side) must be used with these service codes.

- V5030 Hearing aid, monaural, body worn, air conduction (I.C.)
- V5040 Hearing aid, monaural, body worn, bone conduction (I.C.)
- V5050 Hearing aid, monaural, in the ear (I.C.)
- V5060 Hearing aid, monaural, behind the ear (I.C.)
- V5243 Hearing aid, analog, monaural, ITC (in the canal) (I.C.)
- V5245 Hearing aid, digitally programmable analog, monaural, ITC (in the canal) (I.C.)
- V5246 Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (I.C.)
- V5247 Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (I.C.)
- V5255 Hearing aid, digital, monaural, ITC (I.C.)
- V5256 Hearing aid, digital, monaural, ITE (I.C.)
- V5257 Hearing aid, digital, monaural, BTE (I.C.)

**Hearing Aid Purchases-Binaural**

Prior authorization (P.A.) is required where the A.A.C., not including shipping charges, exceeds \$1,000.00.

- V5130 Binaural, in the ear (I.C.)
- V5140 Binaural, behind the ear (I.C.)
- V5150 Binaural, glasses (I.C.)
- V5249 Hearing aid, analog, binaural, ITC (I.C.)
- V5251 Hearing aid, digitally programmable analog, binaural, ITC (I.C.)
- V5252 Hearing aid, digitally programmable, binaural, ITE (I.C.)
- V5253 Hearing aid, digitally programmable, binaural, BTE (I.C.)
- V5259 Hearing aid, digital, binaural, ITC (I.C.)
- V5260 Hearing aid, digital, binaural, ITE (I.C.)
- V5261 Hearing aid, digital, binaural, BTE (I.C.)

**Hearing Aid Purchases-CROS and BICROS**

Prior authorization (P.A.) is required where the A.A.C., not including shipping charges, exceeds \$1,000.00.

- V5170 Hearing aid, CROS, in the ear (I.C.)
- V5180 Hearing aid, CROS, behind the ear (I.C.)
- V5190 Hearing aid, CROS, glasses (I.C.)
- V5210 Hearing aid, BICROS, in the ear (I.C.)
- V5220 Hearing aid, BICROS, behind the ear (I.C.)
- V5230 Hearing aid, BICROS, glasses (I.C.)

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602 Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Hearing Aid Purchases-Other**

Except where otherwise indicated, prior authorization (P.A.) is required where the A.A.C., not including shipping charges, exceeds \$1,000.00.

- V5070      Glasses, air conduction (I.C.)
- V5080      Glasses, bone conduction (I.C.)
- V5100      Hearing aid, bilateral, body worn (I.C.)
- V5274      Assistive listening device, not otherwise specified (I.C.) (P.A. if A.A.C. exceeds \$500.00, not including shipping charges) (Use this code only for pocket talkers or similar single-unit amplifiers.)
- V5298      Hearing aid, not otherwise classified (P.A. always required) (I.C.)

**Hearing Aid Repairs, Accessories, and Related Services**

- V5014      Repair/modification of a hearing aid (I.C.)
- V5264      Ear mold/insert, not disposable, any type (I.C.)
- V5265      Ear mold/insert, disposable, any type (I.C.)
- V5266      Battery for use in hearing device (per battery)
- V5267      Hearing aid supplies/accessories (I.C.) (P.A. is required where the A.A.C. exceeds \$300.00.)
- V5275      Ear impression, each
- V5299      Hearing service, miscellaneous (P.A.) (I.C.)

**Cochlear Implant Batteries**

- L8621      Zinc air battery for use with cochlear implant device, replacement, each (I.C.)
- L8622      Alkaline battery for use with cochlear implant device, any size, replacement, each (I.C.)
- L8623      Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each (I.C.)
- L8624      Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each (I.C.)

**Hearing Aid Dispensing Fees**

- V5160      Dispensing fee, binaural
- V5200      Dispensing fee, CROS
- V5240      Dispensing fee, BICROS
- V5241      Dispensing fee, monaural hearing aid, any type (Must use with modifier **LT** or **RT**.)

For more information on the use of these modifiers, see Appendix V of your provider manual.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS are defined in the *Current Procedural Terminology* (CPT) code book.

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