



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER AUD-12
January 2005

TO: Audiologists Participating in MassHealth

FROM: Beth Waldman, Medicaid Director

RE: *Audiologist Manual* (Changes to Service Codes and Descriptions; Clarification of Certain Billing Procedures)

This letter transmits revisions to the service codes and descriptions listed in Subchapter 6 of the *Audiologist Manual*. These revisions are effective for dates of service on or after **February 1, 2005**.

This letter also clarifies certain billing procedures for hearing aid options/accessories and earmolds.

If you want to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or directly from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the regulation. The Division of Health Care Finance and Policy also has the regulations available on disk and on their Web site. The regulation title for audiologist services is 114.3 CMR 39.00: Rehabilitation Clinics, Audiological and Restorative Services. The regulation title for hearing aid services is 114.3 CMR 23.00: Hearing Aid Dispensers.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Changes to Service Codes and Descriptions

Central Auditory Function Test(s)

Service Code **92589** has been deleted from the CPT 2005. Effective for dates of service on or after **February 1, 2005**, providers must bill using the following replacement service codes. Please note the different billing units for these service codes.

- 92620 Evaluation of central auditory function, with report; initial 60 minutes
- 92621 Evaluation of central auditory function, with report; each additional 15 minutes

Cochlear Implant Batteries

Effective for dates of service on or after **February 1, 2005**, providers must bill for cochlear implant batteries using the following new specific HCPCS codes. If none of these codes is appropriate, the hearing aid supplies/accessories code V5267 may still be used. These services will be paid in accordance with 114.3 CMR 23.00.

- L8620 Lithium ion battery for use with cochlear implant device, replacement, each
- L8621 Zinc air battery for use with cochlear implant device, replacement, each
- L8622 Alkaline battery for use with cochlear implant device, any size, replacement, each

Billing Procedures for Earmolds and Hearing Aid Options/Accessories

Manufacturer's Invoice Required for Payment

In September 2003, MassHealth issued Transmittal Letter AUD-10, which transmitted revisions to and provided a crosswalk of old-to-new service codes. A portion of that crosswalk is reprinted below.

Obsolete Code – Description	New Code	New Code Description	Guideline
X5294 - Accessories; costing \$35.00 or less	V5267	Hearing aid supplies/accessories	Use appropriate HCPCS code, regardless of unit cost.
X5298 - Earmold; costing \$35.00 or less per unit	V5264	Ear mold/insert, not disposable, any type	Use appropriate HCPCS code, regardless of unit cost.
	V5265	Ear mold/insert, disposable, any type	
X5299 - Earmold; costing more than \$35.00 per unit	V5264	Ear mold/insert, not disposable, any type	Use appropriate HCPCS code, regardless of unit cost.
	V5265	Ear mold/insert, disposable, any type	
X5300 - Accessories; costing more than \$35.00	V5267	Hearing aid supplies/accessories	Use appropriate HCPCS code, regardless of unit cost.

Each of the three new service codes in the above table represents a merging of two now obsolete service codes, which were formerly billed according to the cost of the earmold or accessory. The new service codes must now be billed regardless of cost.

MassHealth pays for these services in accordance with 114.3 CMR 23.00. **Effective for all claims submitted on or after February 1, 2005**, providers must submit a manufacturer's invoice with MassHealth claims for **ALL** earmolds and options/accessories billed under Service Codes V5264, V5265, and V5267, regardless of the cost of the earmolds or options/accessories. **Claims that do not include a complete, unaltered manufacturer's invoice will be denied.** Invoices that have been obscured or otherwise altered, catalogue price lists, and monthly manufacturer's statements are not acceptable.

Units of Service for Hearing Aid Options/Accessories

Effective for all claims submitted on or after February 1, 2005, options/accessories should no longer be combined into one unit of service as explained in Transmittal Letter AUD-7 (August 1998). All options/accessories billed under service code **V5267** must still be combined on one line of the Claim Form no. 9, or its electronic equivalent, and billed separately from the hearing aid, but should be entered as the actual number of units provided. For example, one battery door and two replacement cords should be entered on a single claim line as three units of service. The total charge should represent all three components.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Pages 6-1 through 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Pages 6-1 and 6-2 – transmitted by AUD-10

Pages 6-3 and 6-4 – transmitted by AUD-11

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601 Service Codes and Descriptions

Service

Code-Modifier

Service Description

AUDIOLOGICAL SERVICES

Vestibular Function Tests, with Recording and Medical Diagnostic Evaluation

92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	Positional nystagmus test, minimum of 4 positions, with recording
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	Oscillating tracking test, with recording
92546	Sinusoidal vertical axis rotational testing
92547	Use of vertical electrodes (List separately in addition to code for primary procedure.)

Audiologic Function Tests with Medical Diagnostic Evaluation

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)
92563	Tone decay test
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing
92569	Acoustic reflex decay test
92572	Staggered spondaic word test (S.P. 92589)
92576	Synthetic sentence identification test (S.P. 92589)
92577	Stenger test, speech
92579	Visual reinforcement audiometry (VRA)
92582	Conditioning play audiometry (I.C.)
92583	Select picture audiometry (I.C.)
92584	Electrocochleography (I.C.)
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	limited
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588	comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)

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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

92590	Hearing aid examination and selection; monaural
92591	binaural
92592	Hearing aid check; monaural (provider was not the original dispenser and the instrument is older than one year) (listening check of the instrument plus sound field testing of the instrument on the patient; may or may not be performed together with a diagnostic evaluation)
92593	binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	binaural
92596	Ear protector attenuation measurements (I.C.)
92620	Evaluation of central auditory function, with report; initial 60 minutes
92621	each additional 15 minutes (maximum of three hours total, including the initial 60 minutes billed under 92620)

Other Audiological Procedures

92700	Unlisted otorhinolaryngological service or procedure (I.C.)
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Aural Rehabilitation: Lip Reading or Auditory Training

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (bill in 15-minute units, up to a maximum of one hour)
92508	group, two or more individuals (per member, up to 60 minutes) (bill in 15-minute units, up to a maximum of one hour)

Cochlear Implant Service Contract

V5014-MS	Repair/modification of a hearing aid — six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty (I.C.)
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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

HEARING AID SERVICES

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). (Providers may submit a prior-authorization request pursuant to 130 CMR 450.144(A) for members under 21 for units in excess of six per member per date of service.)

Refitting Services/Other Professional Services

V5011 Fitting/orientation/checking of hearing aid

Hearing Aid Purchases-Monaural

V5030 Hearing aid, monaural, body worn, air conduction (P.A. if cost exceeds \$500) (I.C.)
 V5040 Hearing aid, monaural, body worn, bone conduction (P.A. if cost exceeds \$500) (I.C.)
 V5050 Hearing aid, monaural, in the ear (P.A. if cost exceeds \$500) (I.C.)
 V5060 Hearing aid, monaural, behind the ear (P.A. if cost exceeds \$500) (I.C.)
 V5246 Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (P.A. if cost exceeds \$500) (I.C.)
 V5247 Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (P.A. if cost exceeds \$500) (I.C.)
 V5256 Hearing aid, digital, monaural, ITE (P.A. if cost exceeds \$500) (I.C.)
 V5257 Hearing aid, digital, monaural, BTE (P.A. if cost exceeds \$500) (I.C.)

Hearing Aid Purchases-Binaural

V5130 Binaural, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5140 Binaural, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5150 Binaural, glasses (P.A. if cost exceeds \$1,000) (I.C.)
 V5252 Hearing aid, digitally programmable, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)
 V5253 Hearing aid, digitally programmable, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)
 V5260 Hearing aid, digital, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)
 V5261 Hearing aid, digital, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)

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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

Hearing Aid Purchases-CROS and BICROS

V5170 Hearing aid, CROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5180 Hearing aid, CROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5190 Hearing aid, CROS, glasses (P.A. if cost exceeds \$1,000) (I.C.)
 V5210 Hearing aid, BICROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5220 Hearing aid, BICROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5230 Hearing aid, BICROS, glasses (P.A. if cost exceeds \$1,000) (I.C.)

Hearing Aid Purchases-Other

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 (P.A.) (I.C.) (Use this code only for
 pockettalkers.)
 V5298 Hearing aid, not otherwise classified (P.A.) (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.)
 V5275 Ear impression, each
 V5299 Hearing service, miscellaneous (P.A.) (I.C.)

Cochlear Implant Batteries

L8620 Lithium ion battery for use with cochlear implant device, replacement, each (I.C.)
 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.)

Hearing Aid Dispensing Fees

V5160 Dispensing fee, binaural
 V5200 Dispensing fee, CROS
 V5240 Dispensing fee, BICROS
 V5241 Dispensing fee, monaural hearing aid, any type