



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-14
July 2006

TO: Audiologists Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Audiologist Manual* (Changes to Program Regulations and Service Codes and Descriptions)

This letter transmits changes to the audiologist program regulations, listed in Subchapter 4, and the service codes and descriptions listed in Subchapter 6, of the *Audiologist Manual*.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or 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 paper copy of the publication. The regulation title for audiologist services is 114.3 CMR 39.00: Rehabilitation Clinic Services, Audiological Services, Restorative Services. The regulation title for hearing aid dispensing 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

I. Changes to Program Regulations

(A) Refitting Services/Other Professional Services (Service Code V5011)

Effective August 1, 2006, MassHealth has removed the limit of three visits per member per year for refitting/other professional services as described in 130 CMR 426.416(l).

(B) Hearing Aid Supplies / Accessories (Service Code V5267)

Accessories must continue to be bundled into a single total charge, which should appear on one single claim line and be billed separately from the hearing aid unit. However, the number of accessory units entered on the claim line should now reflect the actual number of individual items dispensed as accessories. These individual accessory items should no longer be entered on the claim line as a single unit of service.

Example: Two telecoils would be billed on a single claim line as two units of Service Code V5267.

Do not bill each accessory separately on individual claim lines for the same date of service. Doing so may cause all but the first accessory claim line to deny as duplicate claims.

II. Changes to Service Codes and Descriptions

(A) Aural Rehabilitation

Effective for dates of service on or after January 1, 2006, Service Code **92507** has been deleted from this Subchapter 6 and replaced with the following new CPT 2006 codes, as detailed in *Audiologist Bulletin 3* (December 2005):

92630 = Auditory rehabilitation, pre-lingual hearing loss

92633 = Auditory rehabilitation, post-lingual hearing loss

These two replacement codes must be billed in 15-minute units up to a maximum of one hour (4 units), just like Service Code 92507.

(B) New Modifiers

Effective for dates of service on or after August 1, 2006, one of two modifiers must be used when billing the service codes for monaural hearing aids and monaural dispensing fees. These modifiers are LT and RT. Do not use these modifiers on any other service codes except for monaural hearing aids (Service Codes V5030-V5060, V5246, V5247, V5256, and V5257) and monaural dispensing (Service Code V5241). Use of these modifiers on any service codes other than the codes for monaural aids will result in a denied claim.

Append the two-character modifier to the end of the service code in Item 28 of claim form no. 9, entitled "Procedure Code – Modifier." DO NOT enter a dash "-", or anything else, between the code and the modifier. The code-modifier combination is to be entered as a single seven character entry, as in the examples below.

Example 1: Billing for fully digital, monaural ITE in right ear:

Line A: V5241RT

Line B: V5256RT

Example 2: Billing for monaural BTE in left ear:

Line A: V5241LT

Line B: V5060LT

Example 3: Billing for digitally programmable, binaural BTE:

Line A: V5160

Line B: V5253

(C) Cochlear Implant Batteries

Effective for dates of service on or after January 1, 2006, Service Code **L8620** has been deleted from this Subchapter 6 and replaced with the following new CPT 2006 codes, as detailed in *Audiologist Bulletin 3* (December 2005):

L8623 = Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each

L8624 = Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Audiologist Manual

Pages 4-1 through 4-10 and 6-1 through 6-4

OBSOLETE MATERIAL

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

Audiologist Manual

Pages 4-1, 4-2, 4-5, 4-6, 4-9, and 4-10 – transmitted by Transmittal Letter AUD-10

Pages 4-7 and 4-8 – transmitted by Transmittal Letter AUD-11

Pages 6-1 through 6-4 – transmitted by Transmittal Letter AUD-12

Pages 4-3 and 4-4 – transmitted by Transmittal Letter AUD-13

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426.401: Introduction

130 CMR 426.000 governs services provided by audiologists under MassHealth. An independent audiologist who is licensed and certified in accordance with 130 CMR 426.404 and engages in the practice of audiology is eligible to become a provider in MassHealth. All audiologists participating in MassHealth must comply with MassHealth regulations, including but not limited to those set forth in 130 CMR 426.000 and 450.000.

426.402: Definitions

The following terms used in 130 CMR 426.000 have the meanings given in 130 CMR 426.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 426.402 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 426.000 and 450.000.

Accessories — those essential items or options on a hearing aid, including circuitry, purchased by an audiologist that are not intrinsic components of the basic hearing-aid unit. Accessories do not include nonessential items such as carrying cases.

Adjusted Acquisition Cost — the unit price paid to a manufacturer by an audiologist for a hearing aid or accessories, excluding postal-insurance charges. The adjusted acquisition cost does not exceed the manufacturer's current catalog price and is verified by a copy of the manufacturer's invoice retained by the audiologist in the member's health-care record as described under 130 CMR 426.419.

Audiological Services — these services include, but are not limited to, testing related to the determination of hearing loss, evaluation for hearing aids, prescription for hearing-aid devices, and aural rehabilitation.

Auditory Training — the training of the auditory modality to improve understanding of the speech or language of other speakers. Auditory training is one of the components of aural rehabilitation.

Aural Rehabilitation — therapy, including, but not limited to, speech reading and auditory training, provided by a licensed certified audiologist either in a group or individually.

BICROS — a contralateral routing of signal (CROS) fitting with the addition of a second microphone for amplification in the better ear. Both microphones feed to a single receiver on the better ear, which is also hearing-impaired and requires amplification.

Binaural — the type of fitting or hearing aid necessitated by varying degrees of hearing loss in both ears that requires unparalleled amplification via the use of two microphones and two receivers.

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Binaural Fitting — the fitting of two hearing aids, one to each ear, by the audiologist; the fitting to the second ear taking place no later than six months after the fitting to the first ear.

Complete Audiological Evaluation — an evaluation that includes a routine audiological examination (air and bone conduction, spondee thresholds, and word discrimination testing) as recommended by a physician.

CROS — contralateral routing of signal, which refers to the hearing-aid configuration that routes sounds from the unaidable hearing-impaired ear to the hearing ear through a microphone on the hearing-impaired ear and a receiver on the hearing ear. The hearing ear could have normal hearing to mild hearing loss.

Date of Service — the date on which the medical service is furnished to a member or, in the case of hearing aids and accessories, the date on which the goods are delivered to a member.

Dispense — the prescription of a hearing aid, its modification, its fitting, orientation to its use, and any adjustments required within the manufacturer's trial warranty period.

Dispensing Fee — a one-time-only fee for dispensing monaural or binaural hearing aids.

Electroacoustical Analysis — an objective measurement of a hearing aid's specifications that may include, but is not limited to, acoustical gain, SSPL 90, frequency response, and harmonic distortion.

Group Session — therapeutic services directed by the audiologist toward more than one patient in a single encounter, using group participation as a treatment technique.

Hearing-Aid Evaluation — a procedure conducted by an audiologist that may include an assessment of the member's response to appropriate tests (real ear measurements or functional gain measurements).

Impedance — an evaluation that includes tympanometry, stapedial acoustic reflex testing, and acoustic reflex decay.

Independent Audiologist — an audiologist who is licensed and certified in accordance with 130 CMR 426.404(A) and who is engaged in the practice of audiology through a private practice or self-employment, or both.

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Major Repair — a repair to a hearing aid that must be made at a repair facility other than the audiologist's place of business.

Minor Repair — a repair to a hearing aid performed at the audiologist's place of business, such as, but not limited to, the replacement or cleaning of tubing.

Monaural Fitting — the fitting of one hearing aid by an audiologist.

Nonorganic Test Battery — a series of tests that determines functional hearing loss.

Out-of-Office Visit — treatment provided in a nursing facility or at the member's residence rather than at the audiologist's usual place of business.

Speech Reading — the training of the visual modality to improve the understanding of the speech or language of other speakers. Speech reading is one of the components of aural rehabilitation.

426.403: Eligible Members

(A) (1) MassHealth Members. The MassHealth agency covers audiological services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth regulations. MassHealth regulations at 130 CMR 450.105 specifically state, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.

(B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

426.404: Provider Eligibility

Payment for services described in 130 CMR 426.000 will be made only to an independent audiologist who is participating in MassHealth on the date of service.

(A) In State. To participate in MassHealth, an independent audiologist in Massachusetts must currently be licensed by the Commonwealth of Massachusetts, Division of Professional Licensure, Board of Registration in Speech-Language Pathology and Audiology.

(B) Out of State. To participate in MassHealth, an independent audiologist located outside Massachusetts must:

- (1) participate in the Title XIX medical assistance program in the audiologist's own state;
- (2) in a state that licenses independent audiologists, be licensed by the appropriate licensing agency in its own state; and
- (3) possess a Certificate of Clinical Competence in Audiology (CCC-A) issued by the American Speech-Language-Hearing Association (ASHA), if any of the following conditions apply:

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- (a) the audiologist's own state does not license independent audiologists;
- (b) the audiologist's own state does license independent audiologists, but such licensure is not in full compliance with minimum state licensure requirements, specified in 42 CFR 440.110(3); or
- (c) the audiologist's own state does license independent audiologists, but such licensure does not, at minimum, meet the academic and clinical requirements of the CCC-A.

426.405: Out-of-State Services

The MassHealth agency pays out-of-state audiologists in accordance with 130 CMR 450.109.

426.406: Maximum Allowable Fees

The MassHealth agency pays the lowest of the following for audiological services, hearing aids, and related batteries and accessories:

- (A) the audiologist's usual and customary fee;
- (B) the adjusted acquisition cost; or
- (C) the maximum fee listed in the applicable fee schedule of the Massachusetts Division of Health Care Finance and Policy.

426.407: Individual Consideration

Services designated "I.C." in the list of service codes and descriptions in Subchapter 6 of the *Audiologist Manual* are given individual consideration by the MassHealth agency to determine the amount of payment to be made to the audiologist. The MassHealth agency determines the amount of payment using the following criteria:

- (A) the time required to perform the procedure;
- (B) the degree of skill required to perform the procedure;
- (C) the severity or complexity of the member's hearing disorder or disability;
- (D) the policies, procedures, and practices of other third-party purchasers of health care; and
- (E) the reasonable and customary practices of audiologists.

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426.408: Prior Authorization

(A) Services designated "P.A." in the list of service codes and descriptions in Subchapter 6 of the *Audiologist Manual* require prior authorization from the MassHealth agency. The MassHealth agency requires prior authorization for:

- (1) any hearing aid that costs more than the amount indicated in the applicable service description in Subchapter 6 of the *Audiologist Manual*; and
- (2) the replacement of a hearing aid, regardless of the cost of the hearing aid, due to:
 - (a) a medical change;
 - (b) loss of the hearing aid; or
 - (c) damage beyond repair to the hearing aid.

(B) The MassHealth agency requires the following documents from the provider requesting prior authorization:

- (1) the audiological evaluation required under 130 CMR 426.414(A);
- (2) the previous audiological evaluation if the replacement hearing aid is needed because of a medical change;
- (3) a comprehensive report that justifies the medical necessity for the hearing aid;
- (4) a statement of the circumstances of the loss or destruction of the hearing aid (where applicable);
- (5) the medical clearance required under 130 CMR 426.414(B); and
- (6) an itemized estimate of the anticipated cost of the hearing aid.

(C) All prior-authorization requests must be submitted in accordance with the billing instructions in Subchapter 5 of the *Audiologist Manual*. Prior authorization determines only the health-care necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility or resort to health insurance payment.

426.409: Separate Procedures

Some procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it is designated as a "separate procedure" or "S.P." in the list of service codes and descriptions in Subchapter 6 of the *Audiologist Manual*. Thus, when a procedure is performed alone for a specific purpose, it must be considered a separate procedure.

(130 CMR 426.410 through 426.413 Reserved)

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426.414: Dispensing Requirements

An audiologist may dispense a hearing aid only after receiving the following documentation.

(A) Audiological Evaluation.

- (1) The audiologist must have personally completed or received an audiological evaluation performed by one of the following:
 - (a) an independent audiologist who is licensed and certified according to 130 CMR 426.404 and who is a MassHealth provider;
 - (b) a licensed, certified audiologist employed at a speech and hearing clinic that is a MassHealth provider; or
 - (c) an audiologist who is licensed and certified according to 130 CMR 426.404 and who is employed by a physician or hospital outpatient department that is a MassHealth provider.
- (2) This evaluation must contain the following information:
 - (a) the date of the evaluation;
 - (b) a favorable prognosis for adaptation to the hearing aid that ensures that:
 - (i) any previous use of a hearing aid was successful; and
 - (ii) no physiological causes exist that make the member unable to use a hearing aid;
 - (c) the hearing aid make and model; and
 - (d) whether or not the amplification should be monaural or binaural.
- (3) The evaluation must have been performed no more than six months before the dispensing date of the hearing aid.
- (4) The make, model, and specifications such as maximum output, frequency response configuration, and any other special requirements of the hearing aid dispensed must be the same as or comparable to that recommended in the audiological evaluation.

(B) Medical Clearance. The audiologist must have received a medical clearance from a physician that states that the member has no medical conditions that would prohibit the use of a hearing aid. The medical examination by the physician must have been performed no more than six months before the dispensing date of the hearing aid.

426.415: Conditions of Payment

(A) To receive payment for dispensing the hearing aid, the audiologist must submit with the completed claim form a copy of the entire manufacturer's invoice, including all discounts. Manufacturers' invoices must contain a date of service, the member's name, and the serial numbers of the hearing aids that were dispensed to the MassHealth member. If the invoice is for a bulk order, the audiologist must indicate on the copy of the invoice which hearing aids have been dispensed to the MassHealth member.

(B) All claims must be submitted in accordance with the billing instructions in Subchapter 5 of the *Audiologist Manual*.

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426.416: Reimbursable Services

(A) Complete Audiological Evaluation. Payment for a complete audiological evaluation will be made only if the evaluation is recommended by a physician.

(B) Hearing-Aid Purchase. Payment for a hearing-aid purchase includes the following:

- (1) the hearing aid and standard accessories/options required for the proper operation of the hearing aid;
- (2) the proper fitting and instruction in the use, care, and maintenance of the hearing aid;
- (3) the maintenance, minor repair, and servicing provided during the operational lifetime of the hearing aid that is furnished free of charge to non-MassHealth members;
- (4) the initial one-year manufacturer's warranty against loss or damage; and
- (5) the loan to the member of a hearing aid by the audiologist, when necessary.

(C) Earmold. An earmold is not reimbursable if it is included in the manufacturer's price of the hearing aid or if the member already has an appropriate earmold. Payment for an earmold includes the following:

- (1) the proper fitting of the earmold; and
- (2) any adjustments that may be needed during the operational life of the earmold.

(D) Ear Impression.

- (1) For a Hearing Aid. Payment for an ear impression for a hearing aid includes one properly formed ear impression for each in-the-ear hearing aid purchased. The provider may not claim payment for an ear impression for a hearing aid until the hearing aid has actually been delivered to the member.
- (2) For an Earmold. The provider may not claim payment for an ear impression for an earmold until the earmold has actually been delivered to the member.

(E) Batteries. Batteries must be new at the time of purchase.

(F) Accessories. Payment for accessories and hearing-aid options includes proper fitting and adjustment of the accessory as needed. Accessories must be billed separately from the basic hearing-aid unit.

(G) Major Repairs. The provider of a repair service is responsible for the quality of the workmanship and parts, and for ensuring that the repaired hearing aid is in proper working condition. The audiologist is responsible for ensuring that the repaired hearing aid is in proper working condition upon returning the aid to the member. Payment for a major repair to a hearing aid is limited to the following conditions.

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- (1) All warranties and insurance must have expired.
- (2) The hearing aid must be sent directly to the repair facility or manufacturer that will perform the repair. (The handling charges of an intermediary are not reimbursable.)
- (3) The repair service must include a written warranty against all defects for a minimum of six months.
- (4) A copy of the invoice from the repair facility or manufacturer for the cost of the repair must accompany the claim form.

(H) Office Visits for Evaluation and Management Services. The MassHealth agency pays for an office visit for evaluation and management services only when one or more of the following services is required and is provided as part of the visit:

- (1) minor adjustments to the hearing aid to assure a proper fitting, such as an earmold adjustment, when the provider is not the provider who initially fit the hearing aid, and the provider who initially fit the hearing aid is no longer a MassHealth provider;
- (2) minor office repairs for which the provider customarily charges non-MassHealth members;
- (3) cleaning of the hearing aid; or
- (4) replacement of parts such as, but not limited to, tubing, hooks, battery doors, and recasing.

(I) Refitting Services/Other Professional Services. The MassHealth agency pays for additional fitting/refitting services only where the hearing aid was dispensed more than two years prior to the date of service of the refitting services. These professional services include refitting of the aid, orientation, counseling with the member or member's family, contact with interpreters, fitting of a loaner aid, and similar services. Payment for these services must include a face-to-face encounter with the member.

(J) Cochlear Implant Service Contract. The MassHealth agency pays for a service/maintenance contract from the manufacturer of a cochlear implant device that is approved by the U.S. Department of Health and Human Services Food and Drug Administration (FDA), which covers certain costs for repair and replacement parts for an eligible member's existing cochlear implant system. This does not include contracts for the sole purpose of replacement due to loss, theft, or accidental damage. The following restrictions apply to the service contract.

- (1) The service contract must be for a minimum period of two years, paid in full with the enrollment. The MassHealth agency does not pay for a service contract purchased under an installment payment plan, where payment in full at enrollment is also an option.
- (2) The service contract, when available as a combined option, must include repair and replacement coverage for both the headpiece and speech processor.
- (3) The service contract is not covered until the manufacturer's original warranty, which is obtained at the time of initial implantation, expires.
- (4) A copy of the invoice from the manufacturer for the cost of the service contract must accompany the claim form.

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426.417: Nonreimbursable Services

The MassHealth agency does not pay for any of the following services:

- (A) the rental of hearing aids;
- (B) hearing aids that are completely in the ear canal (CIC);
- (C) personal FM Systems; or
- (D) assistive technology devices provided under 34 CFR 300.308, where such devices are maintained at the school facility for the general use of disabled students, and assistive technology services provided under 34 CFR 300.308 relating to the use of such devices.

426.418: Service Limitations

The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60-month period without prior authorization in accordance with 130 CMR 426.408. One hearing aid per ear consists of either one binaural hearing-aid fitting, or two monaural hearing aids dispensed more than six months apart, with one dispensed for the left ear and the other dispensed for the right ear.

426.419: Recordkeeping Requirements

An audiologist must maintain a medical record for each member for a period of at least six years following the date of service. The record must contain all pertinent information about the services provided, including the date of service and the dates on which materials were ordered and dispensed. The recordkeeping requirements are specific to each type of service and are described as follows.

- (A) Earmolds. The audiologist must maintain the manufacturer's invoice indicating the actual acquisition cost for the earmold.
- (B) Hearing Aids. The audiologist must maintain the following information in the member's medical record:
 - (1) a history of the member's hearing loss and use of hearing aids. The history must contain the following information:
 - (a) the etiology and chronology of the member's hearing loss, including the member's age at the onset of the loss and an indication of whether the hearing loss is progressive;
 - (b) the make, model number, type, and date of purchase of each hearing aid previously worn by the member;
 - (c) a description of any speech and hearing therapy received by the member; and
 - (d) a description of any handicap that the member has that may impair vision or affect hearing-aid use;

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- (2) all audiological evaluations. The evaluations must have been performed no more than six months before the dispensing dates of the hearing aid;
- (3) a medical clearance from a physician that states that the member has no medical conditions that would prohibit the use of a hearing aid. The medical examination must have been performed no more than six months before the dispensing date of the hearing aid; and
- (4) the manufacturer's invoice indicating the actual acquisition cost of the hearing aid, including all discounts, and the warranty indicating the terms of repair or replacement in the event of loss of or damage to the hearing aid.

(C) Replacement Hearing Aids.

- (1) If the member's hearing aid has been lost, the audiologist must maintain in the member's medical record a statement from the member or someone acting on the member's behalf (for example, an immediate family member or other legal representative) that describes the circumstances of the loss of the hearing aid.
- (2) If the member's hearing aid has been irreparably damaged, the audiologist must maintain in the member's medical record a statement from the manufacturer documenting that the hearing aid cannot be repaired.

(D) Batteries and Accessories/Options. The audiologist must maintain in the member's record the manufacturer's invoice indicating the actual acquisition cost of batteries or accessories/options, or both, if the cost of any item is more than \$35.00.

(E) Audiological Evaluation. The results of all audiological evaluations must be fully documented in the member's record.

REGULATORY AUTHORITY

130 CMR 426.000: M.G.L. c. 118E, §§ 7 and 12.

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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 (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) (if the provider was not the original dispenser and the instrument is older than one year; or if the provider was not the original dispenser, the instrument is less than one year old, and the original dispenser no longer participates in MassHealth)
92593	binaural (if the provider was not the original dispenser and the instruments are older than one year; or if the provider was not the original dispenser, the instruments are less than one year old, and the original dispenser no longer participates in MassHealth)
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

92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (per member, up to 60 minutes) (bill in 15-minute units, up to a maximum of one hour)
92630	Auditory rehabilitation; pre-lingual hearing loss (may not be billed with 92633) (bill in 15-minute units, up to a maximum of one hour)
92633	Auditory rehabilitation; post-lingual hearing loss (may not be billed with 92630) (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).

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.)

One of the following two modifiers must be used when billing a service code for a monaural hearing aid purchase: LT (left side) or RT (right side).

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 (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

- 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 (Use with modifier LT or RT.)