***Commonwealth of Massachusetts***
***Executive Office of Health and Human Services***
***Office of Medicaid***
*www.mass.gov/masshealth*

MassHealth
Transmittal Letter AUD-17
January 2015

**TO:** Audiologists Participating in MassHealth

**FROM:** Kristin L. Thorn, Medicaid Director

**RE:** *Audiologist Manual* (Addition of Cochlear Implant External Components and Subchapter 6 Updates)

MassHealth has revised its Audiologist regulations to add replacement of cochlear implant external components, due to loss or obsolescence, to the list of services for which audiologists can bill MassHealth. The regulations also require audiologists to keep certain records for cochlear implant external components. The new regulations also reflect that cochlear implant manufacturers have changed the terms of their service contracts from two years to one year, and include updates to the definitions section.

This letter also transmits related updates to Subchapter 6 of the *Audiologist Manual*. Further billing instructions will be forthcoming in a subsequent billing guideline.

These regulatory and Subchapter 6 amendments are effective for dates of service on or after January 2, 2015.

**MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

**Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center 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 iv, vi, 4-1, 4-2, 4-5 through 4-12, and 6-1 through 6-6

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(The pages listed here are no longer in effect.)

Audiologist Manual

Pages iv, vi, 4-1, 4-2, 4-5 through 4-12, and 6-1 through 6-4 — transmitted by Transmittal Letter AUD-16

4. Program Regulations

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: *Administrative and Billing Regulations*.

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: *Administrative and Billing Regulations*.

Accessories — those essential items or options on a hearing aid, 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 medical 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.

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.

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.

Date of Service — the date on which the medical service is furnished to a member or, in the case of custom-made goods, 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. The fee includes initial programming, fitting, orientation to its use, and any adjustments required during the manufacturer’s trial warranty period.

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 — a hearing aid is a small electronic device consisting of a microphone, amplifier and a receiver.

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 in accordance with 130 CMR 426.404 and who is engaged in the practice of audiology through a private practice or self-employment, or both.

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

426.408: Prior Authorization

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.

(A) 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*;
(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;
(3) certain hearing aid related services as specified in Subchapter 6 of the *Audiologist Manual*; and
(4) any replacement of cochlear implant external components.

(B) The MassHealth agency requires the following documents from the provider requesting prior authorization for replacement of hearing aids, or certain hearing aid related services, as applicable:
(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) The MassHealth agency requires the following documents from the provider requesting prior authorization for the replacement of a cochlear implant processor:
(1) a comprehensive report that justifies the medical necessity. The report must be within six months prior to the date of service and must include the following:
(a) a description and status of the member's current equipment;
(b) documentation of the current processor's obsolescence;
(c) member's current sound field results and speech testing results utilizing the member's current cochlear implant processor; and
(d) invoice stating cost of equipment requested.
(2) In the case of loss of a processor, a description of the circumstances regarding the loss, an invoice stating cost of equipment requested, and a list of the member's current equipment.

(D) All prior-authorization requests must be submitted in accordance with the administrative and billing instructions in Subchapter 5 of the *Audiologist Manual*. Prior authorization determines only the medical 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.

426.410: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary audiologist services for EPSDT-eligible members in accordance with 130 CMR 450.140: *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services: Introduction*, without regard to service limitations described in 130 CMR 426.000, and with prior authorization.

(130 CMR 426.411 through 426.413 Reserved)

426.414: Dispensing Requirements

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

(A) Complete Audiological Evaluation. A complete audiological evaluation includes air and bone conduction, spondee thresholds, and word discrimination testing.

(1) The audiologist must have personally completed or received a complete audiological evaluation performed by one of the following:

(a) an independent audiologist who personally performed and completed the audiological evaluation;

(b) a licensed audiologist who is employed at a speech and hearing clinic and who personally performed and completed the audiological evaluation; or

(c) a licensed audiologist who is employed by a physician, or by an acute hospital's outpatient department, hospital-licensed health center, or other satellite clinic.

(2) Audiological evaluations for members under age 18 must be performed by a licensed audiologist pursuant to M.G.L. c. 93 §§ 71 and 72. For members aged 18 or older, the audiological evaluation may also be performed by a licensed hearing instrument specialist. Hearing testing performed by a hearing instrument specialist must meet the requirements of the Massachusetts Rules and Regulations Governing Hearing Instrument Specialists of the Division of Professional Licensure at 265 CMR 2.00 through 10.00.

(3) This evaluation must contain the following information:

(a) the date of the evaluation;

(b) a written summary of findings and impressions, which must include a favorable prognosis for hearing aid use and an assurance that no physiological causes exist that would make the member unable to use a hearing aid;

(c) the recommended hearing aid make and model;

(d) whether or not the amplification should be monaural (and if so, for which ear) or binaural; and

(e) the signature of the audiologist or hearing instrument specialist who performed the evaluation, including the individual's name and credentials printed clearly and legibly next to the signature.

(4) The evaluation must have been performed no more than six months before the dispensing date of the hearing aid.

(5) 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 and must maintain in the member's medical record pursuant to 130 CMR 426.419(B) a medical clearance from a physician that meets the following conditions:

(1) the medical clearance must state that the member is a candidate for and has no medical conditions that would contraindicate the use of a hearing aid;

(2) the medical examination by the physician must have been performed no more than six months before the dispensing date of the hearing aid;

(3) the medical clearance must be signed by the physician. If the medical clearance is not printed on the physician's letterhead, the physician's name and credentials must also be printed clearly and legibly on the medical clearance; and

(4) the medical clearance must include the date of the medical clearance, identify which ears are cleared, and indicate whether or not the member, at the time of the medical examination, currently owns or uses a hearing aid for the designated ear.

426.415: Conditions of Payment

All claims must be submitted in accordance with the administrative and billing instructions in Subchapter 5 of the *Audiologist Manual*.

426.416: Reimbursable Services

(A) Complete Audiological Evaluation.

(1) Payment for a complete audiological evaluation will be made only if the evaluation is recommended by a physician.

(2) Two Audiologists. The MassHealth agency will pay for two audiologists working together to perform an evaluation of an individual member under those circumstances where the knowledge, skills, and experience of the primary audiologist have identified a need for a second audiologist to aid in completing the initial test battery, such as for the testing of very young children or those with other pertinent developmental, physical, cognitive, or maturational factors. Circumstances warranting the services of two audiologists must be fully documented in the member's medical record. To receive full payment, both audiologists must use the appropriate service code and modifier combination listed in Subchapter 6 of the *Audiologist Manual*. The MassHealth agency pays one-half of the total reimbursement for two audiologists to each individual provider.

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

(1) the hearing aid and standard accessories and 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) maintenance, minor repair, and servicing of the hearing aid that is furnished free of charge to non-MassHealth patients;

(4) the initial manufacturer's warranty against loss or damage; and

(5) the loan of a hearing aid to the member by the audiologist, when necessary.

(C) Earmold. The provider may not claim payment for an earmold until the earmold has actually been delivered to the member. The date of service for the earmold is the date on which the earmold was delivered to the member. 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 ear impression;
(2) the proper fitting of the earmold; and
(3) any adjustments that may be needed during the operational life of the earmold.

(D) Ear Impression.

(1) Ear Impression for an ITE/ITC Hearing Aid. Payment for an ear impression for a hearing aid includes one properly formed ear impression for each in-the-ear (ITE) or in-the-canal (ITC) 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) Ear Impression for an Earmold for a BTE Hearing Aid. Payment for an ear impression for a hearing aid includes one properly formed ear impression for each behind-the-ear (BTE) hearing aid.

(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.

(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 be kept in the member's medical record.

(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 ensure 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 and Other Professional Services. The MassHealth agency pays for additional fitting or refitting services only where the hearing aid was dispensed more than one year 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 the following cochlear implant services:

(1) A service or maintenance contract from the manufacturer of cochlear implant external component 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 external component and is subject to the provisions of 130 CMR 426.416(J)(2) below.

(2) The following restrictions apply to the service contract:

(a) The service contract must be for a minimum period of one year, 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.

(b) The service contract, when available as a combined option, must include repair and replacement coverage for both the headpiece, controller, and processor.

(c) The service contract is not covered until the manufacturer's original warranty, which is obtained at the time of initial implantation, expires.

(d) A copy of the invoice from the manufacturer for the cost of the service contract must accompany the claim form.

(e) The service contract must be between the manufacturer and the MassHealth participating provider supplying cochlear implant external services.

(K) Replacement and Repair of Cochlear Implant External Components.

(1) Replacement of cochlear implant processor requires prior authorization in accordance with 130 CMR 426.408. Replacement of a cochlear implant processor is covered, only when:

(a) the existing processor is obsolete; that is, the manufacturer no longer supports repairs on the existing processor; or

(b) the existing processor is lost. A lost cochlear implant processor will be replaced by the same make/model as the lost processor, unless the processor is obsolete, in which case it would be substituted by the replacement model; and

(c) the existing processor is beyond repair.

(2) Replacement of cochlear implant external components, other than the cochlear implant external processor, are covered only when:

(a) the existing component is lost. A lost cochlear implant component will be replaced by the same make/mode as the lost component.

(b) the existing processor is beyond repair.

(3) MassHealth covers repairs of cochlear implant external components.

(4) The replacement or repair services must be performed in a cochlear implant clinic.

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

(A) 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.

(B) Two monaural fittings dispensed within a six-month period, with one aid dispensed for the left ear and the other for the right ear, are defined as a single binaural fitting. The MassHealth agency does not pay two monaural dispensing fees for this service. MassHealth pays only one binaural dispensing fee for this service.

426.419: Recordkeeping Requirements

An audiologist must maintain a medical record for each member for a period of at least as long as the minimum period required by 130 CMR 450.205(G). The MassHealth agency does not pay a provider for services if the provider does not have adequate documentation to substantiate the provision of services payable under MassHealth. The medical 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. In no instance does the completion of the appropriate MassHealth claim form, the maintenance of a copy of such a claim, or the simple notation of service codes constitute sufficient documentation for the purposes of 130 CMR 426.419. The recordkeeping requirements are specific to each type of service and are described as follows.

(A) Cochlear Implant External Components. 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 the cochlear implant. The history must contain the following information:

(a) the make, model number, type, and date of purchase of the cochlear implant external components;

(b) a description of any speech and hearing therapy received by the member; and

(c) a description of any medical condition that the member has that may impair vision or affect cochlear implant use.

(2) The manufacturer's invoice indicating the actual acquisition cost of the cochlear implant external components, including all discounts, and the warranty indicating the terms of repair or replacement in the event of loss of or damage to the cochlear implant external components.

(B) Earmolds. The audiologist must maintain the manufacturer's invoice in the member’s medical record, indicating the actual acquisition cost for the earmold.

(C) 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 medical condition that the member has that may impair vision or affect hearing-aid use;

(2) all audiological evaluations. The evaluations must have been performed no more than six months before the dispensing date of the hearing aid;

(3) the medical clearance from a physician obtained in accordance with 130 CMR 426.414(B); 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.

(D) 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.

(E) Accessories/Options. The audiologist must maintain in the member's medical record the manufacturer's invoice indicating the actual acquisition cost of all accessories/options.

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

(G) Office Visits for Evaluation and Management Services. The audiologist must maintain in the member's medical record documentation substantiating the necessity of the office visit and detailing the services provided.

(H) Refitting Services and Other Professional Services. The audiologist must maintain in the member's medical record documentation substantiating the necessity of the office visit and detailing the services provided.

REGULATORY AUTHORITY

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

This page is reserved.

6. Service Codes and Descriptions

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 426.000 and 450.000. An audiology provider 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 *Audiologist Manual*.

602 Service Codes and Descriptions

| Service Code-Modifier | Service Description |
|---|---|
| | **AUDIOLOGICAL SERVICES** |
| | **Vestibular Function Tests, without Electrical Recording** |
| 92531 | Spontaneous nystagmus, including gaze |
| 92532 | Positional nystagmus test |
| 92533 | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests) |
| 92534 | Optokinetic nystagmus test |
| | **Vestibular Function Tests, With Recording (e.g., ENG)** |
| 92540 | Basic vestibular evaluation, incl. spontaneous nystagmus test with eccentric gaze fixation nystagmus, w/recording, positional nystagmus test, min. of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal & peripheral stimulation, with recording, & oscillating tracking test, with recording |
| 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) (Use 92547 in conjunction with 92541-92546.) |
| 92548 | Computerized dynamic posturography |
| | **Audiological Function Tests** |

The audiometric tests listed below require the use of calibrated electronic equipment, recording of results and a report with interpretation. Hearing tests (such as whispered voice, tuning fork) that are otorhinolaryngologic Evaluation and Management services are not reported separately. All services include testing of both ears.

602 Service Codes and Descriptions (cont.)

| Service Code-Modifier | Service Description |
|---|---|
| | Use modifier **TG** (complex/high tech level of care) when billing for services provided by two audiologists in accordance with 130 CMR 426.416. |
| 92550 | Tympanometry and reflex threshold measurements |
| 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) |
| 92558 | Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis |
| 92563 | Tone decay test |
| 92565 | Stenger test, pure tone |
| 92567 | Tympanometry (impedance testing) |
| 92568 | Acoustic reflex testing; threshold |
| 92569 | decay |
| 92570 | Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing |
| 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) |
| 92590 | Hearing aid examination and selection; monaural |
| 92591 | binaural |
| 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 |
| 92595 | binaural |
| 92596 | Ear protector attenuation measurements |

602 Service Codes and Descriptions (cont.)

| Service Code-Modifier | Service Description |
|---|---|
| | **Evaluative and Therapeutic Services** |
| 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) |
| 92625 | Assessment of tinnitus (includes pitch, loudness matching, and masking) |
| 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 | Post-lingual hearing loss (may not be billed with 92630) (bill in 15-minute units, up to a maximum of one hour) |
| | **Other Audiological Procedures** |
| 92700 | Unlisted otorhinolaryngological service or procedure (I.C.) |
| | **Special Otorhinolaryngologic Services** |
| 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) |
| | **Other Procedures** |
| 95992 | Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver) per day. |
| | **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) |

602 Service Codes and Descriptions (cont.)

| Service Code-Modifier | 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.) |

602 Service Codes and Descriptions (cont.)

| Service Code-Modifier | 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., not including shipping charges, exceeds $500.00) (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.) |
| V5020 | Conformity evaluation (use for real-ear measures) |
| 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 Services** |
| L7368 | Lithium ion battery charger, replacement only |
| L7510 | Repair of prosthetic device, repair or replace minor parts (use for processor repair) |
| L7520 | Repair prosthetic device, labor component, per 15 minutes |
| L8615 | Headset/headpiece for use with cochlear implant device, replacement |
| L8616 | Microphone for use with cochlear implant device, replacement |
| L8617 | Transmitting coil for use with cochlear implant device, replacement |
| L8618 | Transmitter cable for use with cochlear implant device, replacement |
| L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement (P.A.) |
| L8627 | Cochlear implant, external speech processor, component, replacement (I.C.) (P.A.) |
| L8628 | Cochlear implant, external controller component, replacement (I.C.) (P.A.) |
| L8629 | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement (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.) |
| L8623 | Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each (I.C.) |

602 Service Codes and Descriptions (cont.)

| Service Code-Modifier | Service Description |
|---|---|
| L8624 | Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each (I.C.) |
| L7510 MS | Repair of prosthetic device, repair or replace minor parts (six-month maintenance and servicing fee for reasonable and necessary parts and labor that are not covered under any manufacturer or supplier warranty) (I.C.) (for use only for the purchase of a cochlear implant service contract in accordance with 130 CMR 426.416.) |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code (Use for cochlear implant small supplies) |

**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**.) |