



MassHealth  
 Transmittal Letter AUD-18  
 December 2019

**TO:** Audiologists Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth  
**RE:** *Audiologist Manual (2019 HCPCS Code Revisions)*

This letter transmits revisions to the service codes in Subchapter 6 of the *Audiologist Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2019. Changes to Subchapter 6 resulting from these updates are summarized below. The revised Subchapter 6 is effective for dates of service on or after January 1, 2019.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The regulation title for audiology services is 101 CMR 339.00: Restorative Services.

**2019 HCPCS Code Updates to Subchapter 6**

Added Code	Code Description (if applicable)
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE) (I.C.)
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC) (I.C.)
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE) (I.C.)
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE (I.C.)
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC (I.C.)
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE (I.C.)
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC (I.C.)
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE (I.C.)
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE (I.C.)

Deleted Code	Code Description
V5170	Hearing aid, CROS, in the ear
V5180	Hearing aid, CROS, behind the ear
V5210	Hearing aid, BICROS, in the ear
V5220	Hearing aid, BICROS, behind the ear

Revised Code	Code Description
V5190	Hearing aid, contralateral routing, monaural, glasses
V5200	Dispensing fee, contralateral, monaural
V5230	Hearing aid, contralateral routing system, binaural, glasses
V5240	Dispensing fee, contralateral routing system, binaural

## **MassHealth Website**

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## **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto: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 6-1 through 6-6

## **OBSOLETE MATERIAL**

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

### **Audiologist Manual**

Pages 6-1 through 6-6 — transmitted by Transmittal Letter AUD-17



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Audiologist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
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602 Service Codes and Descriptions (cont.)

**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.

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 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence of absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report (single stimulus level, either transient or distortion products)

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602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

92588	comprehensive or diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies) with interpretation and report) (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

**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.)
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**Special Otorhinolaryngologic Services**

92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, 2 or more individuals (per member, up to 60 minutes) (Bill in 15-minute units, up to a maximum of one hour.)
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**Other Procedures**

95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver) per day
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**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)
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602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

**HEARING AID SERVICES**

**Refitting Services/Other Professional Services**

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

**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.)

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602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

**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.

- V5171      Hearing aid, contralateral routing device, monaural, in the ear (ITE) (I.C.)
- V5172      Hearing aid, contralateral routing device, monaural, in the canal (ITC) (I.C.)
- V5181      Hearing aid, contralateral routing device, monaural, behind the ear (BTE) (I.C.)
- V5190      Hearing aid, contralateral routing , monaural, glasses (I.C.)
- V5211      Hearing aid, contralateral routing device, binaural, ITE/ITE (I.C.)
- V5212      Hearing aid, contralateral routing device, binaural, ITE/ITC (I.C.)
- V5213      Hearing aid, contralateral routing device, binaural, ITE/BTE (I.C.)
- V5214      Hearing aid, contralateral routing device, binaural, ITC/ITC (I.C.)
- V5215      Hearing aid, contralateral routing device, binaural, ITC/BTE (I.C.)
- V5221      Hearing aid, contralateral routing device, binaural, BTE/BTE (I.C.)
- V5230      Hearing aid, contralateral routing, binaural, glasses (I.C.)
- V5215      Hearing aid, contralateral routing device, binaural, ITC/BTE (I.C.)
- V5221      Hearing aid, contralateral routing device, binaural, BTE/BTE (I.C.)
- V5230      Hearing aid, contralateral routing, binaural, glasses (I.C.)

**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.)

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

- V5265      Ear mold/insert, disposable, any type (I.C.)
- V5266      Battery for use in hearing device (per battery)

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602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

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)

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.)

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.)

L8621              Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, 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 or auditory osseointegrated device speech processor, ear level, replacement, each (I.C.)

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.)

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, contralateral, monaural

V5240              Dispensing fee, contralateral routing system, binaural

V5241              Dispensing fee, monaural hearing aid, any type (Must use with modifier **LT** or **RT**.)

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.