



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



MassHealth
Transmittal Letter AUD-19
July 2021

TO: Audiologists Participating in MassHealth
FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth
RE: *Audiologist Manual* (2021 HCPCS Updates to Subchapter 6)

This letter transmits revisions to the service codes in the *Audiologist Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2021. Four of the newly adopted codes replace two deleted codes. Three of the newly adopted codes are being added to supplement an existing unlisted code. For dates of service on or after January 1, 2021, you must use the new codes in order to obtain reimbursement.

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. The regulation title for audiology services is 101 CMR 323.00 Hearing Services.

2021 HCPCS Code Updates to Subchapter 6

Added Code	Code Description (if applicable)
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report

Deleted Code	Code Description
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited

Existing Code	Added Code(s)	
92700	92518	92519

Deleted Code	Replacement Code(s)	
92585	92652	92653
92586	92650	92651

MassHealth Website

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Questions

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email 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 vi and 6-1 through 6-6

OBSOLETE MATERIAL

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

Audiologist Manual

Page vi — transmitted by Transmittal Letter AUD-16

Pages 6-1 through 6-6 — transmitted by Transmittal Letter AUD-18

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601 Introduction

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 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

92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
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, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and 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 92540-92546.)
92548	Computerized dynamic post urography

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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.)
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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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.)
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report

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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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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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.