



## Transmittal Letter AUD-21

**DATE:** March 2024

**TO:** Audiologists Participating in MassHealth

**FROM:** Monica Sawhney, Chief of Provider, Family, and Safety Net Programs

**RE:** *Audiologist Manual: Updates to Subchapter 6 (2024 HCPCS)*

### Revisions to Service Codes and Descriptions

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 2024. MassHealth has also updated Subchapter 6 to reflect these changes. For dates of service on or after January 1, 2024, you must use the new codes listed below in order to obtain reimbursement.

**92622:** Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes

**92623:** Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure.)

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/info-details/eohhs-regulations](http://www.mass.gov/info-details/eohhs-regulations). The regulation title for audiologist services is 101 CMR 323.00: *Rates for Hearing Services*.

### MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

[Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

### Questions

If you have questions about the information in this transmittal letter, please

- Contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
- Email your inquiry to [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## **New Material**

The pages listed here contain new or revised language.

### ***Audiologist Manual***



Pages vi, 6-1 through 6-8

## **Obsolete Material**

The pages listed here are no longer in effect.

### ***Audiologist Manual***

Pages vi, 6-1 through 6-6 — transmitted by Transmittal Letter AUD-20

 [MassHealth on Facebook](#)    [MassHealth on X \(Twitter\)](#)    [MassHealth on YouTube](#)

|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts</b><br><b>MassHealth</b><br><b>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>Table of Contents | <b>Page</b><br>vi       |
|  | <b>Transmittal Letter</b><br>AUD-21                     | <b>Date</b><br>01/01/24 |

6. Service Codes and Descriptions

|   |     |
|---|-----|
| 601. Introduction .....   | 6-1 |
| 602. Service Codes and Descriptions .....   | 6-1 |
| Appendix A. Directory .....   | A-1 |
| Appendix C. Third-Party-Liability Codes .....   | C-1 |
| Appendix T. CMSP Covered Codes .....  | T-1 |
| Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider<br>Preventable Conditions..... | U-1 |
| Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions .....                     | V-1 |
| Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules .....                  | W-1 |
| Appendix X. Family Assistance Copayments and Deductibles.....   | X-1 |
| Appendix Y. EVS Codes and Messages .....  | Y-1 |
| Appendix Z. EPSDT/PPHSD Screening Services Codes .....  | Z-1 |

|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-1      |
|  | <b>Transmittal Letter</b><br>AUD-21                                     | <b>Date</b><br>01/01/24 |

## 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*.

### Legend

IC: Claim requires individual consideration. See 130 CMR 426.407 and 450.271 for more information.

PA: Service requires prior authorization. See 130 CMR 426.408 and 450.303 for more information.

SP: Service is considered a separate procedure. See 130 CMR 426.409 for more information.

## 602 Service Code 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   |

|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-2      |
|  | <b>Transmittal Letter</b><br>AUD-21                                     | <b>Date</b><br>01/01/24 |

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier    Service Description

**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.)<br>(Use 92547 in conjunction with 92540-92546.)  |
| 92548 | Computerized dynamic post urography  |

**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. 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 (SP 92553)   |
| 92553 | air and bone  |
| 92555 | Speech audiometry threshold (SP 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)  |

|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-3      |
|  | <b>Transmittal Letter</b><br>AUD-21                                     | <b>Date</b><br>01/01/24 |

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

|   |   |
|---|---|
| 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 (SP 92589)   |
| 92576   | Synthetic sentence identification test (SP 92589)   |
| 92577   | Stenger test, speech  |
| 92579   | Visual reinforcement audiometry (VRA)   |
| 92582   | Conditioning play audiometry (IC)   |
| 92583   | Select picture audiometry (IC)  |
| 92584   | Electrocochleography (IC)   |
| 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) |
| 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  |
| <b><u>Evaluative and Therapeutic Services</u></b> |   |
| 92601   | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming  |
| 92602   | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming (do not report 92602 in addition to 92601)   |
| 92603   | Diagnostic analysis of cochlear implant, age 7 years of age or older; with programming  |
| 92604   | Diagnostic analysis of cochlear implant, age 7 years of age or older; subsequent reprogramming (do not report 92604 in addition to 92603)   |
| 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)  |

|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-4      |
|  | <b>Transmittal Letter</b><br>AUD-21                                     | <b>Date</b><br>01/01/24 |

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

- 92622 Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
- 92623 Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure.)
- 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 (IC)

**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.)

**Other Procedures**

- 95992 Canalith repositioning procedure(s) (e.g., 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)

|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-5      |
|  | <b>Transmittal Letter</b><br>AUD-21                                     | <b>Date</b><br>01/01/24 |

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier    Service Description

**Hearing Aid Purchases-Monaural (Must use with modifier LT or RT.)**

Prior authorization (PA) is required where the adjusted acquisition cost (AAC), 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 (IC)                           |
| V5040 | Hearing aid, monaural, body worn, bone conduction (IC)                          |
| V5050 | Hearing aid, monaural, in the ear (IC)  |
| V5060 | Hearing aid, monaural, behind the ear (IC)                                      |
| V5243 | Hearing aid, analog, monaural, ITC (in the canal) (IC)                          |
| V5245 | Hearing aid, digitally programmable analog, monaural, ITC (in the canal) (IC)   |
| V5246 | Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (IC)     |
| V5247 | Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (IC) |
| V5255 | Hearing aid, digital, monaural, ITC (IC)  |
| V5256 | Hearing aid, digital, monaural, ITE (IC)  |
| V5257 | Hearing aid, digital, monaural, BTE (IC)  |

**Hearing Aid Purchases-Binaural**

Prior authorization (PA) is required where the AAC, not including shipping charges, exceeds \$1,000.00.

|       |  |
|-------|--|
| V5130 | Binaural, in the ear (IC)                                      |
| V5140 | Binaural, behind the ear (IC)                                  |
| V5150 | Binaural, glasses (IC)   |
| V5249 | Hearing aid, analog, binaural, ITC (IC)                        |
| V5251 | Hearing aid, digitally programmable analog, binaural, ITC (IC) |
| V5252 | Hearing aid, digitally programmable, binaural, ITE (IC)        |
| V5253 | Hearing aid, digitally programmable, binaural, BTE (IC)        |
| V5259 | Hearing aid, digital, binaural, ITC (IC)                       |
| V5260 | Hearing aid, digital, binaural, ITE (IC)                       |
| V5261 | Hearing aid, digital, binaural, BTE (IC)                       |

**Hearing Aid Purchases-CROS and BICROS**

Prior authorization (PA) is required where the AAC, not including shipping charges, exceeds \$1,000.00.

|       |  |
|-------|--|
| V5171 | Hearing aid, contralateral routing device, monaural, in the ear (ITE) (IC)     |
| V5172 | Hearing aid, contralateral routing device, monaural, in the canal (ITC) (IC)   |
| V5181 | Hearing aid, contralateral routing device, monaural, behind the ear (BTE) (IC) |
| V5190 | Hearing aid, contralateral routing, monaural, glasses (IC)                     |
| V5211 | Hearing aid, contralateral routing device, binaural, ITE/ITE (IC)              |



|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-6      |
|  | <b>Transmittal Letter</b><br>AUD-21                                     | <b>Date</b><br>01/01/24 |

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier    Service Description

|       |   |
|-------|---|
| V5212 | Hearing aid, contralateral routing device, binaural, ITE/ITC (IC) |
| V5213 | Hearing aid, contralateral routing device, binaural, ITE/BTE (IC) |
| V5214 | Hearing aid, contralateral routing device, binaural, ITC/ITC (IC) |
| V5215 | Hearing aid, contralateral routing device, binaural, ITC/BTE (IC) |
| V5221 | Hearing aid, contralateral routing device, binaural, BTE/BTE (IC) |
| V5230 | Hearing aid, contralateral routing, binaural, glasses (IC)        |
| V5215 | Hearing aid, contralateral routing device, binaural, ITC/BTE (IC) |
| V5221 | Hearing aid, contralateral routing device, binaural, BTE/BTE (IC) |
| V5230 | Hearing aid, contralateral routing, binaural, glasses (IC)        |

**Hearing Aid Purchases-Other**

Except where otherwise indicated, prior authorization (PA) is required where the AAC, not including shipping charges, exceeds \$1,000.00.

|       |   |
|-------|---|
| V5070 | Glasses, air conduction (IC)  |
| V5080 | Glasses, bone conduction (IC)   |
| V5100 | Hearing aid, bilateral, body worn (IC)  |
| V5274 | Assistive listening device, not otherwise specified (IC) (PA if AAC, 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 (PA always required) (IC)   |

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

|       |   |
|-------|---|
| V5014 | Repair/modification of a hearing aid (IC)         |
| V5020 | Conformity evaluation (use for real-ear measures) |
| V5264 | Ear mold/insert, not disposable, any type (IC)    |

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

|       |   |
|-------|---|
| V5265 | Ear mold/insert, disposable, any type (IC)  |
| V5266 | Battery for use in hearing device (per battery)   |
| V5267 | Hearing aid supplies/accessories (IC) (PA is required where the AAC, exceeds \$300.00.) |
| V5275 | Ear impression, each  |
| V5299 | Hearing service, miscellaneous (PA) (IC)  |

|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-7      |
|  | <b>Transmittal Letter</b><br>AUD-21                                     | <b>Date</b><br>01/01/24 |

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier    Service Description

**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) (IC) (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 (PA)  |
| L8621    | Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each (IC)  |
| L8622    | Alkaline battery for use with cochlear implant device, any size, replacement, each (IC)  |
| L8623    | Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each (IC)  |
| L8624    | Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each (IC)   |
| L8627    | Cochlear implant, external speech processor, component, replacement (IC) (PA)  |
| L8628    | Cochlear implant, external controller component, replacement (IC) (PA)   |
| L8629    | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement (IC)  |
| 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 <b>LT</b> or <b>RT</b> .) |

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.

|  |   |                         |
|--|---|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Audiologist Manual | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-8      |
|  | <b>Transmittal Letter</b><br>AUD-21                                     | <b>Date</b><br>01/01/24 |

This page is reserved