# Transmittal Letter AUD-21



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** March 2024

**TO:** Audiologists Participating in MassHealth

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

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>. 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](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) 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The pages listed here are no longer in effect.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

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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*.

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

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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.) (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)

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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 optoacoustic 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

**Evaluative and Therapeutic Services**

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)

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602 Service Codes and Descriptions (cont.)

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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)

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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)

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602 Service Codes and Descriptions (cont.)

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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)

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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 **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.

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