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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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Service

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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

**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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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)
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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) (e.g., 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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**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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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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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.



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