

Commonwealth of Massachusetts MassHealth Provider Manual Series Hearing Instrument Specialist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
	Transmittal Letter HIS-26	Date 01/01/19

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 416.000 and 450.000. A hearing instrument specialist 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 *Hearing Instrument Specialist Manual*.

602 Service Codes and Descriptions

Service
Code Service Description

HEARING TESTING SERVICES

- 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)
- 92590 Hearing aid examination and selection; monaural
- 92591 binaural

INSTRUMENT TESTING

- 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 (real ear measurement (REM) objective test of hearing instrument performance in the patient's ear as compared to a target response and electroacoustical assessment of the performance evaluation of the hearing instrument as compared to its original factory specifications)
- 92595 Binaural

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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Hearing Instrument Specialist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
	Transmittal Letter HIS-26	Date 01/01/19

602 Service Codes and Descriptions (cont.)

Service

Code Service Description

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.)

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 (ITE) (I.C.)
- V5181 Hearing aid, contralateral routing device, monaural, behind the ear (BTE) (I.C.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
	Transmittal Letter HIS-26	Date 01/01/19

602 Service Codes and Descriptions (cont.)

Service

Code Service Description

- V5190 Hearing aid, contralateral routing, monaural,, glasses (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.)
- V5230 Hearing aid, contralateral routing system, 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. exceeds \$500.00, not including shipping charges) (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.)
- V5264 Ear mold/insert, not disposable, any type (I.C.)
- V5265 Ear mold/insert, disposable, any type (I.C.)
- V5266 Battery for use in hearing device (per battery)
- 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 Batteries

- 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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Hearing Instrument Specialist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
	Transmittal Letter HIS-26	Date 01/01/19

602 Service Codes and Descriptions (cont.)

Service

Code Service Description

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**.)

For more information on the use of these modifiers, see Appendix V of your provider manual.

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.