

**NEW YORK STATE
MEDICAID PROGRAM**

**HEARING AID/
AUDIOLOGY SERVICES**

PROCEDURE CODES

Contents

WHAT'S NEW FOR THE 2022 MANUAL?	2
GENERAL INFORMATION AND INSTRUCTIONS	3
HEARING AID COVERAGE CRITERIA	3
DOCUMENTATION REQUIREMENTS FOR PRIOR APPROVAL	5
A. DIAGNOSTIC SERVICES	6
B. DISPENSING FEES FOR HEARING AIDS	7
C. HEARING AIDS	7
D. BATTERIES	8
E. EAR MOLDS	8
F. REPLACEMENT PARTS	9
G. REPAIRS	9

WHAT'S NEW FOR THE 2022 MANUAL?

Please note the following changes to the Procedure Codes and Coverage Guidelines section of the Hearing Aid Manual, Version 2022- 1

Procedure codes new to the manual are bolded. See below for any new codes, discontinued codes and changes in code description.

GENERAL INFORMATION AND INSTRUCTIONS

An assessment for hearing aid(s) (Hearing aid evaluation test, free field testing) evaluates the interaction between amplification and a given auditory system with a goal of minimizing a communication handicap caused by an auditory dysfunction.

A conformity evaluation is a hearing aid check performed following the receipt of a hearing aid for the purpose of evaluating the performance of the hearing aid and its benefit to the wearer to ensure that the unit and its benefit meet expectations.

An underlined procedure code indicates the item/service requires prior approval.

When the procedure code's description is preceded by a "#", the item/service requires an authorization via the dispensing validation system (DVS). When obtaining a DVS if the procedure code requires a modifier such as -LT (Left Side) or -RT (Right Side), you must add the modifier. Do not enter spaces.

When neither of the above described circumstances exists, the procedure code is a direct bill item. Please refer to the Hearing Aid Manual, Policy Guidelines for additional information.

" * ", Asterisked codes require appropriate documentation (e.g., itemized invoice) to accompany claims.

All repairs due to damages for \$70 or more require prior approval regardless of the age of the recipient. The provider should indicate their cost minus 20%.

Prior Approval contact information is identified in the Inquiry Section under ***Information for All Providers***.

MODIFIERS:

-RB Replacement of a part as part of a repair- valid for dates of service on or after 4/1/2009. Limited to repair of processors.

The valid modifier for date of service should be used to indicate repair of a hearing aid, special fitting, ear mold or part which has been in use for some time. The claim should show the code for the part followed by the Modifier and the charge.

-LT (Left Side)/-RT (Right Side) - must be used when billing for monaural hearing aids, cochlear implants and auditory osseointegrated devices.

Hearing Aid Coverage Criteria

Medicaid reimbursement for hearing aids is dependent upon documented need and a statement (psycho/social assessment) that the member is alert, oriented and able to utilize their aid appropriately and the following criteria, **regardless of order source**:

A. Monaural Hearing Aid:

Hearing loss in the better ear of 30 dB HL or greater (re-ANSI 1969) for the pure tone average of 500, 1,000 and 2,000 Hz. The better ear must be fitted unless medical justification to the contrary can be documented.

A spondee threshold in the better ear of 30 dBHL or greater when pure tone thresholds cannot be established.

Hearing loss in each ear is less than 30 dBHL at the frequencies below 2,000 Hz and thresholds in each ear are greater than 40 dBHL at 2,000 Hz and higher.

B. Binaural Hearing Aids:

In those instances where a member requires two hearing aids (regardless of payer source) but the type of aids prescribed are different (e.g., behind the ear and in the ear), the provider must still obtain prior approval.

Same as the criteria for Monaural Hearing Aid plus one or more of the following:

- Significant vocational or educational demands;
- Previous user of binaural hearing aids within the past five (5) years **supported by written documentation of medical need;**
- Significant visual impairment, i.e. best corrected visual acuity of 20/200 or worse or visual field of 20 degrees or less;
- Children

C. Covered Hearing Aids:

All providers are responsible for assuring that an adequate and least costly analog, digital and/or programmable hearing aid has been explored and, where appropriate and cost effective, is provided. The types of covered hearing aids are limited to those described by the codes listed in the fee schedule.

The member's medical record must contain documentation of (in the ordering practitioner's best professional judgement) medical necessity supporting the type of hearing aid to be dispensed. This includes a face to face clinical evaluation(s) of the member by the ordering practitioner and additional documentation from other licensed healthcare professionals which supports the medical necessity of the specific hearing aid (see A, B and C above).

Only licensed healthcare professionals can evaluate and document the medical need for hearing aids. Dispensing providers must collect this documentation from the ordering practitioner and other licensed healthcare professionals, maintain it in their files, and provide it to the Department upon request.

NOTE: FM Systems and tinnitus maskers are not reimbursable.

Applicable fees are published in the Fee Schedule, available at:
<http://www.emedny.org/ProviderManuals/HearingAid/index.html>

Replacement of hearing aids is based on the medical appropriateness of the current aid. If the aid is no longer meeting the member's medical need to hear, a replacement may be warranted. A hearing aid will not be replaced on the sole basis of new or improved technology.

Documentation Requirements for Prior Approval

The following documentation is required when requesting prior approval for hearing aids:

- Completed prior approval form eMedNY 283202. The form is not required if the request is submitted online via ePACES or other HIPAA-compliant 278 transaction.

If the PA request is submitted online, all supporting medical documentation must be submitted by mail or fax to Computer Sciences Corporation, utilizing the Electronic Transaction Attachment Scanning Form available for download at:

<http://www.emedny.org/info/phase2/paper.html>;

- Audiogram dated within the previous year of order date, that includes air conduction thresholds for both ears, bone conduction thresholds, and word recognition ability scores for both ears;
- Medical clearance;
- Documentation of medical need for the requested hearing aid(s);
- Psychosocial statement describing the member's ability to use and care for hearing aids, and indicating if the member will be assisted by a caregiver;
- Hearing aid history, including:
 - make,
 - model,
 - serial number,
 - ear worn,
 - date dispensed and,
 - status of current hearing aid(s) as assessed by the provider, including history of hearing aid repair.

Note: If hearing aid is lost or damaged beyond repair, provide letter from member or caregiver describing circumstances of the loss/damage, including the approximate date of loss/damage and the specific actions to be taken with the replacement aid to avoid future loss.

- If requesting a **monaural** fit, indicate which ear is being fit;
- If requesting a **binaural** fit (or replacement of one aid when the member wears two), provide supporting documentation to verify member's qualification for binaural use as indicated in this Manual; and

- If hearing aid is under 5 years old, indicate why the request is for replacement rather than repair.
- For a new aid, the request must include
 - the make/brand name,
 - the model number,
 - the ear in which the aid will be worn

A. DIAGNOSTIC SERVICES

T1013 Sign language or oral interpretive services, per 15 minutes

For further information please go to

http://www.health.ny.gov/health_care/medicaid/program/update/2012/oct12mu.pdf

Reimbursement limited to qualified audiologist.

- | | |
|-------|--|
| V5010 | Assessment for hearing aid (Hearing aid evaluation test, free field testing)
(May only be billed by non-dispensing audiologist) |
| V5020 | Conformity evaluation (Hearing aid check)
(May only be billed by non-dispensing audiologist) |
| 92537 | Assessment and recording of balance system during hot and cold irrigation of both ears |
| 92538 | Assessment and recording of balance system during irrigation of both ears |
| 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
Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, |
| 92544 | with recording
Oscillating tracking test, with recording |
| 92545 | Sinusoidal vertical axis rotational testing |
| 92546 | |
| 92550 | Tympanometry and reflex threshold measurements |
| 92551 | Screening test, pure tone, air only (C/THP only) |
| 92552 | Pure tone audiometry (threshold); air only |
| 92553 | air and bone |

Hearing Aid/Audiology Services Procedure Codes

92555	Speech audiometry threshold;
92556	with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) (including the measuring of hearing acuity and tests relating to air conduction, bone conduction, speech reception, threshold and speech discrimination)
92563	Tone decay test
92564	Short increment sensitivity index (SISI)
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92571	Filtered speech test
92579	Visual reinforcement audiometry (VRA)
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	limited (use for newborn hearing screening)
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
92588	comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	subsequent reprogramming
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	subsequent reprogramming

B. DISPENSING FEES for HEARING AIDS

V5160	Dispensing fee, binaural (administrative=\$67/dispensing=\$133)
<u>V5200</u>	Dispensing fee, contralateral, monaural (administrative=\$67/dispensing=\$133)
<u>V5240</u>	Dispensing fee, contralateral routing system, binaural (administrative=\$67/dispensing=\$133)
V5241	Dispensing fee, monaural hearing aid (administrative=\$45/dispensing=\$90)

C. HEARING AIDS

Reimbursed at MRA or if no MRA, at acquisition cost (by invoice- designated with a “*”).

NOTE: Binaural aids for those who are 21 and over require prior approval.

Hearing Aid/Audiology Services Procedure Codes

<u>V5030</u> *	Hearing aid, monaural, body worn, air conduction
<u>V5040</u>	Hearing aid, monaural, body worn, bone conduction
V5050	#Hearing aid, monaural, in the ear
V5060	#Hearing aid, monaural, behind the ear
V5070*	#Glasses, air conduction
V5080*	#Glasses, bone conduction
V5120*	#Binaural, body
V5130*	#Binaural, in the ear
V5140*	#Binaural, behind the ear
V5150*	#Binaural, glasses
<u>V5171</u>	Hearing aid, contralateral routing device, monaural, in the ear (ite)
<u>V5181</u>	Hearing aid, contralateral routing device, monaural, behind the ear (bte)
<u>V5190</u> *	Hearing aid, contralateral routing, monaural, glasses
<u>V5211</u>	Hearing aid, contralateral routing system, binaural, ite/ite
<u>V5213</u>	Hearing aid, contralateral routing system, binaural, ite/bte
<u>V5221</u>	Hearing aid, contralateral routing system, binaural, bte/bte
<u>V5230</u> *	Hearing aid, contralateral routing system, binaural, glasses
V5246*	#Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
V5247*	#Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
V5252*	#Hearing aid, digitally programmable, binaural, ITE
V5253	#Hearing aid, digitally programmable, binaural, BTE
V5256	#Hearing aid, digital, monaural, ITE
V5257	#Hearing aid, digital, monaural, BTE
V5260	#Hearing aid, digital, binaural, ITE
V5261	#Hearing aid, digital, binaural, BTE

D. BATTERIES

The dispensing fee for a hearing aid device includes a one-month supply of batteries. Batteries should be billed individually; therefore, the “quantity” field on the claim form should reflect the NUMBER OF BATTERIES dispensed rather than the number of packages. No invoice attachment is necessary since these are maximum reimbursable amounts.

V5266	Battery for use in hearing device (any type) (up to 24) (up to a two-month supply may be dispensed on one date of service)
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each (up to 60 per month)
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
L8623	Lithium ion battery for use with cochlear implant device speech processor, <u>other than</u> ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each

E. EAR MOLDS

V5264 Ear mold/insert, not disposable, any type

F. REPLACEMENT PARTS

Payment for cochlear implant replacement parts is limited to cochlear implant manufacturers enrolled as Medicaid providers.

- 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 or auditory osseointegrated device, replacement
 - L8619* Cochlear implant, external speech processor and controller, integrated system, replacement
 - L8625 External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement, each (includes both the charger and necessary charging kit cables)
 - L8627 Cochlear implant, external speech processor, component, replacement
 - L8628 Cochlear implant, external controller component, replacement
 - L8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement
 - L8691 Auditory osseointegrated device, external sound processor, replacement
 - L8692 Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
 - L8694 Auditory osseointegrated device, transducer/actuator, replacement only, each
- V5267 Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
(Limited to the following items and amounts listed in the Fee Schedule)
- (replacement; bone band)
 - (2 prong cord)
 - (3 prong cord)
 - (2 prong Y cord)
 - (3 prong Y cord)
 - (garment bag - monaural w/straps)
 - (garment bag - binaural w/straps)
 - (garment bag - pin on type)
 - (temple tip - eyeglasses)
 - (dummy temple - eyeglasses)

G. REPAIRS

Repair/replacement of defective parts is included in the dispensing fee.

- V5014 Repair/modification of a hearing aid (Repairs due to damages \$70 and over require Prior Approval)

- V5299 Hearing service, miscellaneous
(Limited to cleaning once per year)
(Not reimbursable to original dispenser)

Documentation Requirements for Repairs over \$70

- Completed prior approval form eMedNY 283202. The form is not required if the request is submitted online via ePACES or other HIPAA-compliant 278 transaction. If the PA request is submitted online, all supporting medical documentation must be submitted by mail or fax to Computer Sciences Corporation, utilizing the Electronic Transaction Attachment Scanning Form available for download at:

<http://www.emedny.org/info/phase2/paper.html>

- Audiogram dated within the past two years;
- If information is available, indicate if hearing loss remains stable or if there has been a significant change in hearing since original fitting which may require new amplification;
- Make, model, serial number, ear worn, dispensing date and the repair history;
- Description of the current condition of hearing aid and what repairs are being done;
- Indication of the current charge for the repair showing Medicaid's twenty percent discount; and
- *Please note not-for-profit agencies are reimbursed at invoice cost only and must submit a copy of invoice.
- If hearing aid is over 5 years old, indicate why the request is for repair rather than replacement.
- If the member is a binaural user, it should be stated as such and documentation should be provided to establish that the member meets the binaural guidelines.