

**NEW YORK STATE  
MEDICAID PROGRAM**

**HEARING AID/  
AUDIOLOGY SERVICES**

**PROCEDURE CODES**

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## **GENERAL INFORMATION AND INSTRUCTIONS**

### 1. “For Profit Dispensers”

At the commencement of the trial period, (which is the date the aid is dispensed to the recipient), the for-profit dispenser may bill for:

- (a) Ear molds
- (b) Hearing aid device
- (c) Accessories, provided the price of the accessory is not already included in the price of the aid
- (d) Dispensing fee

### 2. “Not-for-Profit Dispensers”

When billing for the initial and/or replacement hearing aid device, the not-for-profit dispenser may bill for:

- (a) Accessories, provided the price of the accessory is not already included in the price of the aid
- (b) Ear molds
- (c) Batteries
- (d) Visits at the clinic rate of the facility to cover reasonable and necessary costs for the dispensing of the aid. Not-for-profit providers may not bill the Dispensing fee separately.

NOTE: When the costs are not included in the facility’s rate, reimbursement for accessories and ear molds will be made at the lower of the price charged by the facility to the general public or the State Maximum Fee Schedule amount. Reimbursement for hearing aid batteries will be made at the lowest of the price charged by the facility to the general public, the facility’s acquisition cost or the State Maximum Fee Schedule amount. The Dispensing fee contained in the State Fee Schedule will not be paid to not-for-profit facilities.

3. The Administrative fee includes reimbursement for all fittings, adjustments, instructions to the recipient in use of the device, a garment bag and/or body harness/strap if applicable, regardless of the length of the trial period and a one-month supply of batteries. Effective for dispensing dates on and after **July 1, 2003**, the “administration fee” is a component of the Dispensing fee code. There is no longer a separate billing code for “administrative fee”.

4. Dispensing fee includes, but is not limited to, reimbursement for all repairs and/or replacement of defective parts plus labor and cleaning for the warranty period. Effective for dispensing dates on and after **July 1, 2003**, Dispensing fee codes also include reimbursement for the administrative component defined in Rule 3. If it is determined during the trial period that the recipient will not keep the aid, the claim for the aid must be voided and the claim for the Dispensing fee code must be adjusted to deduct the amount indicated as “dispensing” in the description of the Dispensing Fee Code.

## Hearing Aid/Audiology Services Procedure Codes

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5. Assessment for hearing aid (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.
6. 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 insure that the unit and its benefit meet expectations.
7. Hearing aids will be reimbursed at acquisition cost (by invoice) to the dispenser.
8. In those instances where a recipient requires two hearing aids, but the type of aids prescribed are different (e.g., behind the ear and body), the provider must obtain prior approval.
9. 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 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.

When obtaining a DVS if the procedure code requires a modifier such as -LT (Left Side) or -RT (Right Side), do not enter spaces.

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

10. 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.***

### 11. **MODIFIERS:**

#### **-RP Replacement and Repair- valid through 3/31/2009;**

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.

**-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.

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



13. Confirmation of benefit statement documents the assessment of the accuracy and the efficacy of the hearing aid fitting and verifies that the proper hearing aid fitting was dispensed as recommended; and that the aid(s) function according to specifications, based on audiological data, behavioral observations, or recipient statement of benefit. This statement must be completed at the end of the trial period (present requirement is a 45-day trial period) and **maintained in the recipients' record.** (See sample form below)

**HEARING AID CONFIRMATION OF BENEFIT STATEMENT**

This is to verify that the \_\_\_\_\_ (brand, model and serial #)

hearing aid(s) provided to \_\_\_\_\_ (recipient name),

\_\_\_\_\_ (Recipient Medicaid ID #)

and delivered \_\_\_\_\_ (month/year) is/are

providing benefit and purchase is recommended. The following information is offered in support of this statement of hearing aid benefit:

\_\_\_\_\_  
\_\_\_\_\_

Signature

Please Print:

\_\_\_\_\_

\_\_\_\_\_

Name

Relationship to Recipient

\_\_\_\_\_

\_\_\_\_\_

Address

Date

\_\_\_\_\_

Phone #

14. Hearing Aid Coverage Criteria

Medicaid reimbursement for hearing aids is dependent upon documented need and a statement (psycho/social assessment) that the patient 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:

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. severe low vision as defined by the AMA best corrected visual of 20/200 or below or a visual acuity score of < 50;
- 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 patient's medical record must contain documentation of (in the ordering practitioner's best professional judgement) medical necessity supporting the type (analog, digital and/or programmable) of hearing aid to be dispensed. This includes a face to face clinical evaluation(s) of the patient 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.

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

16. Replacement of hearing aids is based on the medical appropriateness of the current aid. If the aid is no longer meeting the beneficiary's medical need to hear a replacement may be warranted. Replacements are not to be made solely on the basis of new technology.

17. 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 for both ears, bone conduction, and speech discrimination results;
- Medical clearance;
- Psycho-social statement indicating the recipient's ability to use and care for hearing aids, and indication if the recipient will be assisted by a care-giver;
- Hearing aid history, including:
  - make,
  - model,
  - serial number,
  - ear worn,
  - year dispensed and
  - status of current hearing aid(s), including history of hearing aid repair as assessed by provider.

Note: If hearing aid is lost, provide letter from recipient or care-giver describing circumstances of the loss and what will be done to prevent future loss.

- If requesting monaural fit, indicate which ear is being fit;
- If requesting binaural fit, provide supporting documentation to verify recipient'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.

**CODE DESCRIPTION**

**A. DIAGNOSTIC SERVICES**

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)
- 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
- 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** Evoked otoacoustic emissions; limited (single stimulus level, either transient or  
distortion products)
- 92588** comprehensive or diagnostic evaluation (comparison of transient and/or  
distortion product otoacoustic emissions at multiple levels and  
frequencies)
- 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

**CODE DESCRIPTION**

**B. DISPENSING FEES for HEARING AIDS**

V5160	Dispensing fee, binaural (administrative=\$67/dispensing=\$133)
V5200	Dispensing fee, CROS (administrative=\$67/dispensing=\$133)
V5240	Dispensing fee, BICROS (administrative=\$67/dispensing=\$133)
V5241	Dispensing fee, monaural hearing aid (administrative=\$45/dispensing=\$90)

**C. HEARING AIDS**

Reimbursed at acquisition cost (by invoice).

V5030*	Hearing aid, monaural, body worn, air conduction
V5040*	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
V5170*	Hearing aid, CROS, in the ear
V5180*	Hearing aid, CROS, behind the ear
V5190*	Hearing aid, CROS, glasses
V5210*	Hearing aid, BICROS, in the ear
V5220*	Hearing aid, BICROS, behind the ear
V5230*	Hearing aid, BICROS, 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

**CODE    DESCRIPTION**

**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, 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, other than ear level, replacement, each
- L8624**    Lithium ion battery for use with cochlear implant 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, replacement
- L8619\*   Cochlear implant, external speech processor and controller, integrated system, replacement
- 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

<b>CODE</b>	<b>DESCRIPTION</b>
V5267	Hearing aid supply/accessories (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, year dispensed of aid to be repaired and 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.