

**NEW YORK STATE
MEDICAID PROGRAM**

**HEARING AID/
AUDIOLOGY SERVICES**

PROCEDURE CODES

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WHAT'S NEW FOR THE 2014 MANUAL?

Please note the following changes to the Procedure Codes and Coverage Guidelines section of the Hearing Aid Manual, Version 2014- 1

- ◆ Physicians and other healthcare professionals ordering/referring services provided under Medicaid or under a waiver of the state plan must enroll in Medicaid. For additional information please see:

https://www.emedny.org/notice/dec2013_medupdate-opra.pdf

- ◆ Changes have been made in the pricing methodology for hearing aids.

<https://www.emedny.org/ProviderManuals/HearingAid/communications.aspx>

- ◆ Procedure codes noted below now have maximum reimbursable amounts (MRAs)

Code	Description	MRA \$
V5040	Hearing aid, monaural, body worn, bone conduction	369
V5050	Hearing aid, monaural, in the ear	232
V5060	Hearing aid, monaural, behind the ear	244
V5220	Hearing aid, BICROS, behind the ear	754
V5253	Hearing aid, digitally programmable, binaural, BTE	616
V5256	Hearing aid, digital, monaural, ITE	317
V5257	Hearing aid, digital, monaural, BTE	337
V5260	Hearing aid, digital, binaural, ITE	610
V5261	Hearing aid, digital, binaural, BTE	665

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 insure 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:

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

-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 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:

In those instances where a recipient requires two hearing aids,(regardless of payor source) but the type of aids prescribed are different (e.g., behind the ear and body), 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. 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.

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 beneficiary's medical need to hear a replacement may be warranted. Replacements are not to be made solely on the 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;
- 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.
- Manufacturer's quote for the new aid

Note: If hearing aid is lost, provide letter from recipient or care-giver describing circumstances of the loss and the specific steps 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 beneficiary wears two), 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.
- For a new aid, the request must include a manufacturer's quote showing:
 - the brand name,
 - the model number,
 - the ear in which the aid will be worn, and
 - any applicable discounts from the manufacturer

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)

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 4 tests), with recording

92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with

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- recording
- 92545 Oscillating tracking test, with recording
- 92546 Sinusoidal vertical axis rotational testing
- 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 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)
- 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 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.

- 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

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
- 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, year the aid to be repaired was dispensed 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 beneficiary is a binaural user, it should be stated as such and documentation should be provided to establish that the beneficiary meets the binaural guidelines.