NEW YORK STATE
MEDICAID PROGRAM

HEARING AID/
AUDIOLOGY SERVICES

FEE SCHEDULE
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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) Earmolds
   (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) Earmolds
   (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 earmolds 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 life of the hearing aid
   under normal use. 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.

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. Batteries will be priced on a periodic basis in accordance with a statewide average retail price, less 20%. Changes to the prices will be provided by the appropriate State agency responsible for such notification.

9. 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 should bill the appropriate monaural fee codes for the aid(s) along with the binaural Dispensing fee, where appropriate.

10. "__________ " Underlined codes require prior approval from the Office of Medicaid Management if the recipient is 21 years of age or older. However, hearing aids and special fittings recommended by an Approved Speech and Hearing Center do not require prior approval.

If the recipient is less than 21 years of age, recommendation by an Approved Speech and Hearing Center and prior approval from the Local Physically Handicapped Children’s Program Director are required for all services.

NOTE: For persons under 21 residing in New York State Developmental Centers, the recommendation for a hearing aid may come from either an Approved Speech and Hearing Center or from the Developmental Center.

All repairs due to damages for $70 or more require prior approval from the Office of Medicaid Management regardless of the age of the recipient.

The Office of Medicaid Management and Local Physically Handicapped Children’s Program Directors are identified in the Inquiry Section of this Manual.

11. "*", Asterisked codes require appropriate documentation (e.g., itemized invoice) to accompany claims.
12. Modifier ‘-RP Replacement and Repair should be used to indicate replacement of a
hearing aid, special fitting, earmold or part which has been in use for sometime.  The claim should show the code for the part followed by the Modifier ‘-RP and the
charge.

13. Recipient rights and obligations statement shall be provided to the recipient at the
time the hearing aid is dispensed and **a copy must be maintained in the
recipient’s record** as per Section 2.2.7(3) of this Manual. (See sample form
below.)

**RECIPIENT RIGHTS AND OBLIGATIONS**

Minimum Hearing Aid Trial Period: _____________________ (date dispensed) to
____________________ (45 days immediately subsequent to dispensing).

During Trial Period _____________________________ (Recipient Name) must return
to the dealer for all necessary adjustments and calibrations of the hearing aid or to
return the hearing aid.

At the end of the trial period the recipient must return to the dispenser and provide
written confirmation of benefit of use of the hearing aid.

___________________________________________  ________________________________
Dispenser Name                    Recipient Signature

___________________________________________  ________________________________
MMIS Provider ID #                Recipient Name (Please Print)

___________________________________________
Recipient Medicaid ID #
14. 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 #
15. **Hearing Aid Coverage Criteria**

Medicaid reimbursement for hearing aids is dependent upon the following criteria, **regardless of order source**:

A. **Monaural Hearing Aid**:

Hearing loss in the better ear of 30 dBHL or greater (re-ANSI 1969) for the pure tone average of 500, 1,000 and 2,000 Hz.

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.

Documentation of communication need and a statement that the patient is alert and oriented and able to utilize their aid appropriately.

B. **Binaural Hearing Aids**:

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

- Significant social, vocational or educational demands;
- Previous user of binaural hearing aids;
- Significant visual impairment;
- Children

**NOTE:** FM Systems and Digital Hearing Aids are not reimbursable
### Codes

#### A. Diagnostic Services

Reimbursement limited to qualified audiologist

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5010</td>
<td>Assessment for hearing aid (Hearing aid evaluation test, free field testing)</td>
<td>$25.00</td>
</tr>
<tr>
<td></td>
<td>(May only be billed by non-dispensing audiologist.)</td>
<td></td>
</tr>
<tr>
<td>V5020</td>
<td>Conformity evaluation (Hearing aid check)</td>
<td>$10.00</td>
</tr>
<tr>
<td></td>
<td>(May only be billed by non-dispensing audiologist.)</td>
<td></td>
</tr>
<tr>
<td>92551</td>
<td>Screening test, pure tone, air only (C/THP only)</td>
<td>$5.00</td>
</tr>
<tr>
<td>92552</td>
<td>Pure tone audiometry (threshold); air only</td>
<td>$5.00</td>
</tr>
<tr>
<td>92553</td>
<td>air and bone</td>
<td>$10.00</td>
</tr>
<tr>
<td>92555</td>
<td>Speech audiometry threshold;</td>
<td>$5.00</td>
</tr>
<tr>
<td>92556</td>
<td>with speech recognition</td>
<td>$15.00</td>
</tr>
<tr>
<td>92557</td>
<td>Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)</td>
<td>$25.00</td>
</tr>
<tr>
<td></td>
<td>(including the measuring of hearing acuity and tests relating to air conduction, bone conduction, speech</td>
<td></td>
</tr>
<tr>
<td></td>
<td>reception, threshold and speech discrimination.</td>
<td></td>
</tr>
<tr>
<td>92563</td>
<td>Tone decay test</td>
<td>$5.00</td>
</tr>
<tr>
<td>92564</td>
<td>Short increment sensitivity index (SISI)</td>
<td>$10.00</td>
</tr>
<tr>
<td>92565</td>
<td>Stenger test, pure tone</td>
<td>$5.00</td>
</tr>
<tr>
<td>92567</td>
<td>Tympanometry (impedance testing)</td>
<td>$10.00</td>
</tr>
<tr>
<td>92568</td>
<td>Acoustic reflex testing</td>
<td>$10.00</td>
</tr>
<tr>
<td>92569</td>
<td>Acoustic reflex decay test</td>
<td>$5.00</td>
</tr>
<tr>
<td>92571</td>
<td>Filtered speech test</td>
<td>$25.00</td>
</tr>
<tr>
<td>92585</td>
<td>Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system;</td>
<td>$90.00</td>
</tr>
<tr>
<td></td>
<td>comprehensive limited (use for newborn hearing screening)</td>
<td></td>
</tr>
<tr>
<td>92586</td>
<td></td>
<td>$25.00</td>
</tr>
</tbody>
</table>

#### B. Dispensing Fees for Hearing AIDS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5160</td>
<td>Dispensing fee, binaural (administrative=$67/dispensing=$133)</td>
<td>$200.00</td>
</tr>
<tr>
<td>V5200</td>
<td>Dispensing fee, CROS</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td>(administrative=$67/dispensing=$133)</td>
<td></td>
</tr>
<tr>
<td>V5240</td>
<td>Dispensing fee, BICROS</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td>(administrative=$67/dispensing=$133)</td>
<td></td>
</tr>
<tr>
<td>V5241</td>
<td>Dispensing fee, monaural hearing aid</td>
<td>$135.00</td>
</tr>
<tr>
<td></td>
<td>(administrative=$45/dispensing=$90)</td>
<td></td>
</tr>
</tbody>
</table>
# C. HEARING AIDS

Reimbursed at acquisition cost (by invoice).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5030</td>
<td>Hearing aid, monaural, body worn, air conduction</td>
<td></td>
</tr>
<tr>
<td>V5040</td>
<td>Hearing aid, monaural, body worn, bone conduction</td>
<td></td>
</tr>
<tr>
<td>V5050</td>
<td>Hearing aid, monaural, in the ear</td>
<td></td>
</tr>
<tr>
<td>V5060</td>
<td>Hearing aid, monaural, behind the ear</td>
<td></td>
</tr>
<tr>
<td>V5070</td>
<td>Glasses, air conduction</td>
<td></td>
</tr>
<tr>
<td>V5080</td>
<td>Glasses, bone conduction</td>
<td></td>
</tr>
<tr>
<td>V5120</td>
<td>Binaural, body</td>
<td></td>
</tr>
<tr>
<td>V5130</td>
<td>Binaural, in the ear</td>
<td></td>
</tr>
<tr>
<td>V5140</td>
<td>Binaural, behind the ear</td>
<td></td>
</tr>
<tr>
<td>V5150</td>
<td>Binaural, glasses</td>
<td></td>
</tr>
<tr>
<td>V5170</td>
<td>Hearing aid, CROS, in the ear</td>
<td></td>
</tr>
<tr>
<td>V5180</td>
<td>Hearing aid, CROS, behind the ear</td>
<td></td>
</tr>
<tr>
<td>V5190</td>
<td>Hearing aid, CROS, glasses</td>
<td></td>
</tr>
<tr>
<td>V5210</td>
<td>Hearing aid, BICROS, in the ear</td>
<td></td>
</tr>
<tr>
<td>V5220</td>
<td>Hearing aid, BICROS, behind the ear</td>
<td></td>
</tr>
<tr>
<td>V5230</td>
<td>Hearing aid, BICROS, glasses</td>
<td></td>
</tr>
</tbody>
</table>

# 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. Prices will be periodically updated by the State at retail less 20 percent. No invoice attachment is necessary since these are maximum reimbursable amounts.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5266</td>
<td>Battery for use in hearing device (any type)</td>
<td>$0.75</td>
</tr>
<tr>
<td>L8621</td>
<td>Zinc air battery for use with cochlear implant device, replacement, each (up to 60 per month)</td>
<td>$0.75</td>
</tr>
</tbody>
</table>

# E. EAR MOLDS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5264</td>
<td>Ear mold/insert, not disposable, any type</td>
<td>$30.00</td>
</tr>
</tbody>
</table>
F. REPLACEMENT PARTS

V5267  Hearing aid supplies/accessories  PA

(Supplies/accessories are limited to the following items and payment is limited to the amounts listed.)

(Replacement; bone band)                    $11.00
(2 prong cord)                                $3.00
(3 prong cord)                                $4.00
(2 prong Y cord)                              $7.00
(3 prong Y cord)                              $10.00
(garment bag - monaural w/straps)             $8.00
(garment bag - binaural w/straps              $14.00
(garment bag - pin on type)                   $7.00
(temple tip - eyeglasses)                     $6.00
(dummy temple - eyeglasses)                   $14.00

G. REPAIRS

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

L8619*  Cochlear implant external speech processor, replacement (limited to cochlear implant manufacturers) (reimbursed at acquisition cost by invoice)

V5014  Repair/modification of a hearing aid  Current repair charge minus 20%

(Repairs due to damages $70 and over require Prior Approval)

V5299  Hearing service, miscellaneous  $10.00

(Limited to cleaning once per year)

(Not reimbursable to original dispenser)