

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



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 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.

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

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 are not reimbursable.

16. Fees, if applicable, are published in the Fee Schedule, available at: <http://www.emedny.org/ProviderManuals/HearingAid/index.html>

**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.)
- 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
- 92569 Acoustic reflex decay test
- 92571 Filtered speech test
- 92585 Auditory evoked potentials for evoked response audiometry and/or testing of  
the central nervous system; comprehensive
- 92586 limited (use for newborn hearing screening)

**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



**CODE      DESCRIPTION**

<u>V5140*</u>	Binaural, behind the ear
<u>V5150*</u>	Binaural, glasses
<u>V5170*</u>	Hearing aid, CROS, in the ear
<u>V5180*</u>	Hearing aid, CROS, behind the ear
<u>V5190*</u>	Hearing aid, CROS, glasses
<u>V5210*</u>	Hearing aid, BICROS, in the ear
<u>V5220*</u>	Hearing aid, BICROS, behind the ear
<u>V5230*</u>	Hearing aid, BICROS, glasses
<u>V5246*</u>	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
<u>V5247*</u>	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
<u>V5252*</u>	Hearing aid, digitally programmable, binaural, ITE
<u>V5253*</u>	Hearing aid, digitally programmable, binaural, BTE
<u>V5256*</u>	Hearing aid, digital, monaural, ITE
<u>V5257*</u>	Hearing aid, digital, monaural, BTE
<u>V5260*</u>	Hearing aid, digital, binaural, ITE
<u>V5261*</u>	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. Prices will be periodically updated by the State at retail less 20 percent. No invoice attachment is necessary since these are maximum reimbursable amounts.

V5266	Battery for use in hearing device ( <b>any type</b> ) (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)

**E. EAR MOLDS**

V5264	Ear mold/insert, not disposable, any type
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**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, replacement

**CODE    DESCRIPTION**

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)