

**NEW YORK STATE
MEDICAID PROGRAM**

**HEARING AID/
AUDIOLOGY SERVICES**

PROCEDURE CODES

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WHAT'S NEW FOR THE 2013 MANUAL?

Please note the following changed to the Procedure Codes and Coverage Guidelines section of the Hearing Aid Manual, Version 2013-

- ◆ Procedure codes new to the manual are **bolded**. See below for any new codes, or changes to a code's description.
- ◆ A reminder regarding warranties and the dispensing fee
- ◆ Information regarding documentation requirements for Prior Approval

New Codes:

Note: Code T1013 has a hyperlink that will take you to futher information

Code	Description
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4positions, 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 recording
92545	Oscillating tracking test, with recording
92546	Sinusoidal vertical axis rotational testing
T1013	Sign language or oral interpretive services, per 15 minutes

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Descriptive Changes:

Code	Description
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

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.

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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;

-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)- 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 recipient's 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 or improved 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 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.

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, 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.

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 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

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- 92586 the central nervous system; comprehensive
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 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

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

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*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.