

**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

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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.

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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

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CODES

Fee

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.)	\$25.00
V5020	Conformity evaluation (Hearing aid check) (May only be billed by non-dispensing audiologist.)	\$10.00
92551	Screening test, pure tone, air only (C/THP only)	\$5.00
92552	Pure tone audiometry (threshold); air only	\$5.00
92553	air and bone	\$10.00
92555	Speech audiometry threshold;	\$5.00
92556	with speech recognition	\$15.00
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.	\$25.00
92563	Tone decay test	\$5.00
92564	Short increment sensitivity index (SISI)	\$10.00
92565	Stenger test, pure tone	\$5.00
92567	Tympanometry (impedance testing)	\$10.00
92568	Acoustic reflex testing	\$10.00
92569	Acoustic reflex decay test	\$5.00
92571	Filtered speech test	\$25.00
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	\$90.00
92586	limited (use for newborn hearing screening)	\$25.00

B. DISPENSING FEES for HEARING AIDS

<u>V5160</u>	Dispensing fee, binaural (administrative=\$67/dispensing=\$133)	\$200.00
<u>V5200</u>	Dispensing fee, CROS (administrative=\$67/dispensing=\$133)	\$200.00
<u>V5240</u>	Dispensing fee, BICROS (administrative=\$67/dispensing=\$133)	\$200.00
<u>V5241</u>	Dispensing fee, monaural hearing aid (administrative=\$45/dispensing=\$90)	\$135.00

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C. HEARING AIDS

Fee

Reimbursed at acquisition cost (by invoice).

<u>V5030*</u>	Hearing aid, monaural, body worn, air conduction
<u>V5040*</u>	Hearing aid, monaural, body worn, bone conduction
<u>V5050*</u>	Hearing aid, monaural, in the ear
<u>V5060*</u>	Hearing aid, monaural, behind the ear
<u>V5070*</u>	Glasses, air conduction
<u>V5080*</u>	Glasses, bone conduction
<u>V5120*</u>	Binaural, body
<u>V5130*</u>	Binaural, in the ear
<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

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 (any type) (up to 8 per month)	\$0.75
L8621	Zinc air battery for use with cochlear implant device, replacement, each (up to 60 per month)	\$0.75

E. EAR MOLDS

V5264	Ear mold/insert, not disposable, any type	\$30.00
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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)