

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Audiologist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
	<b>Transmittal Letter</b> AUD-17	<b>Date</b> 01/02/15

601 Introduction

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 426.000 and 450.000. An audiology provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Audiologist Manual*.

602 Service Codes and Descriptions

Service

Code-Modifier      Service Description

**AUDIOLOGICAL SERVICES**

**Vestibular Function Tests, without Electrical Recording**

- 92531 Spontaneous nystagmus, including gaze
- 92532 Positional nystagmus test
- 92533 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)
- 92534 Optokinetic nystagmus test

**Vestibular Function Tests, With Recording (e.g., ENG)**

- 92540 Basic vestibular evaluation, incl. spontaneous nystagmus test with eccentric gaze fixation nystagmus, w/recording, positional nystagmus test, min. of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal & peripheral stimulation, with recording, & 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 four 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
- 92547 Use of vertical electrodes (List separately in addition to code for primary procedure) (Use 92547 in conjunction with 92541-92546.)
- 92548 Computerized dynamic posturography

**Audiological Function Tests**

The audiometric tests listed below require the use of calibrated electronic equipment, recording of results and a report with interpretation. Hearing tests (such as whispered voice, tuning fork) that are otorhinolaryngologic Evaluation and Management services are not reported separately. All services include testing of both ears.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Audiologist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
	<b>Transmittal Letter</b> AUD-17	<b>Date</b> 01/02/15

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

Use modifier **TG** (complex/high tech level of care) when billing for services provided by two audiologists in accordance with 130 CMR 426.416.

92550	Tympanometry and reflex threshold measurements
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only (S.P. 92553)
92553	air and bone
92555	Speech audiometry threshold (S.P. 92556)
92556	with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
92563	Tone decay test
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing; threshold
92569	decay
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92572	Staggered spondaic word test (S.P. 92589)
92576	Synthetic sentence identification test (S.P. 92589)
92577	Stenger test, speech
92579	Visual reinforcement audiometry (VRA)
92582	Conditioning play audiometry (I.C.)
92583	Select picture audiometry (I.C.)
92584	Electrocochleography (I.C.)
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	limited
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588	comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92590	Hearing aid examination and selection; monaural
92591	binaural
92592	Hearing aid check; monaural (Use for listening check and in-office minor repairs)
92593	Hearing aid check; binaural (Use for listening check and in-office minor repairs)
92594	Electroacoustic evaluation for hearing aid; monaural
92595	binaural
92596	Ear protector attenuation measurements

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Audiologist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
	<b>Transmittal Letter</b> AUD-17	<b>Date</b> 01/02/15

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

**Evaluative and Therapeutic Services**

- 92620 Evaluation of central auditory function, with report; initial 60 minutes  
92621 each additional 15 minutes (maximum of three hours total, including the initial 60 minutes billed under 92620)  
92625 Assessment of tinnitus (includes pitch, loudness matching, and masking)  
92630 Auditory rehabilitation; pre-lingual hearing loss (may not be billed with 92633) (bill in 15-minute units, up to a maximum of one hour)  
92633 Post-lingual hearing loss (may not be billed with 92630) (bill in 15-minute units, up to a maximum of one hour)

**Other Audiological Procedures**

- 92700 Unlisted otorhinolaryngological service or procedure (I.C.)

**Special Otorhinolaryngologic Services**

- 92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (per member, up to 60 minutes) (bill in 15-minute units, up to a maximum of one hour)

**Other Procedures**

- 95992 Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver) per day.

**OFFICE VISITS FOR EVALUATION AND MANAGEMENT SERVICES**

- 99499 Unlisted evaluation and management service (up to a maximum of six services per member per date of service)

**HEARING AID SERVICES**

**Refitting Services/Other Professional Services**

- V5011 Fitting/orientation/checking of hearing aid (use for programming)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Audiologist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
	<b>Transmittal Letter</b> AUD-17	<b>Date</b> 01/02/15

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

**Hearing Aid Purchases-Monaural (Must use with modifier LT or RT.)**

Prior authorization (P.A.) is required where the adjusted acquisition cost (A.A.C.), not including shipping charges, exceeds \$500.00. One of the modifiers **LT** (left side) or **RT** (right side) must be used with these service codes.

V5030	Hearing aid, monaural, body worn, air conduction (I.C.)
V5040	Hearing aid, monaural, body worn, bone conduction (I.C.)
V5050	Hearing aid, monaural, in the ear (I.C.)
V5060	Hearing aid, monaural, behind the ear (I.C.)
V5243	Hearing aid, analog, monaural, ITC (in the canal) (I.C.)
V5245	Hearing aid, digitally programmable analog, monaural, ITC (in the canal) (I.C.)
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (I.C.)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (I.C.)
V5255	Hearing aid, digital, monaural, ITC (I.C.)
V5256	Hearing aid, digital, monaural, ITE (I.C.)
V5257	Hearing aid, digital, monaural, BTE (I.C.)

**Hearing Aid Purchases-Binaural**

Prior authorization (P.A.) is required where the A.A.C., not including shipping charges, exceeds \$1,000.00.

V5130	Binaural, in the ear (I.C.)
V5140	Binaural, behind the ear (I.C.)
V5150	Binaural, glasses (I.C.)
V5249	Hearing aid, analog, binaural, ITC (I.C.)
V5251	Hearing aid, digitally programmable analog, binaural, ITC (I.C.)
V5252	Hearing aid, digitally programmable, binaural, ITE (I.C.)
V5253	Hearing aid, digitally programmable, binaural, BTE (I.C.)
V5259	Hearing aid, digital, binaural, ITC (I.C.)
V5260	Hearing aid, digital, binaural, ITE (I.C.)
V5261	Hearing aid, digital, binaural, BTE (I.C.)

**Hearing Aid Purchases-CROS and BICROS**

Prior authorization (P.A.) is required where the A.A.C., not including shipping charges, exceeds \$1,000.00.

V5170	Hearing aid, CROS, in the ear (I.C.)
V5180	Hearing aid, CROS, behind the ear (I.C.)
V5190	Hearing aid, CROS, glasses (I.C.)
V5210	Hearing aid, BICROS, in the ear (I.C.)
V5220	Hearing aid, BICROS, behind the ear (I.C.)
V5230	Hearing aid, BICROS, glasses (I.C.)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Audiologist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
	<b>Transmittal Letter</b> AUD-17	<b>Date</b> 01/02/15

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

**Hearing Aid Purchases-Other**

Except where otherwise indicated, prior authorization (P.A.) is required where the A.A.C., not including shipping charges, exceeds \$1,000.00.

- V5070            Glasses, air conduction (I.C.)
- V5080            Glasses, bone conduction (I.C.)
- V5100            Hearing aid, bilateral, body worn (I.C.)
- V5274            Assistive listening device, not otherwise specified (I.C.) (P.A. if A.A.C., not including shipping charges, exceeds \$500.00) (Use this code only for pocket talkers or similar single-unit amplifiers.)
- V5298            Hearing aid, not otherwise classified (P.A. always required) (I.C.)

**Hearing Aid Repairs, Accessories, and Related Services**

- V5014            Repair/modification of a hearing aid (I.C.)
- V5020            Conformity evaluation (use for real-ear measures)
- V5264            Ear mold/insert, not disposable, any type (I.C.)
- V5265            Ear mold/insert, disposable, any type (I.C.)
- V5266            Battery for use in hearing device (per battery)
- V5267            Hearing aid supplies/accessories (I.C.) (P.A. is required where the A.A.C., exceeds \$300.00.)
- V5275            Ear impression, each
- V5299            Hearing service, miscellaneous (P.A.) (I.C.)

**Cochlear Implant Services**

- L7368            Lithium ion battery charger, replacement only
- L7510            Repair of prosthetic device, repair or replace minor parts (use for processor repair)
- L7520            Repair prosthetic device, labor component, per 15 minutes
- 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 (P.A.)
- L8627            Cochlear implant, external speech processor, component, replacement (I.C.) (P.A.)
- L8628            Cochlear implant, external controller component, replacement (I.C.) (P.A.)
- L8629            Transmitting coil and cable, integrated, for use with cochlear implant device, replacement (I.C.)
- L8621            Zinc air battery for use with cochlear implant device, replacement, each (I.C.)
- L8622            Alkaline battery for use with cochlear implant device, any size, replacement, each (I.C.)
- L8623            Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each (I.C.)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Audiologist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-6
	<b>Transmittal Letter</b> AUD-17	<b>Date</b> 01/02/15

602 Service Codes and Descriptions (cont.)

Service

Code-Modifier      Service Description

- L8624              Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each (I.C.)
- L7510 MS          Repair of prosthetic device, repair or replace minor parts (six-month maintenance and servicing fee for reasonable and necessary parts and labor that are not covered under any manufacturer or supplier warranty) (I.C.) (for use only for the purchase of a cochlear implant service contract in accordance with 130 CMR 426.416.)
- L9900              Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code (Use for cochlear implant small supplies)

**Hearing Aid Dispensing Fees**

- V5160              Dispensing fee, binaural
- V5200              Dispensing fee, CROS
- V5240              Dispensing fee, BICROS
- V5241              Dispensing fee, monaural hearing aid, any type (Must use with modifier **LT** or **RT**.)

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