

Hearing Benefit Limitations & Authorization Guide

Note: Members with Share of Cost (SOC) must meet SOC for claims to be eligible for reimbursement.

Type	Procedure Codes	Procedure Code Description	Auth Required?	LIMITATIONS/NOTES
Assessment - Audiometry	V5008	Audiometry screening (including infant screening)	NO	Audiology services rendered in outpatient setting limited to max of 2 services per month.
Assessment - Audiometry	X4500	Diagnostic audiological evaluation, including pure tone audiometry, speech reception threshold and discrimination	NO	Includes payment for pure tone audiometry (X4501). X4501 will be denied if billed with X4500. Audiology services rendered in outpatient setting limited to max of 2 services per month.
Assessment - Audiometry	X4501	Pure tone audiometry (with complete audiogram)	NO	X4501 will be denied if billed with X4500.
Assessment - Audiometry	X4502	Audiological preliminary evaluation rehabilitation	NO - See limitations in notes column	Audiology services rendered in outpatient setting limited to max of 2 services per month. Authorization required for any additional audio services beyond initial and 6-month eval.
Assessment - Audiometry	X4504	Audiometry during surgery	YES	Audiology services rendered in outpatient setting limited to max of 2 services per month.
Cochlear Implantation (CI)	69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	YES	Assistant Surgeon services not payable.
Cochlear Implantation (CI)	69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	YES	Assistant Surgeon services not payable.
Cochlear Implantation (CI)	69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	YES	Assistant Surgeon services not payable.
Cochlear Implantation (CI)	69930	Cochlear device Implantation, with or without mastoidectomy	YES	Physician services (surgeon and anesthesiologist) are billed "By Report" using CPT code 69930 (cochlear device implantation, with or without mastoidectomy). Must meet the following criteria: <ul style="list-style-type: none"> • Diagnosis of bilateral sensorineural deafness, established by audiological and medical evaluation • Post-lingual deafness (if recipient is 21-64 years) • For post-lingual candidates, a score of less than 30 percent on an open-set sentence recognition test (tape-recorded speech comprehension) as well as indications of cognitive ability to use auditory cues. • An accessible cochlear lumen structurally suited to implantation, with no lesions in the auditory nerve and acoustic areas of the central nervous system, as demonstrated by A CT scan or other appropriate radiologic evaluation • No infection or other active disease of the middle ear • No contraindications to anesthesia/surgery • Cognitive ability to use auditory clues • Motivation of candidate, and/or commitment of family/caregiver(s), to undergo a program of prosthetic fitting, training and long-term rehabilitation • Realistic expectations of candidate, and/or family/caregiver(s), for post-implant educational/vocational rehabilitation, as appropriate • Reasonable anticipation by treating providers that CI will confer awareness of speech at conversational levels CI in the contralateral ear (that is, a second implant) is not a CMSP benefit.
Cochlear Implantation (CI)	L8614	Cochlear device, includes all internal and external components	YES and must be billed with a manufacturer invoice	If implanted on an outpatient basis, facilities must use their outpatient Provider number and an outpatient claim format (UB-04) using facility type "14," "24," "34," "44," "54" or "64." Cochlear implant devices are not separately reimbursable when provided as an inpatient service unless the cost of the devices has been specifically excluded from the facility's negotiated per diem inpatient contract. When a facility has cochlear implantation devices specifically excluded from the per diem contract, the facility may use the outpatient code for billing the cost of the device. Physicians should not bill the CMSP program for cochlear implantation devices that are implanted on an inpatient basis. Reimbursement for the device or the external speech processor will be made at invoice price unless a price was previously negotiated. Providers must attach a copy of the invoice for the CI device to the claim.
Cochlear Implantation (CI)	L8615	Headset/headpiece for use with cochlear implant device, replacement	YES	Modifier 50 allowed. Frequency: 2 per year. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8616	Microphone for use with cochlear implant device, replacement	YES	Modifier 50 allowed. Frequency: 2 per year. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8617	Transmitting coil for use with cochlear implant device, replacement	YES	Modifier 50 allowed. Frequency: 2 per year. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	YES and must be billed with a manufacturer invoice	Frequency: 1 every 5 years. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation. Modifier 50 allowed. If implanted on an outpatient basis, facilities must use their outpatient Provider number and an outpatient claim format (UB-04) using facility type "14," "24," "34," "44," "54" or "64." Cochlear implant devices are not separately reimbursable when provided as an inpatient service unless the cost of the devices has been specifically excluded from the facility's negotiated per diem inpatient contract. When a facility has cochlear implantation devices specifically excluded from the per diem contract, the facility may use the outpatient code for billing the cost of the device. Physicians should not bill the CMSP program for cochlear implantation devices that are implanted on an inpatient basis. Reimbursement for the device or the external speech processor will be made at invoice price unless a price was previously negotiated. Providers must attach a copy of the invoice for the CI device to the claim.
Cochlear Implantation (CI)	L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	YES	Frequency: 900 batteries per year. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.

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Cochlear Implantation (CI)	L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	YES	Frequency: 4 per year. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8627	Cochlear implant; external speech processor, component, replacement	YES	
Cochlear Implantation (CI)	L8628	Cochlear implant; external controller component, replacement	YES	
Cochlear Implantation (CI)	L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	YES	
Electronystagmography (ENG)	92537	Caloric vestibular test with recording, bilateral; bithermal	NO - requires medical justification	A report documenting specific findings that cannot be satisfied with a regular chair is required when billing for CPT codes 92537 (caloric vestibular test with recording, bilateral; bithermal) and 92538 (caloric vestibular test with recording monothermal). When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
Electronystagmography (ENG)	92538	Caloric vestibular test with recording monothermal	NO - requires medical justification	A report documenting specific findings that cannot be satisfied with a regular chair is required when billing for CPT codes 92537 (caloric vestibular test with recording, bilateral; bithermal) and 92538 (caloric vestibular test with recording monothermal). When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for Otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
Electronystagmography (ENG)	92540	Basic vestibular evaluation	NO	Physicians billing for ENGs performed by themselves or by another person under their direct personal supervision may use CPT codes 92540 through 92542 and 92544 through 92547, which do not require authorization. When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for Otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC. Do not report 92540 in conjunction with 92541, 92542, 92544, 92545.
Electronystagmography (ENG)	92541	Spontaneous nystagmus test	NO	Physicians billing for ENGs performed by themselves or by another person under their direct personal supervision may use CPT codes 92540 through 92542 and 92544 through 92547, which do not require authorization. When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for Otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
Electronystagmography (ENG)	92542	Positional nystagmus test	NO	Physicians billing for ENGs performed by themselves or by another person under their direct personal supervision may use CPT codes 92540 through 92542 and 92544 through 92547, which do not require authorization. When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for Otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
Electronystagmography (ENG)	92544	Optokinetic nystagmus test	NO	Physicians billing for ENGs performed by themselves or by another person under their direct personal supervision may use CPT codes 92540 through 92542 and 92544 through 92547, which do not require authorization. When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for Otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
Electronystagmography (ENG)	92545	Oscillating tracking test	NO	Physicians billing for ENGs performed by themselves or by another person under their direct personal supervision may use CPT codes 92540 through 92542 and 92544 through 92547, which do not require authorization. When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for Otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
Electronystagmography (ENG)	92546	Sinusoidal rotational test	NO	Physicians billing for ENGs performed by themselves or by another person under their direct personal supervision may use CPT codes 92540 through 92542 and 92544 through 92547, which do not require authorization. When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for Otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
Electronystagmography (ENG)	92547	Supplemental electrical test	NO	Physicians billing for ENGs performed by themselves or by another person under their direct personal supervision may use CPT codes 92540 through 92542 and 92544 through 92547, which do not require authorization. When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for Otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
Evoked Response Testing - Auditory	92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	NO	Bill with X4522 for auditory evoked response testing. Limited to once every six months per calendar month, same provider, same recipient.
Evoked Response Testing - Auditory	92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	NO	Bill with X4522 for auditory evoked response testing. Limited to once every six months per calendar month, same provider, same recipient.

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Evoked Response Testing - Auditory	92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	NO	Bill with X4522 for auditory evoked response testing.
Evoked Response Testing - Auditory	92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	NO	Bill with X4522 for auditory evoked response testing.
Hearing Aids & Accessories	V5014	Repair/modification of a hearing aid	YES and must be billed with a manufacturer invoice	Authorization is required for the purchase or trial period rental of hearing aids, and for repairs that cost more than \$25 per repair service. Claims for individual repair services are not cumulative when determining the need for authorization. Dealer charges on repairs, subsequent to the guarantee period, may be reimbursed. Repair facility reports must be available for review upon request. Claims must be billed with HCPCS code V5014 (repair/modification of a hearing aid) and modifier RB (repair/replacement). When billing for hearing aid repairs, indicate the nature of the repair and the invoice cost of the repair in the Additional Claim Information field (Box 19) of the claim. The Charges field (Box 24F) should reflect the provider's usual and customary charge for the service rendered.
Hearing Aids & Accessories	V5264	Ear mold/insert, not disposable, any type	NO	
Hearing Aids & Accessories	V5265	Ear mold/insert, disposable, any type	NO	
Hearing Aids & Accessories	V5267	Hearing aid supplies/accessories	YES	Authorization is required for the purchase or trial period rental of hearing aids, and for repairs that cost more than \$25 per repair service. Claims for individual repair services are not cumulative when determining the need for authorization. Auth must include the supply or accessory manufacturer name and model number, and a copy of the wholesale catalog page with the supply or accessory description and the manufacturer price. HCPCS code V5267 may not be used to bill for supplies and accessories required for basic hearing aid functionality.
Hearing Aids & Accessories	V5298	Hearing aid, not otherwise classified	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids (if binaural). Hearing aids that are lost or damaged beyond repair may be replaced if a loss and damage feature was included in the purchase price. Auth for replacement must include supporting documentation indicating the loss and damage feature provision, the hearing aid manufacturer name and model or serial number and the replacement fee. The replacement fee must be listed on the auth to signify the purchase of a new hearing aid system under the terms of a loss and damage feature. Provider's billing for loss and damage replacement of programmable or digital hearing aid systems must use code V5298, include a copy of the loss and damage feature provision, and state "replacement cost" in the Additional Claim Information field (Box 19) area or on an attachment to the claim, in order to receive reimbursement for the replacement fee.
Hearing Aids & Accessories: Binaural	V5120	Binaural, body aid	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Binaural	V5130	Binaural, in the ear aid	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Binaural	V5140	Binaural, behind the ear aid	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Binaural	V5150	Binaural, glasses aid	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Contralateral Routing System - Binaural	V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Contralateral Routing System - Binaural	V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Contralateral Routing System - Binaural	V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.

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Hearing Aids & Accessories: Contralateral Routing System - Binaural	V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Contralateral Routing System - Binaural	V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Contralateral Routing System - Binaural	V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Contralateral Routing System - Binaural	V5230	Hearing aid, contralateral routing system, binaural glasses	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer. Claim must show quantity of 1 NOT 2. Invoice should document cost of 2 hearing aids.
Hearing Aids & Accessories: Contralateral Routing System - Monaural	V5171	Hearing aid, contralateral routing system, monaural, in the ear (ITE)	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Contralateral Routing System - Monaural	V5172	Hearing aid, contralateral routing system, monaural, in the canal (ITC)	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Contralateral Routing System - Monaural	V5181	Hearing aid, contralateral routing system, monaural, behind the ear (BTE)	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Contralateral Routing System - Monaural	V5190	Hearing aid, contralateral routing, monaural, glasses	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Monaural	V5030	Hearing aid, monaural, body worn, air conduction	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Monaural	V5040	Hearing aid, monaural, body worn, bone conduction	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Monaural	V5050	Hearing aid, monaural, in the ear	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Monaural	V5060	Hearing aid, monaural, behind the ear	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Monaural	V5070	Glasses, air conduction	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Hearing Aids & Accessories: Monaural	V5080	Glasses, bone conduction	YES	Claims must include: manufacturer's name, catalog number or serial number, one-unit wholesale cost (wholesale cost is defined as the "unit price" or the "single", unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.) and amount of actual sales tax paid to the manufacturer.
Cochlear Implantation (CI)	L7510	Repair of prosthetic device, repair or replace minor parts	YES and must be billed with a manufacturer invoice	Documentation must accompany code L7510. Indicating the repair is "not a limb prosthesis repair," either in the Remarks field (Box 80)/Additional Claim Information field (Box 19) or as a separate report, when necessary. Can be billed with L9900. Claims submitted by specific audiology providers require a manufacturer invoice for payment. Claims submitted by DME providers require a catalog page.

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Cochlear Implantation (CI)	L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	YES	Frequency: 8 in each 12-month period per each device. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	YES	Frequency: 96 batteries in each 12-month period per each device. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	YES	Frequency: 2 replacements for each device/side in each 12-month period. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	YES and must be billed with a manufacturer invoice	Frequency: 1 replacement for each device/side in each 12-month period. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8690	Auditory osseointegrated device, includes all internal and external components	YES and must be billed with a manufacturer invoice	Frequency: 1 for each ear/side. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	YES and must be billed with a manufacturer invoice	Frequency: 1 every 5 years. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	YES and must be billed with a manufacturer invoice	Frequency: 1 for each ear/side. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8693	Auditory osseointegrated device abutment, any length, replacement only, each	YES and must be billed with a manufacturer invoice	Frequency: 1 every 5 years. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	YES and must be billed with a manufacturer invoice	Frequency: 1 every 5 years. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation.
Cochlear Implantation (CI)	L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	YES and must be billed with a manufacturer invoice	Frequency: Headbands or softbands - 2 in each 12-month period, adhesive stickers - 110 in each 12-month period for each device. Supplies needed beyond this limit requires authorization. Frequency limits based on one unilateral bone conduction device/cochlear implantation. Modifier 50 allowed. L9900 allows reimbursement for bone conduction hearing device/cochlear implant accessories such as ear hooks, ear bands/soft bands, harnesses, and magnets. Claims submitted by specific audiology providers require a manufacturer invoice for payment. Claims submitted by DME providers require a catalog page.
Assessment - Hearing Aids	V5010	Assessment for hearing aid	NO	
Evoked Response Testing - Auditory	X4522	Evoked Response Audiometry Test, physician evaluation	NO - See limitations in notes column	User with CPT 92650 to 92653. If more than one evoked response test is performed on the same recipient for the same date of service, the second and subsequent tests will be reimbursed at a reduced amount. Must also provide medical justification if more than one evoked response test performed on same recipient for same DOS.
Other Audio Services (Following Eval Procedures)	X4526	Hearing therapy (individual) per hour	NO	
Assessment - Audiometry	X4530	Impedance audiometry (bilateral)	NO	Use for unlisted audiological services. Limited to once per month when billed by same provider for same recipient. Covered only when performed as part of a comprehensive audiological evaluation.
Assessment - Hearing Aids	X4532	Electroacoustic analysis of hearing aid as a monaural procedure	NO	
Other Audio Services (Following Eval Procedures)	X4535	Unlisted audiological services	YES and must be billed with a manufacturer invoice	Claims for procedures necessary to achieve optimal benefit from CI must be submitted under the "Unlisted By Report" HCPCS codes for audiology (X4535). For continued authorization of post-implant aural rehabilitation language services, a treatment plan should be submitted for review or case management at approximately six-month intervals.
Assessment - Tympanometry	X4540	Tympanometry	NO	Use for unlisted audiological services. Limited to once every 6 months when billed by same provider for same recipient. Covered only when performed as part of a comprehensive audiological evaluation. Screening tympanometry performed as part of an initial or follow-up visit for detection of conditions such as otitis media, other middle ear disorders and/or hearing loss is not considered a comprehensive audiological evaluation and is not separately reimbursable.
Assessment - Hearing Aids	X4542	Electroacoustic analysis of hearing aid (performed with a binaural aid consisting of two monaural hearing aids)	NO	Use for unlisted audiological services.
SGD Occupational Therapy	X4118	Unlisted services	NO and must be billed with a manufacturer invoice	SGD occupational therapy assessment services are billed "By Report" with HCPCS code X4118 (unlisted service). Authorization is only required for services provided in a long term care facility or rehabilitation center.
SGD Physical Therapy	X3936	Unlisted services	YES and must be billed with a manufacturer invoice	SGD physical therapy assessment services are billed "By Report" with HCPCS code X3936 (unlisted service). Authorization is required.
Evoked Response Testing - Somatosensory	95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system	NO	No Corresponding HCPCS code. If more than one evoked response test is performed on the same recipient for the same date of service, the second and subsequent tests will be reimbursed at a reduced amount. Must also provide medical justification if more than one evoked response test performed on same recipient for same DOS.
Evoked Response Testing - Somatosensory	95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system	NO	No Corresponding HCPCS code. If more than one evoked response test is performed on the same recipient for the same date of service, the second and subsequent tests will be reimbursed at a reduced amount. Must also provide medical justification if more than one evoked response test performed on same recipient for same DOS.

Hearing Benefit Limitations & Authorization Guide

Note: Members with Share of Cost (SOC) must meet SOC for claims to be eligible for reimbursement.

Type	Procedure Codes	Procedure Code Description	Auth Required?	LIMITATIONS/NOTES
Evoked Response Testing - Somatosensory	95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system	NO	No Corresponding HCPCS code. If more than one evoked response test is performed on the same recipient for the same date of service, the second and subsequent tests will be reimbursed at a reduced amount. Must also provide medical justification if more than one evoked response test performed on same recipient for same DOS.
Speech Therapy	X4300	Language evaluation	NO	HCPCS codes X4300 thru X4308 and X4320 are not reimbursable when billed for the same recipient and the same 12-week period covered by HCPCS code X4310. Speech therapy services rendered in an outpatient setting are limited to a maximum of two services per month.
Speech Therapy	X4301	Speech evaluation	NO	HCPCS codes X4300 thru X4308 and X4320 are not reimbursable when billed for the same recipient and the same 12-week period covered by HCPCS code X4310. Speech therapy services rendered in an outpatient setting are limited to a maximum of two services per month.
Speech Therapy	X4302	Speech-language therapy (group), each patient	NO - See limitations in notes column	HCPCS codes X4300 thru X4308 and X4320 are not reimbursable when billed for the same recipient and the same 12-week period covered by HCPCS code X4310. Speech therapy services rendered in an outpatient setting are limited to a maximum of two services per month.
Speech Therapy	X4303	Speech-language therapy, individual, per hour (following procedures X4300 or X4301)	NO - See limitations in notes column	HCPCS codes X4300 thru X4308 and X4320 are not reimbursable when billed for the same recipient and the same 12-week period covered by HCPCS code X4310. Speech therapy services rendered in an outpatient setting are limited to a maximum of two services per month.
Speech Therapy	X4304	Speech-language therapy, individual, 1/2 hour	NO - See limitations in notes column	HCPCS codes X4300 thru X4308 and X4320 are not reimbursable when billed for the same recipient and the same 12-week period covered by HCPCS code X4310. Speech therapy services rendered in an outpatient setting are limited to a maximum of two services per month.
Speech Therapy	X4306	Out-of-office call (payable only for visits to the first patient receiving services at any given location on the same day)	NO - See limitations in notes column	HCPCS codes X4300 thru X4308 and X4320 are not reimbursable when billed for the same recipient and the same 12-week period covered by HCPCS code X4310.
Speech Therapy	X4308	Speech therapy preliminary evaluation, rehabilitation, ICF	NO - See limitations in notes column	HCPCS codes X4300 thru X4308 and X4320 are not reimbursable when billed for the same recipient and the same 12-week period covered by HCPCS code X4310. Authorization procedures for speech therapy services rendered in a certified rehabilitation center. • The Medi-Service reservation limitation of two services per month does not apply. • Initial and six-month evaluations (HCPCS codes X4300 and X4301) do not require a TAR. For billing instructions, refer to "Initial and Six-Month Evaluations" in this section. • A TAR is required for any additional speech therapy service beyond the initial and six-month evaluation.
Speech Therapy	X4310	Speech generating device (SGD) – related bundled speech therapy services, per visit	YES	HCPCS code X4310 is reimbursable for up to eight visits within any contiguous 12-week period for the same recipient. Dates of the speech therapy visits must be indicated on the claim. SGD-related services are billed with HCPCS codes X4310 (SGD-related bundled speech therapy services, per visit) and X4312 (SGD recipient assessment). These services are reimbursable to California or border community licensed speech pathologists. HCPCS codes X4310 and X4312 require an authorization, which includes a copy of the prescription from the treating practitioner attached to the authorization.
Speech Therapy	X4312	Speech generating device (SGD) recipient assessment	YES	SGD-related services are billed with HCPCS codes X4310 (SGD-related bundled speech therapy services, per visit) and X4312 (SGD recipient assessment). These services are reimbursable to California or border community licensed speech pathologists. HCPCS codes X4310 and X4312 require an authorization, which includes a copy of the prescription from the treating practitioner attached to the TAR. Billing for HCPCS X4312 is "By Report." Speech pathology providers may bill HCPCS code X4312 as a medically necessary service when the recipient has physical limitations that may impact the recipient's ability to use an SGD. HCPCS code X4312 is reimbursed at the rate on the approved TAR or according to CMSP "By Report" pricing if no rate is negotiated and approved on the TAR. HCPCS code X4312 is not reimbursable on the same date of service with CPT® code 92597 (evaluation for the use and/or fitting of voice prosthetic device to supplement oral speech.)
Speech Therapy	X4320	Unlisted speech therapy services	YES	Claims for procedures necessary to achieve optimal benefit from CI must be submitted under the "Unlisted By-Report" HCPCS procedure codes for audiology (X4535), speech therapy (X4320). For continued authorization of post-implant aural rehabilitation language and speech therapy services, a treatment plan should be submitted for review or case management at approximately six-month intervals.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E1902	Communication board, non-electronic AAC device	YES and must be billed with a manufacturer invoice	MONTHLY RENTAL: "By Report" 1 IN 5 YEARS SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) The manufacturer's name and catalog number for part(s) to be used.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	YES	SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) The manufacturer's name and catalog number for part(s) to be used.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	YES	SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) The manufacturer's name and catalog number for part(s) to be used.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	YES	SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) The manufacturer's name and catalog number for part(s) to be used.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	YES	SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) The manufacturer's name and catalog number for part(s) to be used.

Hearing Benefit Limitations & Authorization Guide

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Type	Procedure Codes	Procedure Code Description	Auth Required?	LIMITATIONS/NOTES
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with device	YES	SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: <ul style="list-style-type: none"> • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) • The manufacturer's name and catalog number for part(s) to be used.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	YES	SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: <ul style="list-style-type: none"> • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) • The manufacturer's name and catalog number for part(s) to be used.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2511	Speech generating software program, for personal computer or personal assistant	YES and must be billed with a manufacturer invoice	MONTHLY RENTAL: By Report 1 IN 5 YEARS SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: <ul style="list-style-type: none"> • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) • The manufacturer's name and catalog number for part(s) to be used.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2512	Accessory for speech generating device, mounting system	YES and must be billed with a manufacturer invoice	MONTHLY RENTAL: By Report 1 IN 5 YEARS SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: <ul style="list-style-type: none"> • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) • The manufacturer's name and catalog number for part(s) to be used.
Speech Therapy: Alternative Communication Device & Speech Generating Devices	E2599	Accessory for speech generating device, not otherwise classified	YES and must be billed with a manufacturer invoice	MONTHLY RENTAL: By Report 1 IN 5 YEARS SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR: <ul style="list-style-type: none"> • A statement that the labor is performed on "patient-owned equipment" in the Additional Claim Information field (Box 19) or on an attachment to the claim. • The reason or justification for the repair service • The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier) • The manufacturer's name and catalog number for part(s) to be used.