

Audiology Benefit

Billing and Policy Manual

Audiology	1
Billing Information	1
Eligible Providers	1
Covered Audiology Benefits	1
Newborn Hearing Screening	1
Cochlear Implants	2
Hearing Aids	2
Hearing Aid Trial Rental Period	2
Hearing Aid Replacement	3
Softbands (including Bone Anchored Hearing Aids - BAHAs)	3
Procedure Code Table	3
Specific Non-Covered Benefits	11
Timely Filing	11
Audiology Claim Example	12
Audiology Revisions Log	13

Audiology

Providers must be enrolled as a Health First Colorado provider in order to:

- Treat a Health First Colorado member
- Submit claims for payment to the Health First Colorado
- Providers should refer to the Code of Colorado Regulations, Program Rules (10 CCR 2505-10 8.2.3.D.2), for specific information when providing audiology care.

Billing Information

Refer to the [General Provider Information manual](#) for general billing information.

Eligible Providers

- Physicians may provide audiology services, but first must contact the fiscal agent to confirm their enrollment with an otolaryngology specialty.
- Certified audiologists are eligible to become Medical Assistance Program providers.
 - Audiologists must be registered with the Department of Regulatory Agencies in order to dispense hearing aids.
- Colorado Home Intervention Program (CHIP) facilitators must be credentialed by Health Care Programs for Children with Special Needs (HCP) administered by the Colorado Department of Public Health and Environment. CHIP facilitators are eligible to become Medical Assistance Program providers and need to enroll in the Health First Colorado.

Covered Audiology Benefits

Hearing benefits are limited to the minimum services required to meet the member's medical needs. As stated in Volume 8.280.06, medically necessary, or medical necessity, shall be defined as a Medical Assistance Program service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce or ameliorate the pain and suffering, or the physical, mental, cognitive or developmental effects of an illness, injury, or disability; and for which there is no other equally effective or substantially less costly course of treatment suitable for the child's needs. Hearing exams, speech therapy, diagnostic testing, surgeries, and related hospitalizations are regular benefits of the Medical Assistance Program. Claims must meet all requirements outlined in this manual.

Newborn Hearing Screening

The Colorado legislature passed House Bill 97-1095, which establishes hearing screenings for newborn infants [25-4-1004.7(VI)(b)]. Appropriate testing and identification of newborn infants with hearing loss makes early intervention and treatment possible and promotes the healthy development of children.

Hearing Conservation Program (HCP) Audiology Regional Coordinators provide consultation information, technical assistance, and referral services to families of children with special health care needs.

Newborn Hearing Screening Reimbursement Policy

1. Reimbursement for newborn hearing screening is included in the hospital DRG for inpatient hospital deliveries, and the birth center payment for freestanding birthing center deliveries (see Obstetrical

Care billing manual). CPT/HCPCS codes for hearing screening cannot be billed for dates on or during the date span of the delivery stay.

2. Follow-up testing for newborns who fail their initial hearing screening may be billed using CPT/HCPCS codes. Follow-up testing may be billed only if they occur on dates of service outside of the date span for the delivery.

Newborn hearing screenings are a Preventive Service, but that designation does not supersede the reimbursement policies listed above.

Cochlear Implants

1. Cochlear implants are covered for members aged 12 months through 20 years under the following criteria:
 - a. Limited benefit from appropriately fitted binaural hearing aids (with different definitions of "limited benefit" for children four (4) years of age or younger and those older than four (4) years) and a three (3) to six (6) month hearing aid trial.
 - b. Bilateral hearing loss with unaided pure tone average thresholds of 70 dB or greater.
 - c. Minimal speech perception measured using recorded standardized stimuli-speech discrimination scores of 50-60% or below with optimal amplification at 1000, 2000 and 4000 Hz.
 - d. Family support and motivation to participate in a post-cochlear aural, auditory and speech language rehabilitation program.
 - e. Assessment by an audiologist and otolaryngologist experienced in cochlear implants.
 - f. Bi lateral and hybrid/Electric Acoustic Stimulation cochlear implantation considered on a case by case basis.
 - g. No medical contraindications.
 - h. Up-to-date-immunization status as determined by the Advisory Committee on Immunization Practices (ACIP)
2. Replacement component(s) of an existing cochlear implant is a benefit for all ages when the currently used component(s) is no longer functional and cannot be repaired.

Hearing Aids

Hearing aids are a covered benefit for members ages 20 and under and for adult members on the Supported Living Services (SLS) Waiver.

When billing for a pair of hearing aids, each individual hearing aid must be listed on a separate line on the claim form and must have the appropriate modifier noted to indicate the ear for which it is fitted. The "RT" modifier indicates the hearing aid is for the right ear, and the "LT" modifier indicates it is for the left ear. Billing for two (2) units of a hearing aid, on the same line, without the appropriate modifier will result in a denial.

Hearing Aid Trial Rental Period

The Trial Rental Period is included in the purchase reimbursement for the hearing aid(s). Use the last day of the rental period as the date of service.

Hearing Aid Replacement

Hearing aids are expected to last 3 – 5 years. Replacement of a hearing aid is covered for members ages 20 and under. Hearing aids may be replaced when they no longer fit, have been lost or stolen, or the current hearing aid is no longer medically appropriate for the child.

Softbands (including Bone Anchored Hearing Aids - BAHAs)

Softband hearing devices (including BAHAs) are a covered benefit for members ages 20 and under. All softband purchases require a PAR and must be accompanied by a signed letter from a physician documenting medical necessity. In addition, claims must be submitted on the CMS 1500 paper claim form and include the invoice received for purchasing the item. The Health First Colorado reimburses softband devices using the following methodology: invoice cost + 10%. Please see the table below for a list of procedure codes covered for softband devices.

All Audiology PARs and revisions processed by the ColoradoPAR Program must be submitted through eQSuite®. Clinical information is required for a PAR review. When submitting PARs, please answer the clinical questions in eQSuite®, attach the relevant clinical documentation needed for determinations, and select "Medical" type from the drop-down menu. If "DME" is selected this will result in non-payment of the device.

Procedure Code Table

Audiologists are indicated as a rendering provider for the following procedure codes. Whether the code is a Health First Colorado covered benefit is indicated. Reference the current [Fee Schedule](#) for rates.

Note: this table serves only as a reference guide for audiologists and not a guarantee of payment or coverage. Definitive coverage of a specific procedure code is found on the Fee Schedule.

Last table update: 06/17/2019

Procedure Code	Covered Benefit	Prior Authorization Needed
61596	Yes	No
69210	Yes	No
76977	Yes	No
78020	Yes	No
78206	Yes	No
78494	Yes	No
78496	Yes	No
78588	Yes	No
92502	Yes	No
92504	Yes	No

Procedure Code	Covered Benefit	Prior Authorization Needed
92507	Yes	Yes
92508	Yes	Yes
92511	Yes	No
92512	Yes	No
92516	Yes	No
92526	Yes	Yes
92531	No	-
92532	No	-
92533	Yes	No
92534	Yes	No
92540	Yes	No
92541	Yes	No
92542	Yes	No
92543	Yes	No
92544	Yes	No
92545	Yes	No
92546	Yes	No
92547	Yes	No
92548	Yes	No
92550	Yes	No
92552	Yes	No
92553	Yes	No
92555	Yes	No
92556	Yes	No
92557	Yes	No
92559	No	-
92560	Yes	No

Procedure Code	Covered Benefit	Prior Authorization Needed
92561	Yes	No
92562	Yes	No
92563	Yes	No
92564	Yes	No
92565	Yes	No
92567	Yes	No
92568	Yes	No
92570	Yes	No
92571	Yes	No
92572	Yes	No
92575	Yes	No
92576	Yes	No
92577	Yes	No
92579	Yes	No
92582	Yes	No
92583	Yes	No
92584	Yes	No
92585	Yes	No
92586	Yes	No
92587	Yes	No
92588	Yes	No
92590	No - See HCPCS codes for coverage	-
92591	No - See HCPCS codes for coverage	-
92592	No - See HCPCS codes for coverage	-

Procedure Code	Covered Benefit	Prior Authorization Needed
92593	No - See HCPCS codes for coverage	-
92594	No - See HCPCS codes for coverage	-
92595	No - See HCPCS codes for coverage	-
92601	Yes	No
92602	Yes	No
92603	Yes	No
92604	Yes	No
92605	Yes	No
92606	Yes	No
92609	Yes	Yes
92620	Yes	No
92621	Yes	No
92625	Yes	No
92626	Yes	No
92627	Yes	No
92630	Yes	No
92633	Yes	No
92640	Yes	No
95861	Yes	No
95920	Yes	No
95925	Yes	No
95926	Yes	No
95927	Yes	No
95928	Yes	No
95929	Yes	No
95930	Yes	No
95934	Yes	No

Procedure Code	Covered Benefit	Prior Authorization Needed
95936	Yes	No
95937	Yes	No
96111	Yes	No
97112	Yes	No
99201	Yes	No
99202	Yes	No
99203	Yes	No
99204	Yes	No
99205	Yes	No
99211	Yes	No
99212	Yes	No
99213	Yes	No
99214	Yes	No
99215	Yes	No
99241	No	-
99242	No	-
99243	No	-
99244	No	-
99245	No	-
99251	No	-
99252	No	-
99253	No	-
99254	No	-
99255	No	-
L7510	Yes	No
L8515	Yes	No
L8615	Yes	No
L8616	Yes	No
L8617	Yes	No
L8618	Yes	No
L8619	Yes	No

Procedure Code	Covered Benefit	Prior Authorization Needed
L8621	Yes	No
L8622	Yes	No
L8623	Yes	No
L8624	Yes	No
L8691	Yes	Yes
L8692	Yes	Yes
S0618	Yes	No
S9152	No	-
T1024	No	-
T1025	No	-
V5010	Yes	No
V5011	Yes	No
V5014	Yes	No
V5060	Yes	No
V5090	Yes	No
V5095	No	-
V5140	Yes	No
V5171	Yes	No
V5172	Yes	No
V5181	Yes	No
V5211	Yes	No
V5213	Yes	No
V5214	Yes	No
V5215	Yes	No
V5221	Yes	No
V5244	Yes	No
V5245	Yes	No
V5246	Yes	No
V5247	Yes	No
V5250	Yes	No
V5251	Yes	No

Procedure Code	Covered Benefit	Prior Authorization Needed
V5252	Yes	No
V5253	Yes	No
V5254	Yes	No
V5255	Yes	No
V5256	Yes	No
V5257	Yes	No
V5258	Yes	No
V5259	Yes	No
V5260	Yes	No
V5261	Yes	No
V5262	No	-
V5263	No	-
V5264	Yes	-
V5265	No	-
V5266	Yes	No
V5267	Yes	No
V5275	Yes	No
V5299	Yes	No
V5336	No	-
V5362	No	-
V5363	No	-
V5364	No	-

Covered Softband/BAHA Procedure Code Details					
Code	Description	PAR	Required PAR and Claim Modifier	Allowed Billing Provider Types	Allowed Rendering Provider Types
L8692	New. Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment.	Always	UB	Physician, Pharmacy, Supply, Clinics, Osteopath, Audiologist.	Physician, Osteopath, Audiologist
L8691	Replacement. Auditory osseointegrated device, external sound processor.	Always	UB		

Specific Non-Covered Benefits

- Training or consultation provided by an Audiologist to an agency, facility, or other institution is not covered.
- The upgrading of an existing cochlear implant system or component if the existing unit is properly functioning is not covered.
- Hearing aids for adults (Hearing exams and evaluations are a benefit for adults only when a concurrent medical condition exists) are not covered.
- Hearing aid insurance is not covered.
- Any service not documented in the member's plan of care is not covered.
- Ear molds for the purpose of noise reduction or swimming are not covered.
- Any audiological services rendered by a non-licensed audiologist (except for licensed otolaryngologists and enrolled CHIP providers, are not covered.

Timely Filing

For more information on timely filing policy, including the resubmission rules for denied claims, please see the [General Provider Information manual](#).

Audiology Claim Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (ID#DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>										14. INSURED'S I.D. NUMBER (For Program in Item 1) D444444									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Client, Irma A										3. PATIENT'S BIRTH DATE MM DD YY 10 16 45 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>									
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (include Area Code)										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10c. RESERVED FOR LOCAL USE									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File DATE 10/1/16										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY _____ QUAL _____										15. OTHER DATE MM DD YY _____ QUAL _____									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 77a. NP1 _____										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E). ICD Ind 0 A. L05.01 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OR SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. UNIT PRICE I. ID QUAL J. RENDERING PROVIDER ID #										25. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES									
1 10 01 16 10 01 16 11 11770 A 517 00 1 NP1 0123456789										2 NP1									
3 NP1										4 NP1									
5 NP1										6 NP1									
7 NP1										8 NP1									
25. FEDERAL TAX I.D. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO. Optional									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Signature DATE 10/16										27. ACCEPT ASSIGNMENT? (For prior bills, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
32. SERVICE FACILITY LOCATION INFORMATION										28. TOTAL CHARGE \$ 517 00 29. AMOUNT PAID \$ 30. Rvd for NUCC Use									
33. BILLING PROVIDER INFO & PH # ()										ABC Dialysis Clinic 100 Any Street Any City									
* 1234567890 b. 1234567890																			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Audiology Revisions Log

Revision Date	Additions/Changes	Pages	Made by
12/1/2016	Manual revised for interChange implementation. For manual revisions prior to 12/1/2016 Please refer to Archive.	All	HPE (now DXC)
12/27/2016	Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_2.xlsx	Multiple	HPE (now DXC)
1/10/2017	Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_3.xlsx	Multiple	HPE (now DXC)
1/19/2017	Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_4.xlsx	25	HPE (now DXC)
1/26/2017	Updates based on Department 1/20/2017 approval email	Accepted tracked changes throughout	HPE (now DXC)
5/22/2017	Updates based on Fiscal Agent name change from HPE to DXC	2	DXC
6/22/2018	Removed PAR and other info that can be found in general manual (link under billing); updated timely filing with reference back to general billing	Multiple	HCPF
10/1/2018	Corrected ear mold policy to separate them from the dispensing fee reimbursement. Updated proc code table to reflect coverage of V5264.	3, 9	HCPF
1/9/2019	Updated proc code table for new 2019 HCPCS.	8, 9	HCPF
5/2/2019	Updated newborn hearing screening reimbursement explanation	1, 2	HCPF
6/17/2019	Updated PAR status on certain CPTs in the coding table	4	HCPF

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above are the page numbers on which the updates/changes occur.