

Audiology

Policy

Harvard Pilgrim reimburses contracted providers for the provision of audiology services when it is a covered benefit or when coverage is mandated. Audiology benefits vary by employer group.

Policy Definition

Audiology is the study of hearing and hearing disorders and includes habilitation and rehabilitation for individuals who have hearing loss.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [*Referral, Notification and Authorization*](#) for more information.

HMO/POS/PPO

Referral required for specialist services for HMO and in-network POS members.

Open Access HMO and POS

For [*Open Access HMO and Open Access POS*](#) products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- Comprehensive (non-routine) hearing examinations.
- Hearing aid evaluations when provided for amplification prescriptions.
- Brain stem evoked response (BSER) audiometry.
- Hearing aids purchased from a licensed audiologist or licensed hearing instrument specialist and all related services prescribed by a licensed audiologist or hearing instrument specialist, including the initial hearing aid evaluation, fitting and adjustments and supplies including ear molds only when the member's employer group has purchased hearing aid coverage, or when coverage is mandated (authorization, notification or referral is not required).
- Bone Anchored Hearing Aids (BAHA) only when the member's employer group has purchased hearing aid coverage, or when coverage is mandated.

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

- Tinnitus masking
- Standard off-the-shelf hearing aid batteries (i.e., Duracell, Eveready, etc.)
- Ear molds (unless otherwise mandated)
- Ear plugs
- Central auditory processing treatment
- Enhanced auditory training or auditory integration therapy

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Harvard Pilgrim reimburses services to contracted providers when the service is a covered benefit. Benefits vary among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

Provider Billing Guidelines and Documentation

The table may not include all billable codes related to audiology services.

Code	Description	Comments
92550–92588	Audiometric tests	Bill once with a count of one
92605	Evaluation for prescription of non-speech generating augmentative and alternative communication device	Reimbursed for facility only
92606	Therapeutic service(s) for the use of non-speech generating device, including programming and modification	
92607–92609	Speech generating and non-speech generating augmentative and alternative communication device-related services	To bill professional component of service use CPT; to bill DME component, refer to Durable Medical Equipment (DME).

Modifiers

- When billing for monaural hearing aids, a RT or LT modifier in the second modifier field is required for payment. Claims submitted without the RT or LT modifier may be denied.
- When billing for a binaural hearing aid the RT or LT modifier is not required. Claims submitted with a RT or LT modifier will be denied as inappropriately billed.

Related Policies

Payment Policies

- Bilateral Services and CPT Modifier 50
- Durable Medical Equipment (DME)
- Inpatient Acute Medical Admissions
- Non-Covered Services
- Outpatient Surgery
- Outpatient Facility Fee Schedule
- Physical Therapy, Occupational Therapy, and Speech Therapy
- Surgery
- Unlisted/Unspecified Procedure Codes

Clinical Policies

- Cochlear Implants
- Speech, Hearing and Language Disorders

Authorization Policies

- Prior Authorization

PUBLICATION HISTORY

01/01/02	original documentation
07/01/02	added MA Non-Group First Seniority hearing reimbursement
01/01/03	clarified First Seniority reimbursement
04/01/03	2003 coding update
10/01/03	annual review; clarified reimbursement; added DME authorization requirement
07/01/04	clarified routine hearing screening reimbursement; clarified billing
04/01/05	annual review; added authorization requirement speech device
01/31/06	coding update
04/30/06	annual review; minor edits
04/30/07	annual review, minor edits
04/30/08	annual review; added hearing aid mandate reference
07/31/08	added Maine hearing aid modifier billing requirement
01/31/09	annual coding update

PAYMENT POLICIES

03/15/09	annual review, minor edits to grid and related policy addition (Non Covered Services), minor change to cochlear implant related audiology services
03/15/10	annual review; expanded code range of audiology function tests; clarified pediatric age for cochlear adjustments; clarified modifier billing; added Outpatient Facility Fee Schedule Policy as related policy
04/15/11	annual review; added when purchased from licensed audiologist or hearing aid specialist under hearing aids, minor edits for clarity
01/01/12	removed First Seniority Freedom information from header
04/15/12	annual review; updated with bone anchored hearing aids information
11/15/12	minor edits for clarity re: MA mandated coverage
04/15/13	annual review; no changes
06/15/14	annual review; clarified reimbursement for cochlear devices; added <i>Connecticut Open Access HMO</i> referral information to prerequisites
03/15/15	annual review; no changes
04/15/15	annual review; clarified modifier billing for binaural hearing aids
04/15/16	annual review; updated Member Cost-Sharing statement
04/15/17	annual review; removed routine hearing screening from Harvard Pilgrim Does Not Reimburse; administrative edits
01/01/18	updated Open Access Product referral information under Prerequisites
04/02/18	annual review; clarified criteria for reimbursement of Bone Anchored Hearing Aids (BAHA) and cochlear device/replacement parts; updated types of HA batteries not covered; added Cochlear Implants Medical Policy, and Speech, Hearing, and Language Services to Related Policies section; administrative edits
04/01/19	annual review; administrative edit
04/01/20	annual review; removed "Other Information" section
05/01/21	annual review; updated Provider Billing Guidelines and Documentation section
05/02/22	annual review; removed cochlear implant related audiology services, updated Provider Billing Guidelines and Documentation section; added Unlisted/Unspecified Procedure Codes to related policies; administrative edits

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.