

Applies to:**Commercial Products**

- ☐ Harvard Pilgrim Health Care Commercial products
- ☒ Tufts Health Plan Commercial products

Public Plans Products

- ☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
- ☒ Tufts Health One Care – A dual-eligible product

Senior Products

- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- ☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Tufts Health Plan covers medically necessary audiology evaluations and related services, including hearing aids prescribed by an appropriately licensed physician for hearing disorders, in accordance with the member's benefits.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting Provider Services.

Tufts Health Plan Commercial and Tufts Health Direct

In accordance with the Affordable Care Act, dollar limits may apply to large employer group plans. Coverage may be limited or restricted to procurement from a contracting supplier, depending on the member's plan design.

Members should only be billed for medical equipment, e.g., hearing aids, if the items have been denied as a noncovered service or if the denial message code on the EOP indicates that the member's maximum durable medical equipment (DME) benefit has been reached. Members should not be billed for more than the contracted reimbursable amount.

Benefits apply to fully insured employer groups in Massachusetts, Rhode Island, and New Hampshire. Some self-insured employer groups may choose to offer these benefits or some variation thereof. Benefits are provided pursuant to the member's benefit plan document.

Tufts Medicare Preferred

Tufts Medicare Preferred HMO members are covered for one hearing aid per ear annually through Hearing Care Solutions.

Note: Members may obtain a written prescription for hearing aids through any Tufts Health Plan-contracting audiologist; however, hearing aid evaluations, purchase, fitting, and any related follow-up visits must be coordinated through a Hearing Care Solutions-contracting audiologist. Providers may contact Hearing Care Solutions at 866-344-7756 for more information or to become part of the Hearing Care Solutions provider network.

State-Specific Hearing Aid Coverage**Massachusetts-based Employer Group and Individual Plans:**

Members aged 21 and younger on the date of service are covered for one hearing aid per hearing-impaired ear and related services (including fitting and adjustment, supplies and ear molds) every 36 months.

Rhode Island-based Employer Groups: Members are covered for one hearing aid per hearing impaired ear, every 36 months. A dollar limit per hearing aid may apply.

New Hampshire-based Employer Groups: Members are covered for one hearing aid per hearing-impaired ear each time a hearing aid prescription changes, or one hearing aid per ear, as needed, every 60 months, as well as related services necessary to assess, select and fit the hearing aid. A dollar limit may apply.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

Referrals are not required for annual routine hearing screenings performed by an in-network provider; however, a PCP referral may be required for diagnostic hearing exams and other audiology services performed by a qualified specialist, depending on the member's plan design.

A written prescription from the ordering provider is required for hearing aids, supplies and repairs.

Tufts Health One Care: Prior authorization is required for monaural hearing aids over \$500 and/or binaural hearing aids over \$1000. Prior authorization is not required for accessories, maintenance, or servicing.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPSCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

To help ensure appropriate provider reimbursement, it is important claims include the appropriate provider taxonomy coding for care rendered by an audiologist. Note the following when completing professional claims form (CMS-1500):

- Field 24J (Rendering Provider ID): This field is mandatory and should include the appropriate taxonomy code for the provider rendering care
 - If providers are unsure about the rendering provider's taxonomy code, enter the rendering provider's NPI in field 24J and leave Field 24I blank
- Field 24I (ID Qualifier): Enter ZZ to denote the provider has an NPI and is providing taxonomy information

In order to be properly compensated, providers must submit claims for hearing aid dispensing and related services on a paper physician claim form. For hearing aid equipment, the manufacturer's invoice must be included as an attachment, as appropriate. The invoice must indicate the actual acquisition cost of the hearing aid, including all discounts, as well as the warranty indicating the terms of repair or replacement in the event of loss of, or damage to, the hearing aid.

Diagnostic Audiology Tests

Senior Products, Tufts Health One Care

Submit the AB modifier to identify non-acute diagnostic audiology tests provided without a provider order (covered once within a 12-month period).

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules.

Ancillary audiology compensation rates are inclusive of all audiological function tests performed. Compensation for hearing aids includes the initial evaluation and all follow-up tests and adjustments, which may be required to properly fit the hearing aids.

Note: The negotiated discount for hearing aids, molds and repairs is always applied for covered services.

Acoustic reflex testing (92568, 92570) is compensated no more than once within six months (180 days) unless the diagnosis is one of the following:

- Benign neoplasm of brain/nervous system
- Conversion disorder
- Multiple sclerosis
- Disease of the ear and mastoid process
- Poisoning by other specified antibiotics
- Encounter for antineoplastic chemotherapy
- Long-term use of antibiotics

Maximum Unit Limitations

- 92557 or 0212T (comprehensive audiometry threshold evaluation and speech recognition) is reimbursed only once per year unless billed with a requisite diagnosis
- 92567 (tympanometry) reimbursed only twice per year unless billed with a requisite diagnosis

Additional Resources

- MassHealth [Audiologist Manual](#)
- [Cochlear Implants](#) Medical Necessity Guidelines (Commercial and Tufts Health Direct)
- Outpatient Physical, Occupational, and Speech Therapy payment policies for [Commercial](#), [Senior Products](#), and [Tufts Health Public Plans](#)
- Durable Medical Equipment Payment Policies for [Commercial](#), [Senior Products](#), and [Tufts Health Public Plans](#)
- [General Coding and Claims Editing Payment Policy](#)
- [MassHealth Hearing Instrument Specialist \(HIS\) Manual](#)

Document History

- May 2024: Annual policy review; clarified max unit limit for 92557 and 0212T to once per year, added general coding and claims editing payment policy to additional resources, administrative updates
- January 2024: Added billing instructions for AB modifier, effective for DOS beginning January 1, 2023 for Senior Products and Tufts Health One Care
- May 2023: Annual policy review; added Cochlear Implants Medical Necessity Guidelines to Additional Resources
- January 2022: Annual code updates
- March 2022: Annual policy review; added information regarding existing taxonomy coding for audiologists; updated prior authorization requirements for hearing aids for SCO members, effective for dates of service on or after January 1, 2022; added existing edit for auditory screenings for all products and audiologic function tests for Commercial and Senior Products
- September 2021: Policy reviewed by committee; no changes
- July 2021: Added billing instructions for dispensing of hearing aids for Tufts Health Together
- May 2020: Removed prior authorization language for hearing aids for Tufts Health Public Plans members, in accordance with existing hearing aid benefits
- May 2019: Policy reviewed by committee; added Senior Products content to combine policies; added content applicable to Tufts Health Public Plans
- April 2019: Removed procedure code list; added language directing providers to their contracts to determine specific procedure codes that may be billed
- June 2018: Template updates

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.