# 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 Reimburses

**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.

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

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
This 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.