

Hearing Aids

Policy

Mass General Brigham Health Plan will reimburse hearing aids for Mass General Brigham Health Plan members who have been clinically diagnosed and determined to be hearing-impaired. Hearing aids must be dispensed by a licensed audiologist and/or board-certified hearing instrument specialists (BC-HIS) as defined in M.G.L. c.112, §196. This policy is intended for guidance and does not guarantee reimbursement.

Policy Limitations

This policy applies to all Mass General Brigham Health Plan members who meet medical necessity for the use of approved hearing aids as set forth in this policy. This policy is not intended to be a statement of benefit coverage for all products offered under a plan type. Prior to providing a service provider should check the members eligibility and evidence of coverage for the member's product/plan.

Authorization and Referral

Service	Requirement
Hearing Aid Devices	Prior authorization is required <ul style="list-style-type: none">Not covered for MassHealth Essential & Commonwealth Care Members

Mass General Brigham Health Plan Reimburses

Mass General Brigham Health Plan Will Reimburse Qualified Providers For:

- Hearing aids including but not limited to the following types:
 - Monaural
 - Binaural
 - CROS
 - BICROS
 - Analog
 - Digitally programmable

Provider Payment Guidelines

- Related Supplies and necessary accessories for use including Ear Molds

Mass General Brigham Health Plan Does *Not* Reimburse

- Hearing assistive devices (commercial and Medicare Advantage members), unless specified in the member’s evidence of coverage
- Batteries (commercial and Medicare Advantage members)
- Repairs when hearing aids are under a warranty

Billing Limitations

- All claims must be filed within 90 days of the date of service.
- Services must be submitted on a CMS-1500 form
- Monaural hearing aid procedure codes must be billed with a LT or RT modifier to denote which ear was serviced.
- Binaural hearing aids must be billed with a unit of one.

Service Limitations and Billing Guidelines

Mass General Brigham Health Plan will reimburse eligible and qualified hearing aid dispensing providers according to the service limitations set forth in this policy and for the hearing aids described in the table below.

Service Code	Descriptor
V5030	Hearing aid, monaural, body worn, air conduction
V5040	Hearing aid, monaural, body worn, bone conduction
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5100	Hearing aid, bilateral, body worn
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5150	Binaural, glasses

Provider Payment Guidelines

Service Code	Descriptor
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)
V5181	Hearing aid, contralateral routing device, monaural, behind the ear
V5190	Hearing aid, CROS, glasses
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE
V5230	Hearing aid, BICROS, glasses
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
V5243	Hearing aid, analog, monaural, ITC (in the canal)
V5244	Hearing aid, digitally programmable analog, monaural, CIC
V5245	Hearing aid, digitally programmable, analog, monaural, ITC
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
V5248	Hearing aid, analog, binaural, CIC
V5249	Hearing aid, analog, binaural, ITC
V5250	Hearing aid, digitally programmable analog, binaural, CIC
V5251	Hearing aid, digitally programmable analog, binaural, ITC
V5252	Hearing aid, digitally programmable, binaural, ITE
V5253	Hearing aid, digitally programmable, binaural, BTE
V5254	Hearing aid, digital, monaural, CIC

Provider Payment Guidelines

Service Code	Descriptor
V5255	Hearing aid, digital, monaural, ITC
V5256	Hearing aid, digital, monaural, ITE
V5257	Hearing aid, digital, monaural, BTE
V5258	Hearing aid, digital, binaural, CIC
V5259	Hearing aid, digital, binaural, ITC
V5260	Hearing aid, digital, binaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5262	Hearing aid, disposable, any type, monaural
V5263	Hearing aid, disposable, any type, binaural

Modifiers

Modifiers must be appended where necessary, to denote the ear serviced.

Modifier	Descriptor	Comments
RT	Right side (used to identify procedures performed on the right side of the body)	
LT	Left side (used to identify procedures performed on the left side of the body)	

Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Hearing Aid: A wearable device designed for the purposes of aiding and/or compensating for hearing loss, which can be inserted directly into the ear or worn in conjunction with an ear mold, air conduction receiver, or bone oscillator.

Audiologist: Audiologists work with peripheral and central audiological systems and vestibular dysfunctions.

Provider Payment Guidelines

Audiologists screen, identify, assess and interpret, diagnose, rehabilitate and work to prevent communication disorders.

Hearing Instrument Specialist: Hearing Instrument Specialists are individuals who engage in the practice of dispensing or fitting hearing aids. The practice of fitting and dispensing hearing aids means the measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to compensate for impaired hearing. Individuals who have attained the Board-Certified Designation are distinguished by the credentials "BC-HIS" following their names.

Hearing Assistive Devices:

Hearing Assistive Devices expand the functionality of hearing aids by separating the sounds a person wants to hear from background noise. A hearing assistive device consists of a microphone to collect sound, a transmitter to send the signal across a distance, a receiver to intercept the signal, and any one of several different listening attachments to send the sound from the receiver to the user's ear or hearing aid.

Ear Molds:

An **ear mold** is a device worn inserted into the ear for sound conduction or ear protection. Ear molds are anatomically shaped and can be produced in different sizes for general use or specially cast from particular ear forms. As a conductor, it improves sound transmission to eardrums.

References

[Massachusetts General Laws, Section 196, Definitions](#)

[Massachusetts House Bill 0052](#)

[The Children's Hearing Aid Bill - Chapter 233 of the Acts of 2012 \(HB 52\)](#)

[Summary: Chapter 233 of the Acts of 2012 \(HB 52\)](#)

[M.G.L. Chapter 112, Sections 196 to 198 and Sections 61 to 65](#)

Publication History

Topic: Hearing Aids	Owner: Network Management
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January 1, 2013

Original documentation

January 1, 2019

Document restructure; codes, code descriptor and references updated. Remove

Provider Payment Guidelines

January 1, 2023

V5170, V5180, V5210, V5220 and Added V5211-V5221
Document rebrand; updated references

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.