



# Hearing Aid Billing Guidelines

## Reimbursement Policy

### Policy

Community Health Options (“Health Options”) reimburses hearing aid(s) as a covered service when coding/billing guidelines, and member eligibility/benefits are met.

Providers and facilities are required to report CPT, HCPCS, and modifiers on claims at the highest level of specificity, when an appropriate code exists, that is supported by the medical record.

Health Options follows state and federal regulations on coverage where all of the following criteria are met:

1. Hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 137.
2. Hearing aid must be purchased in accordance with federal and state laws, regulations and rules for the sale and dispensing of hearing aids.
3. Policy or contract may limit coverage to \$3,000 per hearing aid for each hearing-impaired ear every 36 months.

### Definitions

Hearing Aid – nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired hearing, excluding supplies (batteries/cords) and frequency modulation systems or other assistive listening devices.

### Billing Guidelines

Modifiers are required for reimbursing monaural hearing aids, missing modifiers may result in claim denial:

RT – Right

LT – Left

*Do not use modifier 50 for purchases or rentals of hearing aid(s) as this is inappropriate.*

Modifiers are not applicable for binaural hearing aids. Billing with modifiers RT or LT will be denied.

### Non-Covered Services

HCPCS	Description
V5266	BATTERY FOR USE IN HEARING DEVICE
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, A
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE
V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER

V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DEC
V5272	ASSISTIVE LISTENING DEVICE, TDD
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR
V5274	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIE
V5281	ASSIST LIST DEVC PERS FM/DM SYS MONAURL ANY TYPE
V5282	ASSIST LIST DEVC PERS FM/DM SYS BINAURL ANY TYPE
V5283	ASSIST LIST DEVC PERS FM/DM NCK LOOP INDUCT RECV
V5284	ASSIST LIST DEVICE PERS FM/DM EAR LEVEL RECEIVER
V5285	ASSIST LIST DEVC PERS FM/DM DIR AUDIO INPUT RECV
V5286	ASSIST LISTEN DEVC PERS BLUE TOOTH FM/DM RECEIVR
V5287	ASSISTIVE LISTENING DEVC PERS FM/DM RECEIVER NOS
V5288	ASSIST LISTEN DEVC PERS FM/DM TRANSMITTER ALD
V5289	ASSIST LIST DEVC PERS FM/DM ADPTR/BOOT CPLG RECV
V5290	ASSIST LISTEN DEVC TRANSMITT MICROPHONE ANY TYPE
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE

### References / Resources

American Speech-Language-Hearing Association (ASHA): <https://www.asha.org/>

Maine Rev. Stat. Ann. tit. 24-A § 33-2762 as amended by LD 38: <https://legislature.maine.gov/>

### Related Policies

Modifier Reference Guide

### Document Publication History

7/20/2022 Initial publication; effective 9/18/2022

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This policy provides information on Community Health Options' claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction 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 guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.