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## Hearing Aids: Billing

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This section contains information about billing for hearing aids. Medi-Cal limits the total cost of hearing aid benefits, including sales tax, to \$1,510 per recipient per fiscal year (*Welfare and Institutions Code* [W&I Code], Section 14131.05). For additional information, refer to the *Hearing Aids* section of this manual.

### Date of Service

The date that the hearing aid was ordered is entered as the date of service in the *Date(s) of Service* field (Box 24A) and the usual and customary fee is entered in the *Charges* field (Box 24F).

### Modifiers

Claims submitted for hearing aids and accessories must be billed with modifier NU (new equipment purchase), RB (repair) or RR (rental), as appropriate.

### Monaural Hearing Aids

Conventional electronic monaural hearing aids are billed with HCPCS codes V5030 – V5080 for analog types. A *Treatment Authorization Request* (TAR), California Children's Services (CCS) Service Authorization Request (SAR) or CCS Legacy authorization is required for all claims.

Claims billed for monaural hearing aids must include the following in the *Additional Claim Information* field (Box 19) or on an attachment to the claim:

- Manufacturer's name
- Catalog number or serial number
- One-unit wholesale cost (Wholesale cost is defined as the "unit price" or the "single" unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.)
- Amount of actual sales tax paid to the manufacturer

**Note:** HCPCS code V5298 (hearing aid not otherwise classified), is a Medi-Cal benefit. To bill code V5298, refer to "Programmable or Digital Hearing Aid Systems" on a following page in this section.

## Reimbursement

Monaural hearing aid claims are paid the least of the following:

- Wholesale cost plus \$635.00, or
- \$883.80, or
- The billed amount

## Binaural Hearing Aids

Conventional electronic binaural hearing aids are billed with HCPCS codes V5120 – V5150 for analog types. A TAR, CCS SAR or Legacy authorization is required for all claims.

Claims billed for binaural hearing aids must include the following in the *Additional Claim Information* field (Box 19) or on an attachment to the claim:

- Manufacturer's name
- Catalog number or serial number
- One-unit wholesale cost (Wholesale cost is defined as the "unit price" or the "single" unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.)
- Amount of actual sales tax paid to the manufacturer

Binaural hearing aids must be authorized and billed using the appropriate HCPCS codes (V5120 – V5150 and V5298) and a quantity of "1" (not "2"). The invoice should document the cost of two hearing aids.

**Note:** HCPCS code V5298 (hearing aid not otherwise classified), is a Medi-Cal benefit. To bill code V5298, refer to "Programmable or Digital Hearing Aid Systems" on a following page in this section.

## Reimbursement

Binaural hearing aid claims are paid the least of the following:

- Wholesale cost plus \$1,025, or
- \$1,480.32, or
- The billed amount

## **Monaural Contralateral Routing Device Hearing Aids**

Monaural contralateral routing device hearing aids are billed with HCPCS codes V5171, V5172, V5181 and V5190.

A copy of the TAR, CCS SAR or Legacy authorization that approved the service may be requested from the provider at any time.

Claims billed for monaural contralateral routing device hearing aids must include the following in the *Additional Claim Information* field (Box 19) or on an attachment to the claim.

- Manufacturer's name
- Catalog number or serial number
- One-unit wholesale cost (Wholesale cost is defined as the "unit price" or the "single" unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.)
- Amount of actual sales tax paid to the manufacturer

### **Reimbursement**

Monaural contralateral routing device hearing aid claims are paid the least of the following:

- Wholesale cost plus \$635.00, or
- \$883.80, or
- The billed amount

## **Binaural Contralateral Routing System Hearing Aids**

Binaural contralateral routing system hearing aids are billed with HCPCS codes V5211 – V5215, V5221 and V5230.

A copy of the TAR, CCS SAR or Legacy authorization that approved the service may be requested from the provider at any time.

Claims billed for binaural contralateral routing system hearing aids must include the following in the *Additional Claim Information* field (Box 19) or on an attachment to the claim:

- Manufacturer's name
- Catalog number or serial number
- One-unit wholesale cost (Wholesale cost is defined as the "unit price" or the "single" unit price as identified in the manufacturer's wholesale catalog less rebates, discounts, taxes or any other factors.)
- Amount of actual sales tax paid to the manufacturer

Binaural contralateral routing system hearing aids must be authorized and billed using the appropriate HCPCS codes (V5211 – V5215, V5221, V5230 and V5298) and a quantity of "1" (not "2"). The invoice should document the cost of two hearing aids.

### **Reimbursement**

Binaural contralateral routing system hearing aid claims are paid the least of the following:

- Wholesale cost plus \$1,025 or
- \$1,480.32, or
- The billed amount

## **Programmable or Digital Hearing Aid Systems**

HCPCS code V5298 (hearing aid, not otherwise classified) must be used to bill for programmable or digital hearing aid systems whether monaural or binaural.

### **Authorization**

Programmable or digital hearing aid systems require a *Treatment Authorization Request* (TAR) that must include the hearing aid manufacturer name and model or serial number, and a copy of the manufacturer's wholesale catalog page with the hearing aid description and price. For more information, refer to the *Hearing Aids: Billing Codes and Reimbursement Rates* section in this manual.

### **Claim Submission**

Claims submitted for programmable or digital hearing aid systems must include the hearing aid invoice in addition to all listed items under either the monaural or binaural hearing aid sections.

If the invoice justifies the purchase of two digital hearing aids (binaural), then providers are reimbursed for both hearing aids plus \$1,025 (one time only).

### **Loss and Damage Replacement (V5298 only)**

Hearing aids that are lost or damaged beyond repair may be replaced if a loss and damage feature was included in the purchase price. Providers must submit a TAR, CCS SAR or CCS Legacy authorization for replacement that includes supporting documentation indicating the loss and damage feature provision, the hearing aid manufacturer name and model or serial number and the replacement fee. The replacement fee must be listed on the TAR, CCS SAR or CCS Legacy authorization to signify the purchase of a new hearing aid system under the terms of a loss and damage feature.

Providers billing for loss and damage replacement of programmable or digital hearing aid systems must use code V5298, include a copy of the loss and damage feature provision, and state "replacement cost" in the *Additional Claim Information* field (Box 19) area or on an attachment to the claim, in order to receive reimbursement for the replacement fee.

## **EPSDT Supplemental Service Hearing Aid Claims**

California Children's Services uses HCPCS code Z5946 to authorize requests for children who are Medi-Cal recipients as Early and Periodic Screening, Diagnostic and Treatment Supplemental Service (EPSDT SS). Claims billed for hearing aids through EPSDT SS must include a copy of the manufacturer's invoice. When billing for binaural hearing aids using code Z5946, providers should bill for a quantity of one (one binaural unit), but the invoice should justify reimbursement for two units (one for each ear). A CCS Service Authorization Request (SAR) or CCS Legacy Authorization is required for EPSDT SS hearing aids.

Hearing aid claims for Z5946 billed through EPSDT are paid at the manufacturer's invoice price plus 60 percent.

## **Hearing Aid Supplies and Accessories for Specific Needs**

Hearing aid supplies and accessories necessary to meet a recipient's specific hearing aid needs must be billed using HCPCS code V5267 (hearing aid supplies/accessories).

### **Prior Authorization**

These supplies and accessories require a TAR, CCS SAR or CCS Legacy authorization that must include the supply or accessory manufacturer name and model number, and a copy of the wholesale catalog page with the supply or accessory description and the manufacturer price.

**Note:** HCPCS code V5267 may **not** be used to bill for supplies and accessories required for basic hearing aid functionality.

### **Claim Submission**

Claims submitted for hearing aid supplies and accessories for a recipient's specific needs must include an invoice indicating the one-unit wholesale cost.

## **«Bone Conduction Hearing Devices**

For billing policy for bone conduction hearing devices (BCHDs) and cochlear implantation (CI), refer to the [Audiological Services](#) section of this manual.>>

## **Medicare Non-Covered**

Hearing aids are not a Medicare benefit and do not require a denial letter from Medicare for reimbursement. The list of hearing aid-related codes that are Medicare non-covered is located in the *Medicare Non-Covered Services: HCPCS Codes* section in this provider manual.

## **Reimbursement**

Medi-Cal reimburses providers for hearing aids, accessories and related services based on the provider's usual charge to the general public, not to exceed the maximum rates. Refer to the *Hearing Aids: Billing Codes and Reimbursement Rates* section of this manual for more information about maximum reimbursement rates. Sales tax is added to the maximum allowance.

Hearing aid maximum allowances are for new instruments and include up to six post-sale visits for training, adjustments and fitting, a cord, receiver and other components normally required to use the instrument.

## **Batteries**

The hearing aid fitting and dispensing fee includes the cost of one standard battery package. Replacement batteries are not covered.

## **CCS Replacement Batteries**

CCS uses HCPCS code Z5822 with modifier NU to authorize requests for replacement hearing aid batteries for children who are CCS or Medi-Cal recipients. CCS-authorized hearing aid batteries are reimbursed at cost plus 60 percent. The supplier's invoice with sufficient detail to determine the cost of a single battery must be submitted with the claim.

## **Sales Tax**

State statute requires Medi-Cal to base payment for sales tax on hearing aids on the tax amount actually paid by the provider. Providers must list the sales tax in the *Additional Claim Information* field (Box 19) of the claim or on an attachment.

The total amount billed (including sales tax) is shown on the claim line, and the cost of the hearing aid supplies and the applicable amount of sales tax is itemized in the *Additional Claim Information* field (Box 19) of the claim. Providers combine the item's purchase or rental price with any applicable sales tax and bill on the same line.

Binaural hearing aids must be authorized and billed using the appropriate HCPCS codes (V5120 – V5150 and V5298) and quantity of “1” (not “2”). Sales tax is reimbursable in addition to the allowances listed in the *Hearing Aids: Billing Codes and Reimbursement Rates* section of this manual.

## **Shipping and Handling**

Charges for shipping and handling are not reimbursable.

## **Guarantees**

All hearing aids are to be guaranteed for at least one year exclusive of ear piece, cord and batteries. The guarantee is to cover the repair or replacement of any or all defective parts and labor on a new hearing aid (out-of-guarantee repairs are to have a minimum guarantee for at least six months).

## **Repairs**

Dealer charges on repairs, subsequent to the guarantee period, may be reimbursed. Repair facility reports must be available for review upon request. Claims must be billed with HCPCS code V5014 (repair/modification of a hearing aid) and modifier RB (repair/replacement).

## **Claim Submission**

When billing for hearing aid repairs, indicate the nature of the repair and the invoice cost of the repair in the *Additional Claim Information* field (Box 19) of the claim. The *Charges* field (Box 24F) should reflect the provider's usual and customary charge for the service rendered.



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<b>Symbol</b>	<b>Description</b>
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