

## PROVIDER BULLETIN

Volume 40 Number 09

<http://dss.mo.gov/mhd/>

July 24, 2017

## **RATE UPDATE FOR AUDIOLOGY AND HEARING AID SERVICES**

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- **RATE UPDATE FOR THE FOLLOWING PROGRAMS:**
    - **AUDIOLOGY**
    - **HEARING AID**
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### **MAXIMUM ALLOWABLE RATE DECREASE**

Effective for dates of services on or after July 1, 2017, the MO HealthNet Division (MHD) Fee-For-Service maximum allowable rates are reduced by approximately three percent (3%) for audiology and hearing aid services. These changes are due to reductions included in the Fiscal Year 2018 budget.

The MHD will reimburse the lower of the provider's billed charge or the maximum allowable amount for the date of service billed. Providers may not bill the MHD at a higher rate than they charge their private pay patients. Providers must bill the MHD their usual and customary rate.

The affected procedure codes and amounts are indicated on Attachment A.

The MHD will reprocess claims paid for dates of service on or after July 1, 2017. Please check your future remittance advice statements for rate adjustments.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**

PROCEDURE CODE	MODIFIER	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
92507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, &/OR AUDITORY PROCESSING DISORDER (INCL AURAL REHAB)	\$10.82	\$10.50
92531		SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	\$19.42	\$18.85
92532		POSITIONAL NYSTAGMUS	\$22.56	\$21.90
92533		IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS)	\$25.18	\$24.45
92534		OPTOKINETIC NYSTAGMUS	\$27.91	\$27.10
92540		BASIC VESTIBULAR EVALUATION	\$46.56	\$45.20
92541		SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	\$20.60	\$20.00
92542		POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	\$20.60	\$20.00
92543		CALORIC VESTIBULAR TEST	\$23.98	\$23.28
92544		OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING	\$10.30	\$10.00
92545		OSCILLATING TRACKING TEST, WITH RECORDING	\$10.30	\$10.00
92546		SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$15.45	\$15.00
92547		USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$5.26	\$5.11
92550		TYMPANOMETRY & REFLEX THRESH	\$10.14	\$9.84
92551		PURE TONE HEARING TEST AIR	\$5.15	\$5.00
92552		PURE TONE AUDIOMETRY AIR	\$8.24	\$8.00
92553		AUDIOMETRY AIR & BONE	\$11.33	\$11.00

PROCEDURE CODE	MODIFIER	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
92555		SPEECH AUDIOMETRY THRESHOLD;	\$5.15	\$5.00
92556		SPEECH AUDIOMETRY COMPLETE	\$5.15	\$5.00
92557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION & SPEECH RECOGNITION (92553 AND 92556 COMBINED)	\$20.60	\$20.00
92557	22	BASIC COMPREHENSIVE AUDIOMETRY HEARING EXAM, INCLUDING THE MEASURING OF HEARING ACUITY AND TESTS REL	\$20.60	\$20.00
92558		EVOKED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATI	\$27.92	\$27.11
92562		LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$3.40	\$3.30
92563		TONE DECAY TEST	\$3.40	\$3.30
92564		SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$3.40	\$3.30
92565		STENGER TEST PURE TONE	\$11.08	\$10.76
92567		TYMPANOMETRY (IMPEDANCE TESTING)	\$5.15	\$5.00
92568		ACOUSTIC REFLEX TESTING	\$5.15	\$5.00
92570		ACOUSTIC IMMITANCE TESTING	\$15.48	\$15.03
92572		STAGGERED SPONDAIC WORD TEST	\$14.68	\$14.25
92577		STENGER TEST SPEECH	\$15.27	\$14.83
92579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$20.60	\$20.00
92582		CONDITIONING PLAY AUDIOMETRY	\$20.60	\$20.00
92583		SELECT PICTURE AUDIOMETRY	\$5.15	\$5.00
92584		ELECTROCOCHLEOGRAPHY	\$58.92	\$57.20
92585		AUDITOR EVOKE POTENT COMPRE	\$87.88	\$85.32
92586		AUDITOR EVOKE POTENT LIMIT	\$36.49	\$35.43
92587		EVOKED AUDITORY TEST LIMITED	\$27.92	\$27.11
92588		EVOKED AUDITORY TST COMPLETE	\$39.22	\$38.08

PROCEDURE CODE	MODIFIER	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
92601		COCHLEAR IMPLT F/UP EXAM <7	\$10.82	\$10.50
92602		REPROGRAM COCHLEAR IMPLT 7/>	\$10.82	\$10.50
92603		COCHLEAR IMPLT F/UP EXAM 7/>	\$10.82	\$10.50
92604		REPROGRAM COCHLEAR IMPLT 7/>	\$10.82	\$10.50
92620		AUDITORY FUNCTION 60 MIN	\$22.16	\$21.51
92621		AUDITORY FUNCTION + 15 MIN	\$5.72	\$5.55
92626		EVAL AUD REHAB STATUS	\$42.11	\$40.88
92627		EVAL AUD STATUS REHAB ADD-ON	\$10.62	\$10.31
92630		AUD REHAB PRE-LING HEAR LOSS	\$10.82	\$10.50
92633		AUD REHAB POSTLING HEAR LOSS	\$10.82	\$10.50
99429	EP	UNLISTED PREVENTIVE (HEARING)	\$5.15	\$5.00
S9152		SPEECH THERAPY, RE-EVAL	\$10.82	\$10.50
V5011	LT	FITTING/ORIENTATION/CHECKING OF HEARING AID	\$10.30	\$10.00
V5011	RT	FITTING/ORIENTATION/CHECKING OF HEARING AID	\$10.30	\$10.00
V5011	22	FITTING/ORIENTATION/CHECKING OF HEARING AID(USED FOR POST FITTING EVALUATION)	\$25.75	\$25.00
V5011	22	FITTING/ORIENTATION/CHECKING OF HEARING AID(USED FOR POST FITTING EVALUATION)	\$25.75	\$25.00
V5030	LT	HEARING AID, MONAURAL; BODY WORN, AIR CONDUCTION	\$396.55	\$385.00
V5030	RT	HEARING AID, MONAURAL; BODY WORN, AIR CONDUCTION	\$396.55	\$385.00
V5040	LT	HEARING AID, MONAURAL; BODY WORN, BONE CONDUCTION	\$396.55	\$385.00
V5040	RT	HEARING AID, MONAURAL; BODY WORN, BONE CONDUCTION	\$396.55	\$385.00
V5050	LT	HEARING AID, MONAURAL; IN THE EAR	\$396.55	\$385.00
V5050	RT	HEARING AID, MONAURAL; IN THE EAR	\$396.55	\$385.00

PROCEDURE CODE	MODIFIER	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V5060	LT	HEARING AID, MONAURAL; BEHIND THE EAR	\$396.55	\$385.00
V5060	RT	HEARING AID, MONAURAL; BEHIND THE EAR	\$396.55	\$385.00
V5090	LT	DISPENSING FEE, UNSPECIFIED HEARING AID	\$97.85	\$95.00
V5090	RT	DISPENSING FEE, UNSPECIFIED HEARING AID	\$97.85	\$95.00
V5100	LT	HEARING AID, BILATERAL, BODY WORN	\$396.55	\$385.00
V5100	RT	HEARING AID, BILATERAL, BODY WORN	\$396.55	\$385.00
V5110	LT	DISPENSING FEE, BILATERAL	\$97.85	\$95.00
V5110	RT	DISPENSING FEE, BILATERAL	\$97.85	\$95.00
V5120	LT	BINAURAL, BODY	\$396.55	\$385.00
V5120	RT	BINAURAL, BODY	\$396.55	\$385.00
V5130	LT	BINAURAL; IN THE EAR	\$396.55	\$385.00
V5130	RT	BINAURAL; IN THE EAR	\$396.55	\$385.00
V5140	LT	BINAURAL; BEHIND THE EAR	\$396.55	\$385.00
V5140	RT	BINAURAL; BEHIND THE EAR	\$396.55	\$385.00
V5160	LT	DISPENSING FEE, BINAURAL	\$97.85	\$95.00
V5160	RT	DISPENSING FEE, BINAURAL	\$97.85	\$95.00
V5170	LT	HEARING AID, CROS; IN THE EAR	\$396.55	\$385.00
V5170	RT	HEARING AID, CROS; IN THE EAR	\$396.55	\$385.00
V5180	LT	HEARING AID, CROS; BEHIND THE EAR	\$396.55	\$385.00
V5180	RT	HEARING AID, CROS; BEHIND THE EAR	\$396.55	\$385.00
V5200	LT	DISPENSING FEE, CROS	\$97.85	\$95.00
V5200	RT	DISPENSING FEE, CROS	\$97.85	\$95.00
V5210	LT	HEARING AID, BICROS; IN THE EAR	\$396.55	\$385.00
V5210	RT	HEARING AID, BICROS; IN THE EAR	\$396.55	\$385.00
V5220	LT	HEARING AID, BICROS; BEHIND THE EAR	\$396.55	\$385.00

PROCEDURE CODE	MODIFIER	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V5220	RT	HEARING AID, BICROS; BEHIND THE EAR	\$396.55	\$385.00
V5240	LT	DISPENSING FEE, BICROS	\$97.85	\$95.00
V5240	RT	DISPENSING FEE, BICROS	\$97.85	\$95.00
V5241	LT	DISPENSING FEE, MONAURAL HEARING	\$97.85	\$95.00
V5241	RT	DISPENSING FEE, MONAURAL HEARING	\$97.85	\$95.00
V5242	LT	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR)	\$396.55	\$385.00
V5242	RT	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR)	\$396.55	\$385.00
V5243	LT	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	\$396.55	\$385.00
V5243	RT	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	\$396.55	\$385.00
V5244	LT	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	\$396.55	\$385.00
V5244	RT	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	\$396.55	\$385.00
V5245	LT	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	\$396.55	\$385.00
V5245	RT	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	\$396.55	\$385.00
V5246	LT	HEARING AID, DIGITALLY ANALOG, MONAURAL, ITE (IN THE EAR)	\$396.55	\$385.00
V5246	RT	HEARING AID, DIGITALLY ANALOG, MONAURAL, ITE (IN THE EAR)	\$396.55	\$385.00
V5247	LT	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	\$396.55	\$385.00

PROCEDURE CODE	MODIFIER	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V5247	RT	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	\$396.55	\$385.00
V5248	LT	HEARING AID, ANALOG, BINAURAL, CIC	\$396.55	\$385.00
V5248	RT	HEARING AID, ANALOG, BINAURAL, CIC	\$396.55	\$385.00
V5249	LT	HEARING AID, ANALOG, BINAURAL, ITC	\$396.55	\$385.00
V5249	RT	HEARING AID, ANALOG, BINAURAL, ITC	\$396.55	\$385.00
V5250	LT	HEARING AID, DIGITALLY PROGRAMABLE ANALOG, BINAURAL, CIC	\$396.55	\$385.00
V5250	RT	HEARING AID, DIGITALLY PROGRAMABLE ANALOG, BINAURAL, CIC	\$396.55	\$385.00
V5251	LT	HEARING AID, DIGITALLY PROGRAMABLE ANALOG, BINAURAL, ITC	\$396.55	\$385.00
V5251	RT	HEARING AID, DIGITALLY PROGRAMABLE ANALOG, BINAURAL, ITC	\$396.55	\$385.00
V5252	LT	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	\$396.55	\$385.00
V5252	RT	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	\$396.55	\$385.00
V5253	LT	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	\$396.55	\$385.00
V5253	RT	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	\$396.55	\$385.00
V5254	LT	HEARING AID, DIGITAL, MONAURAL, CIC	\$396.55	\$385.00
V5254	RT	HEARING AID, DIGITAL, MONAURAL, CIC	\$396.55	\$385.00
V5255	LT	HEARING AID, DIGITAL, MONAURAL, ITC	\$396.55	\$385.00
V5255	RT	HEARING AID, DIGITAL, MONAURAL, ITC	\$396.55	\$385.00
V5256	LT	HEARING AID, DIGITAL, MONAURAL, ITE	\$396.55	\$385.00
V5256	RT	HEARING AID, DIGITAL, MONAURAL, ITE	\$396.55	\$385.00

PROCEDURE CODE	MODIFIER	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V5257	LT	HEARING AID, DIGITAL, MONAURAL, BTE	\$396.55	\$385.00
V5257	RT	HEARING AID, DIGITAL, MONAURAL, BTE	\$396.55	\$385.00
V5258	LT	HEARING AID, DIGITAL, BINAURAL, CIC	\$396.55	\$385.00
V5258	RT	HEARING AID, DIGITAL, BINAURAL, CIC	\$396.55	\$385.00
V5259	LT	HEARING AID, DIGITAL, BINAURAL, ITC	\$396.55	\$385.00
V5259	RT	HEARING AID, DIGITAL, BINAURAL, ITC	\$396.55	\$385.00
V5260	LT	HEARING AID, DIGITAL, BINAURAL, ITE	\$396.55	\$385.00
V5260	RT	HEARING AID, DIGITAL, BINAURAL, ITE	\$396.55	\$385.00
V5261	LT	HEARING AID, DIGITAL, BTE	\$396.55	\$385.00
V5261	RT	HEARING AID, DIGITAL, BTE	\$396.55	\$385.00
V5264	LT	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	\$25.75	\$25.00
V5264	RT	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	\$25.75	\$25.00
V5266		BATTERY FOR USE IN HEARING DEVICE	\$1.61	\$1.56
V5275	LT	EAR IMPRESSION, EACH	\$5.15	\$5.00
V5275	RT	EAR IMPRESSION, EACH	\$5.15	\$5.00