

PROVIDER BULLETIN

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HEARING AID PROGRAM BULLETIN

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- HEARING AID PROGRAM RATE INCREASES

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Effective for dates of service on or after July 1, 2019, the MO HealthNet Division (MHD) fee-for-service maximum allowable rates for certain procedures in the Hearing Aid Program are increased by approximately one and a half percent (1.5%). The MHD will reimburse the lesser of the provider's usual and customary billed charge or the maximum allowable amount for the date of service billed. Providers may not bill the MHD at a higher rate than charged to private-pay patients.

The procedure codes affected and new maximum allowable amounts are as follows:

Proc Code	Mod	Mod	Description	Rate as of 07/01/19
92507			Speech/Hearing Therapy	\$10.82
92531			Spontaneous Nystagmus, Including Gaze	\$19.42
92532			Positional Nystagmus	\$22.56
92533			Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes 4 Tests)	\$25.19
92534			Optokinetic Nystagmus	\$27.92
92540			Basic Vestibular Evaluation	\$46.57
92541			Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording	\$20.60
92542			Positional Nystagmus Test, Minimum Of 4 Positions, With Recording	\$20.60
92543			Caloric Vestibular Test	\$23.63
92544			Optokinetic Nystagmus Test, Bidirectional, Foveal or Peripheral Stimulation, With Recording	\$10.30
92545			Oscillating Tracking Test, With Recording	\$10.30
92546			Sinusoidal Vertical Axis Rotational Testing	\$15.46
92547			Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure)	\$5.27
92550			Tympanometry & Reflex Thresh	\$10.14
92551			Pure Tone Hearing Test Air	\$5.16

92552			Pure Tone Audiometry Air	\$8.24
92553			Audiometry Air & Bone	\$11.34
92555			Speech Audiometry Threshold;	\$5.16
92556			Speech Audiometry Complete	\$5.16
92557			Comprehensive Audiometry Threshold Evaluation & Speech Recognition (92553 And 92556 Combined)	\$20.60
92557	22		Basic Comprehensive Audiometry Hearing Exam, Including The Measuring Of Hearing Acuity And Tests	\$20.60
92558			Evoked Otoacoustic Emissions, Screening	\$27.93
92562			Loudness Balance Test, Alternate Binaural Or Monaural	\$3.40
92563			Tone Decay Test	\$3.40
92564			Short Increment Sensitivity Index (SISI)	\$3.40
92565			Stenger Test Pure Tone	\$11.08
92567			Tympanometry (Impedance Testing)	\$5.16
92568			Acoustic Reflex Testing	\$5.16
92570			Acoustic Immittance Testing	\$15.49
92572			Staggered Spondaic Word Test	\$14.68
92579			Visual Reinforcement Audiometry (VRA)	\$20.60
92582			Conditioning Play Audiometry	\$20.60
92583			Select Picture Audiometry	\$5.16
92584			Electrocochleography	\$58.93
92585			Auditor Evoke Potent Comprehensive	\$87.90
92586			Auditor Evoke Potent Limit	\$36.50
92601			Cochlear Implt F/Up Exam <7	\$10.82
92602			Reprogram Cochlear Implt <7	\$10.82
92603			Cochlear Implt F/Up Exam 7/>	\$10.82
92604			Reprogram Cochlear Implt 7/>	\$10.82
92620			Auditory Function 60 Min	\$22.16
92621			Auditory Function + 15 Min	\$5.71
92626			Eval Aud Rehab Status	\$42.11
92627			Eval Aud Status Rehab Add-On	\$10.62
92630			Aud Rehab Pre-Ling Hear Loss	\$10.82
92633			Aud Rehab Postlingual Hear Loss	\$10.82
99429	EP		Unlisted Preventive (Hearing)	\$5.16
S9152			Speech Therapy, Re-Eval	\$10.82
V5011	22	LT	Fitting/Orientation/Checking Of Hearing Aid (Used For Post Fitting Evaluation)	\$25.76
V5011	22	RT	Fitting/Orientation/Checking Of Hearing Aid (Used For Post Fitting Evaluation)	\$26.53
V5011	LT		Fitting/Orientation/Checking Of Hearing Aid	\$10.30
V5011	RT		Fitting/Orientation/Checking Of Hearing Aid	\$10.30
V5030	LT		Hearing Aid, Monaural; Body Worn, Air Conduction	\$396.64

V5030	RT		Hearing Aid, Monaural; Body Worn, Air Conduction	\$396.64
V5040	LT		Hearing Aid, Monaural; Body Worn, Bone Conduction	\$396.64
V5040	RT		Hearing Aid, Monaural; Body Worn, Bone Conduction	\$396.64
V5050	LT		Hearing Aid, Monaural; In The Ear	\$396.64
V5050	RT		Hearing Aid, Monaural; In The Ear	\$396.64
V5060	LT		Hearing Aid, Monaural; Behind The Ear	\$396.64
V5060	RT		Hearing Aid, Monaural; Behind The Ear	\$396.64
V5090	LT		Dispensing Fee, Unspecified Hearing Aid	\$97.88
V5090	RT		Dispensing Fee, Unspecified Hearing Aid	\$97.88
V5100	LT		Hearing Aid, Bilateral, Body Worn	\$396.64
V5100	RT		Hearing Aid, Bilateral, Body Worn	\$396.64
V5110	LT		Dispensing Fee, Bilateral	\$97.88
V5110	RT		Dispensing Fee, Bilateral	\$97.88
V5120	LT		Binaural, Body	\$396.64
V5120	RT		Binaural, Body	\$396.64
V5130	LT		Binaural; In The Ear	\$396.64
V5130	RT		Binaural; In The Ear	\$396.64
V5140	LT		Binaural; Behind The Ear	\$396.64
V5140	RT		Binaural; Behind The Ear	\$396.64
V5160	LT		Dispensing Fee, Binaural	\$97.88
V5160	RT		Dispensing Fee, Binaural	\$97.88
V5171	LT		Hearing Aid Monaural ITE	\$396.64
V5171	RT		Hearing Aid Monaural ITE	\$396.64
V5172	LT		Hearing Aid Monaural ITC	\$396.64
V5172	RT		Hearing Aid Monaural ITC	\$396.64
V5181	LT		Hearing Aid Monaural BTE	\$396.64
V5181	RT		Hearing Aid Monaural BTE	\$396.64
V5200	LT		Disp Fee Contralateral Monaural	\$97.88
V5200	RT		Disp Fee Contralateral Monaural	\$97.88
V5211	LT		Hearing Aid Binaural ITE/ITE	\$396.64
V5211	RT		Hearing Aid Binaural ITE/ITE	\$396.64
V5212	LT		Hearing Aid Binaural ITE/ITC	\$396.64
V5212	RT		Hearing Aid Binaural ITE/ITC	\$396.64
V5213	LT		Hearing Aid Binaural ITE/BTE	\$396.64
V5213	RT		Hearing Aid Binaural ITE/BTE	\$396.64
V5214	LT		Hearing Aid Binaural ITC/ITC	\$396.64
V5214	RT		Hearing Aid Binaural ITC/ITC	\$396.64
V5215	LT		Hearing Aid Binaural ITC/BTE	\$396.64
V5215	RT		Hearing Aid Binaural ITC/BTE	\$396.64
V5221	LT		Hearing Aid Binaural BTE/BTE	\$396.64

V5221	RT		Hearing Aid Binaural BTE/BTE	\$396.64
V5240	LT		Disp Fee Contralateral Binaural	\$97.88
V5240	RT		Disp Fee Contralateral Binaural	\$97.88
V5241	LT		Dispensing Fee, Monaural Hearing Aid, Any Type	\$97.88
V5241	RT		Dispensing Fee, Monaural Hearing Aid, Any Type	\$97.88
V5242	LT		Hearing Aid, Analog, Monaural, CIC	\$396.64
V5242	RT		Hearing Aid, Analog, Monaural, CIC	\$396.64
V5243	LT		Hearing Aid, Analog, Monaural, ITC	\$396.64
V5243	RT		Hearing Aid, Analog, Monaural, ITC	\$396.64
V5244	LT		Hearing Aid, Digitally Programmable Analog, Monaural, CIC	\$396.64
V5244	RT		Hearing Aid, Digitally Programmable Analog, Monaural, CIC	\$396.64
V5245	LT		Hearing Aid, Digitally Programmable, Analog, Monaural, ITC	\$396.64
V5245	RT		Hearing Aid, Digitally Programmable, Analog, Monaural, ITC	\$396.64
V5246	LT		Hearing Aid, Digitally Analog, Monaural, ITE	\$396.64
V5246	RT		Hearing Aid, Digitally Analog, Monaural, ITE	\$396.64
V5247	LT		Hearing Aid, Digitally Programmable Analog, Monaural, BTE	\$396.64
V5247	RT		Hearing Aid, Digitally Programmable Analog, Monaural, BTE	\$396.64
V5248	LT		Hearing Aid, Analog, Binaural, CIC	\$396.64
V5248	RT		Hearing Aid, Analog, Binaural, CIC	\$396.64
V5249	LT		Hearing Aid, Analog, Binaural, ITC	\$396.64
V5249	RT		Hearing Aid, Analog, Binaural, ITC	\$396.64
V5250	LT		Hearing Aid, Digitally Programmable Analog, Binaural, CIC	\$396.64
V5250	RT		Hearing Aid, Digitally Programmable Analog, Binaural, CIC	\$396.64
V5251	LT		Hearing Aid, Digitally Programmable Analog, Binaural, ITC	\$396.64
V5251	RT		Hearing Aid, Digitally Programmable Analog, Binaural, ITC	\$396.64
V5252	LT		Hearing Aid, Digitally Programmable, Binaural, ITE	\$396.64
V5252	RT		Hearing Aid, Digitally Programmable, Binaural, ITE	\$396.64
V5253	LT		Hearing Aid, Digitally Programmable, Binaural, BTE	\$396.64
V5253	RT		Hearing Aid, Digitally Programmable, Binaural, BTE	\$396.64
V5254	LT		Hearing Aid, Digital, Monaural, CIC	\$396.64
V5254	RT		Hearing Aid, Digital, Monaural, CIC	\$396.64
V5255	LT		Hearing Aid, Digital, Monaural, ITC	\$396.64
V5255	RT		Hearing Aid, Digital, Monaural, ITC	\$396.64
V5256	LT		Hearing Aid, Digital, Monaural, ITE	\$396.64
V5256	RT		Hearing Aid, Digital, Monaural, ITE	\$396.64
V5257	LT		Hearing Aid, Digital, Monaural, BTE	\$396.64
V5257	RT		Hearing Aid, Digital, Monaural, BTE	\$396.64
V5258	LT		Hearing Aid, Digital, Binaural, CIC	\$396.64
V5258	RT		Hearing Aid, Digital, Binaural, CIC	\$396.64
V5259	LT		Hearing Aid, Digital, Binaural, ITC	\$396.64

V5259	RT		Hearing Aid, Digital, Binaural, ITC	\$396.64
V5260	LT		Hearing Aid, Digital, Binaural, ITE	\$396.64
V5260	RT		Hearing Aid, Digital, Binaural, ITE	\$396.64
V5261	LT		Hearing Aid, Digital, BTE	\$396.64
V5261	RT		Hearing Aid, Digital, BTE	\$396.64
V5264	LT		Ear Mold/Insert, Not Disposable, Any Type	\$25.76
V5264	RT		Ear Mold/Insert, Not Disposable, Any Type	\$25.76
V5266			Battery For Use In Hearing Device	\$1.60
V5275	LT		Ear Impression, Each	\$5.16
V5275	RT		Ear Impression, Each	\$5.16

APPLICABILITY

Managed Care enrolled providers should contact their Managed Care Organization for questions regarding billing and reimbursement.

Provider Bulletins are available on the MO HealthNet Division (MHD) 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- 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 MO HealthNet ID card.

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