

## Hearing Aid Services

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- [Overview](#)
- [Eligible Providers](#)
- [Eligible Members](#)
- [Covered Services](#)
  - [Contracted Hearing Aids](#)
  - [Non-contracted Hearing Aids](#)
  - [Dispensing Fee](#)
  - [Hearing Aid Checks and Programming](#)
  - [Hearing Aid Repairs](#)
  - [Non-warranty Repairs](#)
  - [Parts and Accessories](#)
  - [Batteries](#)
  - [Ear Impressions and Molds](#)
  - [Bone-Anchored Hearing Aids](#)
  - [Cochlear Implants](#)
- [Warranty Equipment](#)
  - [Trial Period](#)
  - [Replacement Aids](#)
- [Noncovered Items and Services](#)
- [Documentation Requirements and Approval Criteria](#)
- [Authorization Requirements](#)
- [Billing](#)
- [Definitions](#)
- [Legal References](#)

### Overview

A hearing aid is a small electronic device that an individual wears in or behind their ear. It makes some sounds louder so that a person with hearing loss can listen, communicate, and participate more fully in daily activities. A hearing aid can help people hear more in both quiet and noisy situations.

### Eligible Providers

- Dispensing [audiologist](#) who meets the requirements of [Minnesota Statutes, 148.515](#)
- [Hearing aid](#) dispenser who meets the certification requirements of [Minnesota Statutes, 153A](#)
  - A *dispenser trainee* as defined in [Minnesota Statutes, 153A.14](#), subdivision 4a, may provide hearing aid services under the supervision of a certified hearing aid dispenser, but is not eligible to enroll as an MHCP provider.
- Otolaryngologists
- Outpatient hospitals, clinics, corporations or partnerships and other health care providers who employ audiologists, otolaryngologists and/or hearing aid dispensers and have the legal control and responsibility for claims for reimbursement for hearing aid dispensing services.

Before providers dispense a hearing aid, a physician, physician assistant or nurse practitioner must rule out medical or surgical indications contrary to fitting the member with a hearing aid. The medical clearance must be performed within six months prior to dispensing. After ruling out contraindications, the physician then refers the member for an audiologic evaluation to determine if a hearing aid is necessary. An audiologist or otolaryngologist must provide the audiologic testing and if a hearing aid is indicated, prescribe a specific hearing aid offered under the hearing aid contract. An individual

enrolled as a hearing aid dispenser, but is not an audiologist or otolaryngologist, may not perform audiologic evaluations or prescribe hearing devices.

The hearing aid service provider must dispense the hearing aid according to the hearing aid exam, selection, and prescription of the otolaryngologist and audiologist. The member shall see an audiologist within the hearing aid trial period so that the audiologist may determine the effectiveness of the hearing aid.

Out-of-state hearing aid service providers (including audiologists) who do not sell hearing aids or aids in Minnesota must comply with licensing and certification requirements of the other state but are not required to meet Minnesota certification requirements.

### **Eligible Members**

Eligible [MHCP](#) members except those of programs with limited benefit sets such as [Emergency Medical Assistance](#) (EH) and [Alternative Care](#) (AC).

### **Covered Services**

Contracted hearing aids and related services are [MHCP covered services](#). Hearing aid services include the following:

- Dispensing
- Hearing aid checks and programming
- Hearing aid repairs
- Replacement parts and accessories necessary for the function of the hearing aid
- Batteries
- Ear impressions
- Ear molds (not disposable) replaced about every three months

### **Contracted Hearing Aids**

All hearing aids must be purchased directly from manufacturers participating on the hearing aid contract. Refer to the [Hearing aid contract, vendors, models, prices and codes](#) webpage for more information.

Hearing aid service providers may bill the contract price plus a dispensing fee. Hearing aids must:

- Be new, current production models
- Be complete aids, including all necessary equipment to make it fully functional
- Use standard commercial batteries and battery sizes
- Be accompanied by a performance graph and invoice at the contracted price
- Have a one-year loss and damage warranty
- Have a minimum 24-month manufacturer warranty covering parts and labor (warranty is exclusive of the ear piece, cord, and batteries)

The hearing aid contract requires the following:

- The contract price for a hearing aid cannot be further reduced or altered
- Orders for MHCP contracted hearing aids may not be used to obtain, or grant, additional commercial discounts
- The manufacturer may not charge for packaging, postage, insurance, or handling
- The manufacturer must honor the contracted repair rates for the life of the hearing aid

Hearing aids **do not** include ear molds and accessories not included in the cost of the hearing aid but that are necessary to the member's use of the hearing aid:

- Ear molds and ear impressions are billable for BTE aids

- Accessories including carrying cases, T-coils, audio boots, neck loops, etc., are billable when not included in the price of the hearing aid

No extra charge may be made for the following:

- Casing color choice
- Hypo-allergenic cases
- Soft canal casing or other shell treatments
- Conventional or screw-set volume control

The [Hearing aid contract, vendors, models, prices and codes](#) webpage includes available hearing aid models and pricing, vendor contact information and links to former hearing aid contracts.

### **Non-contracted Hearing Aids**

Hearing aid service providers must provide hearing aids under the terms of the contract. If the audiologist prescribes a non-contract hearing aid, the hearing aid service provider must first obtain authorization by providing either:

- Reasons the contract hearing aids will not meet the member's needs; or
- Reasons the non-contract hearing aid will meet the member's needs (describe extenuating circumstances that eliminate the possible use of a contract hearing aid)

The hearing aid service provider who bills for the repair of a non-contract hearing aid must include the dates of purchase and the purchase warranty expiration of the hearing aid. If the hearing aid is under warranty, MHCP will not reimburse providers or manufacturers for repairs or the cost of returning the hearing aid to the manufacturer.

### **Dispensing Fee**

MHCP will reimburse the hearing aid service provider one dispensing fee for fitting and dispensing a monaural or set of binaural hearing aids for a member. Do not submit a claim until after the hearing aid is dispensed.

The dispensing fee includes:

- Adjusting the hearing aid to the wearer, including the necessary programming on digital aids
- Provision of at least three standard hearing aid batteries of the type necessary to operate the hearing aid
- Informing the member of the trial period
- Instructing and counseling the member on use and care of the hearing aid
- A written copy of the manufacturer's warranty
- Returning the hearing aid to the manufacturer for repair during the warranty period

Providers may submit dispensing fee claims when providing replacement hearing aids. If a dispensing fee has already been paid, [authorization](#) is required. For example, providers may bill (with authorization) an additional dispensing fee when hearing aids are replaced under the manufacturer's loss and damage warranty. No additional dispensing fee is payable for replacing an unsatisfactory hearing aid(s) during the required trial period.

### **Hearing Aid Checks and Programming**

Hearing aid checks, including setting or resetting volume, programming and reprogramming and other adjustments of digital hearing aids are billable services only after the hearing aid trial period. Hearing aid checks are limited to four checks per year. Claims for hearing aid checks with date of service prior to 90 days following the date of service for dispensing new aids will deny.

### **Hearing Aid Repairs**

Repairs, including re-casing, re-makes and shell modifications, are MHCP covered services.

- MHCP does not cover repairs or the cost of returning the aid to the manufacturer while the aid is under warranty. All claims for hearing aid repairs must include the hearing aid expiration warranty date. To verify the hearing aid warranty has expired, hearing aid service providers must obtain the purchase date and purchase warranty expiration date from the manufacturer, and submit with hearing aid repair claims.
- All hearing aid repairs are required to have a minimum six-month warranty, whether sent to the manufacturer or performed by the hearing aid service provider. Most manufacturers on the hearing aid volume purchase contract provide a one-year repair warranty. Providers are responsible to check the manufacturer's repair warranty information listed on the contract.
- The hearing aid repair rate is determined by the hearing aid contract under which the aid was purchased. The hearing aid contracts require manufacturers to honor the contracted repair rate for the life of the hearing aid following the expiration of the contract.
- For non-contract hearing aids, parts and labor (including manufacturer fees) constitute one repair charge.

### **Non-warranty Repairs**

Manufacturers must provide a minimum warranty period of six months on all non-warranty repairs and will continue to honor the repair pricing of the contract under which the hearing aid was acquired for the life of the hearing aid. Manufacturers must include an invoice when returning a repaired aid to the audiologist or the hearing aid dispenser.

If repairs are persistent due to equipment failure or parts are no longer available, the manufacturer must replace the hearing aid with a new model equal to or better than the failed aid. Replacement equipment includes a full warranty from the date of receipt by the provider.

### **Parts and Accessories**

Replacement of hearing aid parts and accessories are covered if necessary for the function of the hearing aid. These include the following:

- Tubes
- Microphones
- Ear Hooks
- Receivers
- Battery doors

### **Batteries**

Providers must include the provision of at least three standard hearing aid batteries when dispensing the hearing aids.

Standard replacement batteries may be dispensed if the member needs batteries and requests them. Replacement batteries are limited to a 90-day-supply beginning with the hearing aid dispensing date. Medical Assistance will reimburse a maximum of 36 batteries for each 90-day-supply.

Replace and bill rechargeable batteries as necessary. Battery chargers are included with hearing aids purchased of the MHCP Hearing Aid Contract.

### **Ear Impressions and Molds**

Ear impressions for in-the-ear (ITE) hearing aid and ear molds for behind-the-ear (BTE) hearing aids are reimbursed as a separate service from the dispensing fee.

Replacement ear molds for BTE hearing aids including RIC and sleeve style ear molds (not disposable) that require replacement about every three months.

### **Bone-Anchored Hearing Aids**

Refer to [Bone-Anchored Hearing Aids](#) (Osseointegrated Auditory Devices) under Hearing Aid Services in the MHCP Provider Manual for coverage criteria, documentation requirements and HCPCS codes.

### **Cochlear Implants**

Refer to [Cochlear Implants](#) under Hearing Aid Services in the MHCP Provider Manual for coverage criteria, documentation requirements and HCPCS codes.

### **Warranty Equipment**

Contracted hearing aids include a one-year loss and damage warranty and a minimum 24-month warranty for parts and labor. Check the contract for specific warranty information. Excluded from warranty are earpieces, cords, tubes and batteries. Manufacturers are responsible for all shipping costs on warranty repairs.

### **Trial Period**

The trial period for a new hearing aid(s) is 90 days. Hearing aids obtained under the contract that are not satisfactory to the user may be returned to the manufacturer within 90 days after the dispensing date, but no sooner than 30 days. The trial period consists of consecutive days beginning the day the hearing aid is provided to the member and must extend at least 30 days, but no more than 90 days. The hearing aid service provider must inform the member of the beginning and ending dates of the trial period and refer the member to the prescribing audiologist when the aid cannot be adjusted to the member's satisfaction. If the audiologist prescribes a hearing aid to replace the [unsatisfactory aid](#), the hearing aid service provider must order the prescribed replacement aid.

### **Replacement Aids**

MHCP covers one hearing aid or set of binaural hearing aids every five years for an eligible member aged 21 years and over. If hearing aids need replacement due to change in hearing, hearing aid loss, theft, or irreparable damage, the provider must request authorization for a new aid. There are no hearing aid replacement limitations for children under 21 years old. Always verify member eligibility before dispensing hearing aids or requesting an [authorization](#) for non-contract hearing aids.

MHCP will not replace a lost, stolen or broken hearing aid after providing two replacement hearing aids due to loss, theft or damage within the five-year period before the date of a new request. Per federal requirements, this replacement limitation does not apply to children under 21. In cases when MHCP does not provide a replacement hearing aid, the hearing aid service provider may provide the eligible adult member with a contract hearing aid at the contract price. The member will pay the hearing aid and dispensing fee. Review [Noncovered Services](#) in the [Billing the Member \(Recipient\)](#) section under Provider Basics in the MHCP Provider Manual.

### **Noncovered Items and Services**

- Replacement batteries provided on a scheduled basis regardless of actual need
- More than 36 replacement batteries dispensed within a 90-day-period
- Services specified as part of the contract price when billed separately for payment, including charges for repair of hearing aids under warranty
- Routine screening of individuals or groups for identification of hearing problems
- Separate reimbursement for postage, handling, taxes, mileage, or pickup and delivery
- Disposable hearing aids, non-electronic hearing aids, battery chargers

- Alarm systems including but not limited to:
  - Vibrating bed alarms
  - Doorbell transmitters (door announcer)
  - Baby monitors
  - Personal signaling system
- Adapters for telephones, television, or radio, including but not limited to:
  - Telephone amplifiers
  - Amplifying phone handsets
  - Visual telephone ringers
  - Personal television and radio amplifying systems
- Hearing aid maintenance and retention products including, but not limited to:
  - Swim molds/swim plugs
  - Ear plugs
  - Swimmers' headbands
  - Dry aid kits, bricks and dehumidifiers
  - Moisture guard (for example, Super Seals®)
  - Wax filters, wax guards, cerumen guards
  - Cleaning kits or supplies
  - Microphone protectors or filters
  - Retention cords and safety clips such as OtoClips and Critter Clips
- Ear care and comfort products including but not limited to:
  - Ear comfort creams
  - Ear cleansers/cleaning solutions
  - Wax removal kits/systems
  - Hearing aid pads
- Other items not covered:
  - Ear mold blower
  - Disposable products
  - Hearing aid remotes
- Regularly scheduled maintenance, cleaning, and checking of hearing aids, unless there has been a request or referral for the service by the person who owns the hearing aid, the person's family, guardian or attending physician
- Loaner hearing aid charges
- Canal type hearing aids [In-the-Canal (ITC) and Completely-in-the-Canal (CIC)]
- Non-contract hearing aids obtained without authorization
- Services included with the dispensing fee when billed separately
- Hearing aid services to a resident of an LTC facility if the services did not result from a request by the resident, a referral by a registered nurse or licensed practical nurse who is employed by the LTC facility, or a referral by the resident's family, guardian or attending physician
- Hearing aid services prescribed or ordered by a physician if the physician or entity commits a felony listed in United States Code, title 42, section 1320a-7b, subject to the "safe harbor" exceptions listed in Code of Federal Regulations, title 42, part 1001, section 952.
- Warranty upgrades
- Hearing mold color upgrades

### **Documentation Requirements and Approval Criteria**

The following documentation requirements for medical records apply regardless of whether or not the hearing aid requires authorization. Attach this information to the authorization form, if authorization is required.

**For new hearing aid(s):**

- Physician's medical clearance, with a date six months or less of dispensing the hearing aid, stating no contraindication for hearing aid use. This may include general support for amplification, if needed, to determine medical necessity. Hearing services for a resident of an LTC facility must result from a request by the member, or a referral by facility nursing staff or the member's family, guardian, or attending physician, and be part of the member's plan of care or ordered in writing by the attending physician.
- Audiologic recommendations including:
  - Written recommendation for hearing aid(s) including manufacturer specifications
  - Follow-up plan for determining effectiveness of hearing aid use
- Documentation supporting audiologic recommendations:
  - Audiogram – air and bone thresholds, speech thresholds, word recognition scores for each ear or reason why this data was not obtained and report of substitute data (for example, sound field, informal tests – internal consistency of data needed);
  - History of previous appliance use and status of current aid(s), if applicable.
  - When evidence of middle ear dysfunction exists (for example, abnormal tympanometry or audiometric conductive loss), audiologist must give rationale for recommending hearing aid use prior to documentation of normal middle ear function (for example, previous diagnosis of inoperable otosclerosis); and
  - Audiologist's documentation of need for amplification, this may include interpretation of audiometric data relative to member's communication needs, formal hearing aid evaluation, real ear measurements, sound field and more.
  - An adult's pure-tone average (PTA) must be 25 dB HL and a child's PTA must be 20 dB HL or greater in the fitted ear to qualify for a hearing aid under this program, or authorization is required. The PTA is the average air-conduction threshold for 1000 and 2000 Hz, and 3000 Hz measured with an earphone.

**For replacements aid(s):**

- Authorization requests for replacement aid(s) due to loss or damage must include:
- A statement of the member's care plan which outlines steps that will be taken to prevent future losses or damage for members residing in a nursing home, assisted living facility, group residential housing, intermediate care facility, or other group housing.
- A statement from the member's parents or other caregivers demonstrating steps that will be taken to safeguard the replacement hearing aid when authorization is sought to replace a child's hearing aid(s); For example, use of safety clips, headband or other retention devices, storing the aids in a secure location when child is sleeping/napping.

**Authorization Requirements**

Submit authorization requests and documentation on the MHCP [Authorization Form \(DHS-4695\)](#) to the [authorization medical review agent](#).

Authorization is required for all:

- Non-contracted hearing aids
- Replacement aids within a five-year period
- Dispensing fees for the above items

Authorization is required in certain cases when billing binaural aids not dispensed on the same day. See Binaural Aids in the Billing Section for details.

## Non-Contracted Hearing Aids

[Authorization](#) is required for hearing aids or other hearing devices not listed on the MHCP hearing aid contract. The audiologist must address each of the following points:

- Why the person cannot use a hearing aids or other device from the current contract (for example, person's unique inabilities to use auditory information provided by hearing aids)
- Expectation of person's ability to recognize and use vibrotactile information, specific to vibrotactile aids (for example, response to environmental vibratory information or low frequency bone conducted vibratory information).

## Billing

Providers are responsible to [coordinate services](#). Review [MHCP Billing Policy](#) for general billing requirements and guidance when submitting claims.

Bill Hearing Aid Services using the [MN-ITS \(837P\)](#). For billing instructions refer to the MN-ITS User Guide for [Billing for Hearing Aid Services](#).

Refer to [Hearing Aid Services Codes](#) for HCPCS and CPT code descriptions, additional billing and authorization information.

## Dispensing Fee Claims

- Providers are required to bill their usual and customary charge
- Claims may not be submitted before the hearing aid(s) is dispensed
- Use the appropriate HCPCS code
  - Claims for monaural dispensing must include either the LT or RT modifier
- Bill the dispensing fee procedure code for the type of hearing aid dispensed; monaural, or binaural. Always bill the binaural dispensing fee when binaural hearing aid(s) are dispensed, whether the binaural unit consists of matching hearing aids or not:
  - Monaural = 1 unit
  - Binaural = 1 unit
- Dispensing fees require authorization whenever the hearing aid requires authorization
- The dispensing fee is a professional service. Do not use modifier NU when billing the dispensing fee

<b>Private practice audiologists and hearing aid dispensers</b>	Claims are payable to the provider in private practice, for example, audiologist or hearing aid dispenser. <ul style="list-style-type: none"><li>• Enter the NPI of the provider in private practice as the Pay-to-Provider and Rendering Provider.</li></ul>
<b>Group practice/facility billing:</b> For purposes of billing hearing aid dispensing services, group practice or facility are defined as outpatient hospitals, clinics, corporation or partnerships and other health care providers who employ audiologists, otolaryngologists and/or hearing aid dispensers – see definition under <a href="#">Eligible Providers</a> .	Claims are payable to the group practice/facility: <ul style="list-style-type: none"><li>• Enter the NPI of the outpatient hospital, clinic corporation or partnership, or other health care <a href="#">provider*</a> as the Pay-to-Provider.</li><li>• Enter the NPI of the audiologist, otolaryngologist, or hearing aid dispenser as the Rendering Provider.</li></ul>
Note: Follow billing instructions above for services provided by audiologists or hearing aid dispensers in private practice who also work part-time in a facility setting. Determine the setting where the dispensing services occurred and follow the instructions for either private practice or group practice/facility billing.	

Do not bill a separate hearing aid when billing a CROS or BiCROS per the [National Correct Coding Initiative](#) (NCCI). All contracted CROS and BiCROS systems now include a compatible hearing aid.

Do not bill accessories or the three batteries that are included with the initial hearing aid purchase.

### Binaural Hearing Aids

Billing Examples	Billing Instructions
Member's binaural hearing aid consists of matching hearing aid models	Bill the binaural set using the appropriate <b>binaural</b> procedure code, <b>1 unit</b> , and other required modifiers (NU) and billing information.
Member's binaural hearing aid consists of two different hearing aid models, dispensed on the same day	Bill each hearing aid model with appropriate <b>monaural</b> procedure code, <b>1 unit</b> and other required modifiers (LT, RT, NU) and billing information.
Member's binaural hearing aid consists of two different hearing aids, dispensed on different dates of services. Authorization is required for the second aid (and dispensing fee) if the DOS are more than 6 months apart.	Bill each aid with appropriate <b>monaural</b> procedure code, <b>1 unit</b> , and required modifiers (LT, RT, NU) modifiers. Second claim will deny due to member's benefits exhausted. Contact <a href="#">provider help desk</a> for assistance if date of service is less than 6 months from provision of first hearing aid. <b>Authorization is required</b> for the second aid (and dispensing fee) if the dates of service are more than 6 months apart.

### Unsatisfactory Hearing Aid(s)

During trial period, hearing aid(s) prove unsatisfactory to member	Member wants different aid(s)	Does not want different aid(s)
<b>Provider has billed for unsatisfactory aid(s)</b>	<ul style="list-style-type: none"> <li>Submit a replacement claim for the unsatisfactory hearing aid(s) when submitting claim for replacement aid(s)</li> <li>The dispensing fee does not require replacement</li> </ul>	<ul style="list-style-type: none"> <li>If hearing aid(s) and dispensing fee are billed on same claim:               <ul style="list-style-type: none"> <li>Submit a replacement claim for the hearing aid and all but ½ of the dispensing fee</li> </ul> </li> <li>If hearing aid(s) and dispensing fee are billed on separate claims:               <ul style="list-style-type: none"> <li>Void hearing aid(s) claim</li> <li>Submit replacement claim for all but ½ of the dispensing fee</li> </ul> </li> </ul>
<b>Provider has not billed for unsatisfactory aid(s)</b>	<ul style="list-style-type: none"> <li>Submit claim for replacement aid(s) and dispensing fee</li> </ul>	<ul style="list-style-type: none"> <li>Return hearing aid to manufacturer – no need to bill MHCP</li> <li>Submit claim for ½ of the appropriate dispensing fee (monaural, binaural, etc.)</li> </ul>

### Repair Claims

Hearing aid repairs consist of parts and labor required to maintain the operation of the hearing aid.

Document if repair is for a non-contract hearing aid and include manufacturer's pricing invoice if repair is performed by the manufacturer.

## Hearing Aid Repairs - After Warranty

HCPCS Code	Description	Special Instructions
V5014	<p>Repair/modification of a hearing aid.</p> <p>Use for in-house (office) repairs by the audiologist</p> <p>Use for labor only.</p>	<p>Requires a claim line description or attachment describing repair.</p> <p>Use modifier LT, RT, or both as appropriate.</p> <p>Use for: replacing battery door, shell modification and minor repairs. Provide a general description of repairs.</p> <p>Do not include cost of replaced parts. Use V5267 for parts on a separate claim line.</p> <p>Do not use for general hearing aid maintenance. Do not use when billing remakes or recasing.</p>
V5171, V5181, V5211, V5221, V5256, V5257, V5260, V5261	Repairs performed by the manufacturer including remakes, replates and recasing.	<p>Repair claims must include:</p> <ul style="list-style-type: none"> <li>• Contract HCPCS code and model number</li> <li>• Use RB modifier</li> <li>• Original warranty expiration date (using mm/dd/yy format)</li> <li>• Manufacturer's invoice</li> </ul>
V5299	Hearing Service, Miscellaneous	<p><b>Requires a clear claim line description or attachment for more detailed service.</b></p> <p>Use for servicing hearing aids: for example, removal of wax, or routine maintenance, such as receiver or tube change.</p>
V5267	<p>Hearing aid or assistive listening device supplies or accessories</p> <p>Use for hardware only.</p>	<p><b>Requires an attachment to show provider's cost.</b></p> <p>Use for: Headbands, neck loop, tubes, audio shoes, rechargeable battery replacement. Do not use for ear molds.</p> <p>If item is pulled from provider's bulk stock, bill fair cost of the item.</p>

## Hearing Aid Batteries

Bill standard hearing aid batteries in quantities of one unit per battery using HCPCS code V5266.

Providers may bill replacement batteries in quantities not exceeding the amount necessary to operate the hearing aid for a period of not more than 90 days, beginning with the hearing aid dispensing date. Bill a maximum of 36 batteries for each 90-day period.

Bill rechargeable replacement batteries using HCPCS code V5267.

## Hearing Aid Checks

Hearing aid checks may not be billed during hearing aid trial period. Bill hearing aid checks according to the provider type providing the service (treating provider):

Provider Type	Procedure code(s)	Description/Instructions
Audiologist	92592	Monaural hearing aid check. Service includes cleaning; do not bill cleaning separately, See <a href="#">Audiology Services Procedure Codes</a> for thresholds.
	92593	Binaural hearing aid check. Service includes cleaning; do not bill cleaning separately. See <a href="#">Audiology Services Procedure Codes</a> .
Hearing Aid Dispenser	V5011	Hearing aid checks and reprogramming Monaural hearing aid check: bill 1 unit Binaural hearing aid check: on same claim, bill 1 unit with LT modifier and 1 unit with RT modifier May not be billed with CPT Codes 92592 and 92593.

## Definitions

**Audiologic Evaluation:** An assessment administered by an audiologist or otolaryngologist to evaluate communication problems caused by hearing loss

**Dispensing Audiologist:** An audiologist who meets the requirements of [Minnesota Statutes, 148.515](#)

**Hearing Aid:** A small electronic device that an individual wears in or behind their ear. It makes some sounds louder so that a person with hearing loss can listen, communicate, and participate more fully in daily activities and improve access to and use of auditory information.

**Hearing Aid Accessory:** Items necessary to use the hearing aid, but not included in the cost of the hearing aid, these may include tone and ear hooks, carrying cases, T-coils, audio boots and neck loops.

**Hearing Aid Service Provider:** A person who meets the requirements of [Minnesota Statutes, 153A](#) and is certified by the Department of Health as a hearing aid dispenser

**Hearing Aid Services:** Services to dispense hearing aids and provide hearing aid accessories and repairs

**Otolaryngologist:** A physician specializing in diseases of the ear and larynx who is certified by the [American Board of Otolaryngology](#) or eligible for board certification.

**Usual and Customary Charge:** The amount paid for a medical service in a geographic area based on what providers in the area usually **charge** for the same or similar medical service.

## Legal References

[Minnesota Statutes, 148.515](#) (Qualifications for Licensure)

[Minnesota Statutes, 153A](#) (Hearing Instrument Dispensing)

[Minnesota Statutes, 256B.0625](#), subdivision 8; subdivision 8a; subdivision 8c (Covered Services PT, OT, SLP)

[Minnesota Statutes, 256B.0625](#), subdivision 31a (Augmentative and Alternative Communication Systems)

[Minnesota Rules 4658.0525](#) (Rehabilitation Nursing Care)  
[Minnesota Rules 9505.0175](#) (Definitions)  
[Minnesota Rules 9505.0210](#) (Covered Services, General Requirements)  
[Minnesota Rules 9505.0220](#) (Health Services not covered by Medical Assistance)  
[Minnesota Rules 9505.0287](#) (Hearing Aid Services)  
[Minnesota Rules 9505.0385](#) (Rehabilitation Agency Services)  
[Minnesota Rules 9505.0386](#) (Comprehensive Outpatient Rehabilitation Facilities)  
[Minnesota Rules 9505.0390](#) (Rehabilitative and Therapeutic Services)  
[Minnesota Rules 9505.0391](#) (Therapists Eligible to Enroll as Providers)  
[Minnesota Rules 9505.0392](#) (Compliance with Medicare Requirements)  
[Minnesota Rules 9505.0410](#) (Long-Term Care Facilities; Rehabilitative and Therapeutic Services to Residents)  
[Minnesota Rules 9505.0411](#) (Long-Term Care Facilities; Rehabilitative and Therapeutic Services to Non-Residents)

Code of Federal Regulations, title 42, section 440.110

Code of Federal Regulations, title 42, section 483.45

Code of Federal Regulations, title 42, sections 485.701 to 485.729, subpart H

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