

# interChange Provider Important Message

## Attention DME Hearing Aid Providers – Changes to Claim Submission of Select Hearing Aid Codes for Clients with Medicare Part B

In order to simplify Medicaid secondary billing of hearing aid products, which are statutorily excluded from Original Medicare Part B (MPB) benefit, the Department of Social Services (DSS) is issuing new claim submission guidance. Please note that this guidance applies only to dual eligible members with MPB coverage and concerns only the specific products identified below. Effective immediately, the following procedure codes can be billed directly to Medicaid when the member is a dual eligible with **Original MPB**:

Procedure Code	Procedure Description
V5010	Assessment for hearing aid
V5011	Fitting/orientation/checking of hearing aid
V5014	Repair/modification of a hearing aid
V5030	Hearing aid monaural body worn air conduction
V5040	Hearing aid monaural body worn bone conduction
V5050	Hearing aid monaural in the ear
V5060	Hearing aid monaural behind the ear
V5090	Dispensing fee unspecified hearing aid
V5120	Binaural body
V5130	Binaural in the ear
V5140	Binaural behind the ear
V5160	Dispensing fee binaural
V5171	Hearing aid contralateral routing device monaural in the ear (ite)
V5172	Hearing aid contralateral routing device monaural in the canal (itc)
V5181	Hearing aid contralateral routing device monaural behind the ear (bte)
V5200	Dispensing fee contralateral monaural
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Procedure Code	Procedure Description
V5211	Hearing aid contralateral routing system binaural ite/ite
V5212	Hearing aid contralateral routing system binaural ite/itc
V5213	Hearing aid contralateral routing system binaural ite/bte
V5214	Hearing aid contralateral routing system binaural itc/itc
V5215	Hearing aid contralateral routing system binaural itc/bte
V5221	Hearing aid contralateral routing system binaural bte/bte
V5240	Dispensing fee contralateral routing system binaural
V5241	Dispensing fee monaural hearing aid any type
V5254	Hearing aid digital monaural cic
V5255	Hearing aid digital monaural itc
V5256	Hearing aid digital monaural ite
V5257	Hearing aid digital monaural bte
V5258	Hearing aid digital binaural cic
V5259	Hearing aid digital binaural itc
V5260	Hearing aid digital binaural ite
V5261	Hearing aid digital binaural bte
V5264	Ear mold/insert not disposable any type
V5266	Battery for use in hearing device
V5267	Hearing aid or assistive listening device/supplies/accessories not otherwise spe
V5274	Assistive listening device not otherwise specified
V5298	Hearing aid not otherwise classified

For dual eligible members who have **Medicare Advantage Plans (Part C)** that may offer extra benefits that Original Medicare does not cover, providers must check with the Medicare Part C plan every year and obtain documentation which is to be kept on file that verifies the benefit exclusion for that calendar year. Once the benefit exclusion documentation is obtained, the hearing aid provider can submit the claim for the codes specified above directly to Medicaid.

Hearing Aid providers who fail to document the benefit exclusion for dual eligible members with Medicare Part C will be subject to claim recoupment.



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In the event that the Medicare Advantage Plan contains a hearing aid benefit, the provider should submit the claim to the Medicare Advantage plan prior to Medicaid submission as outlined in the Provider Manual. Please refer to Chapter 11 - “Professional Other Insurance/ Medicare Billing Guide”, available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by selecting Information > Publications, for guidance on submitting secondary claims.