

Audiology Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting ancillary providers and physicians who render audiology services.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary audiology evaluations and related services, including hearing aids prescribed by an appropriately licensed physician for hearing disorders, in accordance with the member's benefits.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

Tufts Health Plan Commercial and Tufts Health Direct

In accordance with the Affordable Care Act, dollar limits may apply to large employer group plans. Coverage may be limited or restricted to procurement from a contracting supplier, depending on the member's plan design.

Members should only be billed for medical equipment, e.g., hearing aids, if the items have been denied as a noncovered service or if the denial message code on the EOP indicates that the member's maximum durable medical equipment (DME) benefit has been reached. Members should not be billed for more than the contracted reimbursable amount.

Benefits apply to fully-insured employer groups in Massachusetts, Rhode Island and New Hampshire. Some self-insured employer groups may choose to offer these benefits or some variation thereof. Benefits are provided pursuant to the member's benefit plan document.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

State-Specific Hearing Aid Coverage

Massachusetts-based Employer Group and Individual Plans:

Members age 21 and younger on the date of service are covered for one hearing aid per hearing-impaired ear and related services (including fitting and adjustment, supplies and ear molds) every 36 months.

Rhode Island-based Employer Groups³: Members are covered for one hearing aid per hearing-impaired ear, every 36 months. A dollar limit per hearing aid may apply.

New Hampshire-based Employer Groups⁴: Members are covered for one hearing aid per hearing-impaired ear each time a hearing aid prescription changes, or one hearing aid per ear, as needed, every 60 months, as well as related services necessary to assess, select and fit the hearing aid. A dollar limit may apply.

Hearing Care Solutions (Tufts Medicare Preferred HMO only)

Tufts Medicare Preferred HMO members are covered for one hearing aid per ear annually through Hearing Care Solutions.

Note: Members may obtain a written prescription for hearing aids through any Tufts Health Plan-contracting audiologist; however, hearing aid evaluations, purchase, fitting, and any related follow-up visits must be coordinated through a Hearing Care Solutions-contracting audiologist. Providers may contact Hearing Care Solutions at 866.344.7756 for more information or to become part of the Hearing Care Solutions provider network.

REFERRAL/AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Commercial and Tufts Medicare Preferred HMO members: Referrals are not required for annual routine hearing screenings performed by an in-network provider; however, a PCP referral may be required for diagnostic hearing exams and other audiology services performed by a qualified specialist, depending on the member's plan design.

A written prescription from the ordering provider is required for hearing aids, supplies and repairs.

Tufts Health Plan SCO members: Referrals are not required for annual routine hearing screenings performed by an in-network provider; however, a PCP referral is required for diagnostic hearing exams and other audiology services performed by a qualified specialist.

Prior authorization is required for hearing aids, supplies and repairs. For a list of specific HCPCS codes that require prior authorization, refer to the [Tufts Health Plan Senior Care Options Prior Authorization List](#).

Tufts Health Unify members: Prior authorization is required for monaural hearing aids over \$500 and/or binaural hearing aids over \$1000. Prior authorization is not required for accessories, maintenance or servicing.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Providers may bill for audiology evaluations and related services, in accordance with the applicable financial exhibits of their provider agreements.

³ R.I.G.L. c 27-18-60

⁴ Per N.H. RSA § 415-J:8-u

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Ancillary audiology compensation rates are inclusive of all audiological function tests performed. Compensation for hearing aids includes the initial evaluation and all follow-up tests and adjustments, which may be required to properly fit the hearing aids.

Note: The negotiated discount for hearing aids, molds and repairs is always applied for covered services.

Maximum Unit Limitations

- 92557 (comprehensive audiometry threshold evaluation and speech recognition) will be covered only once per member in a 12-month period.
- 92567 (tympanometry) will be covered only up to four times in a 12-month period in a child under the age of 12 when the diagnosis is acoustic nerve disorder or sensorineural hearing loss.
- 69210 (removal impacted cerumen, one or both ears) will be covered only once per member in a 90-day period.

Tufts Health Public Plans

Audiometric tests

Tufts Health Plan does not routinely compensate 92557 or 0212T (comprehensive audiometry threshold evaluation and speech recognition) if billed more than once within a year unless billed with a requisite diagnosis.

Tufts Health Plan does not routinely compensate acoustic reflex testing (92568, 92570) more than once within six months (180 days) unless the diagnosis is one of the following:

- Benign neoplasm of brain/nervous system
- Conversion disorder
- Multiple sclerosis
- Disease of the ear and mastoid process
- Poisoning by other specified antibiotics
- Encounter for antineoplastic chemotherapy
- Long-term use of antibiotics

Diagnosis-Procedure Consistency

Tufts Health Plan does not routinely compensate for the following habilitative codes if the member is over 21 years of age on the date of service and the only diagnoses codes on the claim are unspecified or not otherwise specified (NOS):

92507, 92508, 92521, 92522, 92523, 92524, 92526, 92610, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97127, 97139, 97140, 97150, 97530, 97532, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97762, 97799

Physical Therapy Services Provided in an Inpatient or Outpatient Hospital

Tufts Health Plan does not routinely compensate therapy services provided by a physical therapist, an occupational therapist, or a speech-language pathologist if billed with place of service 19 (outpatient hospital-off campus), 21 (inpatient hospital), or 22 (outpatient hospital-on campus).

Tympanometry

Tufts Health Plan does not routinely compensate additional billings of tympanometry (92567) if billed more than twice within a year without a requisite diagnosis.

ADDITIONAL RESOURCES

- Outpatient Physical, Occupational, and Speech Therapy payment policies for [Commercial](#), [Senior Products](#), and [Tufts Health Public Plans](#)
- Durable Medical Equipment Payment Policies for [Commercial](#), [Senior Products](#), and [Tufts Health Public Plans](#)
- MassHealth [Hearing Instrument Specialist \(HIS\) Manual](#)

DOCUMENT HISTORY

- May 2020: Removed prior authorization language for hearing aids for Tufts Health Public Plans members, in accordance with existing hearing aid benefits
- May 2019: Policy reviewed by committee; added Senior Products content to combine policies; added content applicable to Tufts Health Public Plans
- April 2019: Removed procedure code list; added language directing providers to their contracts to determine specific procedure codes that may be billed
- June 2018: Template updates
- January 2017: Policy reviewed; added previously implemented Hearing Care Solutions content; template updates
- February 2016: Clarified coverage specification for hearing aids for Tufts Health Freedom Plan members.
- January 2016: Added coverage information for Tufts Health Freedom plan members, template updates
- September 2015: Template conversion
- June 2015: Template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.