

AUDIOLOGY AND HEARING SERVICES

The following policies and requirements apply to all hearing aid services and devices except for CPT® codes.

SELF-INSURERS

SIEs that have entered into contracts for purchasing hearing aid related services and devices may continue to use them. (See [WAC 296-23-165](#) section 1(b).) SIEs that don't have hearing aid purchasing contracts must follow L&I's maximum fee schedule and purchasing policies for all hearing aid services and devices listed in this section.

AUTHORIZATION REQUIREMENTS

Initial and Subsequent Hearing Related Services

Prior authorization must be obtained from the insurer for all initial and subsequent hearing related services, devices, supplies and accessories in accordance with [WAC 296-20-03001](#) and [WAC 296-20-1101](#). The insurer won't pay for hearing devices provided prior to authorization.

NOTE: In cases of special need, such as when the worker is working and a safety issue exists, the provider may be able to obtain the insurer's authorization to dispense hearing aid(s) after the doctor's examination and before the claim is accepted. The insurer will notify the worker in writing when the claim is accepted or denied.

The authorization process for State Fund claims may be initiated by calling the claim manager or the State Fund's Provider Hotline at 1-800-848-0811 (in Olympia call 902-6500).

For self-insured claims, the provider should obtain **prior authorization** from the SIE or its TPA.

Trial Period

A 30-day trial period is the standard established by [RCW 18.35.185](#). During this time, the provider supplying the aids must allow workers to have their hearing aids adjusted or be returned without cost for the aids and without restrictions beyond the manufacturer's requirements (for example, hearing aids aren't damaged). Follow up hearing aid adjustments are bundled into the dispensing fee. If hearing aids are returned within the 30-day trial period, the provider must refund the hearing aid and dispensing fee.

Types of Hearing Aids Authorized

The insurer will purchase hearing aids of appropriate technology to meet the worker's needs (for example, digital). The decision will be based on recommendations from physicians, ARNPs, licensed audiologists, or fitter/dispensers. Based on current technology, the types of hearing aids purchased for most workers are digital or programmable in the ear (ITE), in the canal (ITC), and behind the ear (BTE).

Any other types of hearing aids needed for medical conditions will be considered based on justifications from the physician, ARNP, licensed audiologist, or fitter/dispenser.

L&I won't purchase used or repaired equipment.

Hearing Aid Quality

All hearing aid devices provided to workers must meet or exceed all Food and Drug Administration (FDA) standards. All manufacturers and assemblers must hold a valid FDA certificate.

Masking Devices for Tinnitus

In cases of accepted tinnitus, the department or self-insurer may authorize masking devices. If masking devices are dispensed without hearing aids, providers will bill using code E1399. When dispensed as a component of a hearing aid, providers will bill using code V5267. Providers must bill masking devices at their acquisition cost. Refer to the Acquisition Cost

Policy on page [136](#) for more detail. If masking devices are dispensed without hearing aids, the provider may also bill the appropriate dispensing fee code for monaural or binaural devices.

Special Authorization for Hearing Aids and Masking Devices over \$900 per Ear

If the manufacturer's invoice cost of any hearing aid or masking device exceeds \$900 per ear including shipping and handling, special authorization is required from the claim manager.

Exception: The cost of BTE ear molds doesn't count toward the \$900 for special authorization. Initial BTE ear molds may be billed using V5264, and replacements may be billed using V5014 with V5264.

Authorized Testing

Testing to fit a hearing aid may be done by a licensed audiologist, fitter/dispenser, qualified physician, or qualified ARNP. The provider must obtain **prior authorization** for subsequent testing. The insurer doesn't pay for testing after a claim has closed unless related to fitting of replacement hearing aids.

The insurer doesn't cover annual hearing tests.

If free initial hearing screenings are offered to the public, the insurer won't pay for these services.

Required Documentation

The insurer will authorize hearing aids only when prescribed or recommended by a physician or ARNP and the claim for hearing loss has been allowed. State Fund claim managers use the information outlined below to decide whether an individual worker has a valid work-related hearing loss. An SIE/TPA may use these or similar forms to gather information.

- Report of Accident
- Occupational Disease Employment History Hearing Loss (F262-013-000; F262-013-111 continuation)
- Occupational Hearing Loss Questionnaire (F262-016-000)
- Valid audiogram
- Medical report
- Hearing Services Worker Information (F245-049-000)
- Authorization to Release Information (F262-005-000)

PAYMENT FOR AUDIOLOGY SERVICES

The insurer **doesn't pay** any provider or worker to fill out the Occupational Disease Employment History Hearing Loss form or Occupational Hearing Loss Questionnaire.

A physician or ARNP may be paid for a narrative assessment of work-relatedness to the hearing loss condition. Refer to the *Attending Doctors Handbook* table on Other Miscellaneous Codes and Descriptions.

The insurer **will pay** for the cost of battery replacement for the life of an authorized hearing aid. No more than 1 box of batteries (40) will be paid within each 90-day period.

NOTE: Sending workers batteries that they have not requested, and for which they don't have an immediate need, is in violation of L&I's rules and payment policies.

The insurer **won't pay** for any repairs including parts and labor within the manufacturer's warranty period.

The insurer won't pay for the reprogramming of hearing aids.

Hearing Aid Parts and Supplies Paid at Acquisition Cost

Parts and supplies **must be billed** and **will be paid** at acquisition cost including volume discounts (manufacturers' wholesale invoice). **Don't bill** your usual and customary fee.

- Supply items for hearing aids include tubing, wax guards, and ear hooks. These can be billed within the warranty period.
- Parts for hearing aids include switches, controls, filters, battery doors, and volume control covers. These can be billed as replacement parts only, but not within the warranty period.
- Shells ("ear molds" in HCPCS codes) and other parts can be billed separately at acquisition cost. The insurer **doesn't cover** disposable shells.

Hearing aid extra parts, options, circuits and switches, (for example, T-coil and noise reduction switches), can only be billed when the manufacturer doesn't include these in the base invoice for the hearing aid.

Batteries

Only 1 box of batteries (40) is authorized within each 90 day period. Providers must document the request for batteries by the worker and must maintain proof that the worker actually received the batteries.

NOTE: Sending workers batteries that they haven't requested and for which they don't have an immediate need is in violation of L&I's rules and payment policies.

Worker Responsible for Devices That Aren't Medically Necessary

The insurer is responsible for paying for hearing related services and hearing aids that are deemed medically necessary. In the event a worker refuses the recommendations given and wants to purchase different hearing aids, the worker then becomes totally responsible for the purchase of the hearing aid, batteries, supplies and any future repairs.

Worker Responsible for Some Repairs, Losses, Damages

Workers are responsible to pay for repairs and batteries for hearing aids not authorized by the insurer.

The worker is also responsible for nonwork related losses or damages to their hearing aids, (for example, the worker's pet eats/chews the hearing aid, etc...). In no case will the insurer cover this type of damage. In these instances, the worker will be required to buy a hearing aid consistent with current L&I guidelines.

After the worker's purchase and submission of the new warranty to the insurer, the insurer will resume paying for batteries and repairs following the hearing aid payment policies.

REPAIRS AND REPLACEMENTS

The provider who arranges for repairs to hearing aid(s) authorized or purchased by the insurer must submit records of all repairs to these aids to the insurer. These records are required, even during the warranty period.

Warranties

Hearing aid industry standards provide a minimum of a 1 year repair warranty on most hearing devices, which includes parts and labor. Where a manufacturer provides a warranty greater than 1 year, the manufacturer's warranty will apply.

The manufacturer's warranty and any additional provider warranty must be submitted in hard copy to the insurer for all hearing devices and hearing aid repairs.

The warranty should include the make, model and serial number of the individual hearing aid.

Some wholesale companies' warranties also include a replacement policy to pay for hearing aids that are lost. If the hearing aid loss is **covered** under the warranty, the provider must honor the warranty and replace the worker's lost hearing aid without charge.

The insurer doesn't purchase or provide additional manufacturers' or extended warranties beyond the initial manufacturer's warranty (or any additional provider warranty).

The insurer **won't pay** for any repairs, including parts and labor, within the manufacturer's warranty period.

- The warranty begins on the date the hearing aid is dispensed to the worker
- For repairs, the warranty begins when the hearing aid is returned to the worker

Repairs

Prior authorization is required for all billed repairs.

The insurer will repair hearing aids and devices when needed due to normal wear and tear.

- At its discretion, the insurer may repair hearing aids and devices under other circumstances
- After the manufacturer's warranty expires, the insurer will pay for the cost of appropriate repairs for the hearing aids they authorized and purchased
- If the aid is damaged in a work-related incident, the worker must file a new claim to repair or replace the damaged aid

Audiologists and fitters/dispensers may be paid for providing authorized in-office repairs.

Authorized in-office repairs must be billed using V5014 and V5267.

For prior authorization of in-office repairs or repairs by the manufacturer or an all-make repair company, providers must submit a written estimate of the repair cost to the Provider Hotline or the SIE claim manager.

Replacement

The insurer doesn't provide an automatic replacement period.

Replacement requests must be sent directly to the insurer.

Documentation that a hearing aid isn't repairable may be submitted by licensed audiologists, fitter/dispensers, all-make repair companies or FDA certified manufacturers. Documentation to support a hearing aid as not repairable must be verified by:

- All-make repair companies or
- FDA certified manufacturers/repair facilities

If only 1 of the binaural hearing aids isn't repairable and if, in the professional's opinion both hearing aids need to be replaced, the provider must submit written, logical rationale for the claim manager's consideration.

The insurer will replace hearing aids when they aren't repairable due to normal wear and tear.

- At its discretion, the insurer may replace hearing aids in other circumstances
- Replacement is defined as purchasing a hearing aid for the worker according to L&I's current guidelines
- The insurer may replace the hearing aid exterior (shell) when a worker has ear canal changes or the shell is cracked. The insurer **won't pay** for new hearing aids when only new ear shell(s) are needed.
- The insurer **won't replace** a hearing aid due to hearing loss changes, unless the new degree of hearing loss was due to continued on-the-job exposure. A new claim must be filed with the insurer if further hearing loss is a result of continued work-related exposure or injury, or the aid is lost or damaged in a work-related incident.
- The insurer **won't replace** hearing aids based solely on changes in technology.
- The insurer **won't pay** for new hearing aids for hearing loss resulting from: noise exposure that occurs outside the workplace; nonwork related diseases and conditions, **or** the natural aging process

The worker must sign and be given a copy of the Hearing Services Worker Information (F245-049-000). The provider must submit a copy of the signed form with the replacement request.

The provider must inform the insurer of the type of hearing aid dispensed and the codes they are billing.

Linear Non-programmable Analog Hearing Aid Replacement Policy

Linear non-programmable analog hearing aids may be replaced with non-linear digital or analog hearing when the worker returns a linear analog hearing aid to their dispenser or audiologist because:

- The hearing aid is inoperable, or
- The worker is experiencing an inability to hear, and
- The insurer has given prior authorization to replace the hearing aid.

The associated professional fitting fee (dispensing fee) will also be paid when the replacement of linear analog with non-linear digital or analog hearing aid is authorized.

Providers must use modifier *RP* with the appropriate hearing aid HCPCS code to be paid for the replacement aid. The *RP* modifier is required to help the insurer track utilization of the replacement hearing aids.

Who Can Bill

Audiologists, physicians, ARNPs and fitter/dispensers who have current L&I provider account numbers may bill for hearing aid replacement. You may bill for the acquisition cost of the non-linear aids, and the associated professional fitting fee (dispensing fee).

Authorization Requirements

Prior authorization must be obtained from the insurer **before** replacing linear analog hearing aids. The insurer **won't pay** for replacement hearing aids issued prior to authorization.

For State Fund claims

- Call the claim manager or
- Fax the request to the Provider Hotline at **360-902-6490**.

For Self-Insured claims

Contact the SIE/TPA for prior authorization. For a list of SIEs/TPAs:

<http://www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp>

Authorization Documentation and Recordkeeping Requirements

Before authorizing replacement, the insurer will require and request the following documentation from the provider:

- A separate statement (signed by both the provider and the injured worker): "This linear analog replacement request is sent in accordance with L&I's linear analog hearing aid replacement policy." (required)
- Completed Hearing Services Worker Information form (required for State Fund claims). Available at: <http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=2032>
- Serial number(s) of the current linear analog aid(s), if available.
- Make/Model of the current linear analog aid(s), if available.
- Date original hearing aid(s) issued to worker, if available.

DOCUMENTATION AND RECORD KEEPING REQUIREMENTS

Documentation to Support Initial Authorization

The provider must keep **all** of the following information in the worker's medical records and submit a copy of each to the insurer:

- Name and title of referring practitioner, if applicable, and
- Complete hearing loss history, including whether the onset of hearing loss was sudden or gradual, and
- Associated symptoms including, but not limited to, tinnitus, vertigo, drainage, earaches, chronic dizziness, nausea and fever, and
- A record of whether the worker has been treated for recent or frequent ear infections, and
- Results of the ear examination, and
- Results of all hearing and speech tests from initial examination, and
- Review and comment on historical hearing tests, if applicable, and
- All applicable manufacturers' warranties (length and coverage) plus the make, model, and serial number of any hearing aid device(s) supplied to the worker as original or as a replacement, and
- Original or unaltered copies of manufacturers' invoices, and
- Copy of the Hearing Services Worker Information form (F245-049-000) signed by the worker and provider, and
- Invoices and/or records of all repairs.

Documentation to Support Repair

The provider who arranges for repairs to hearing aid(s) authorized and purchased by the insurer must submit records of all repairs to these aids to the insurer. These records are required, even during the warranty period.

Documentation to Support Replacement

The following information must be submitted to the insurer when requesting authorization for hearing aid replacement.

- The name and credential of the person who inspected the hearing aid, and
- Date of the inspection, and
- Observations, for example, a description of the damage, and/or information on why the

device can't be repaired or should be replaced.

Correspondence with the Insurer

The insurer may deny payment of the provider's bill if the following information has not been received.

- Original or unaltered wholesale invoices from the manufacturer are required to show the acquisition cost and must be retained in the provider's office records for a minimum of 5 years. The insurer **won't accept** invoices printed from email or the internet.
- A hard copy of the original or unaltered manufacturer's wholesale invoice must be submitted by the provider when an individual hearing aid, part or supply costs \$150.00 or more, or upon the insurer's request
- **NOTE:** Electronic billing providers must submit a hard copy of the original or unaltered manufacturer's wholesale invoice with the make, model and serial number for individual hearing aids within 5 days of bill submission.

To avoid delays in processing, all correspondence to the insurer must indicate the worker's name and claim number in the upper right hand corner of each page of the document.

For State Fund claims, providers are required to send warranty information to:

Department of Labor and Industries
PO Box 44291
Olympia, WA 98504-4291

For self-insured claims, send warranty information to the SIE/TPA. Contact list is available at <http://www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp>

ADVERTISING LIMITS

L&I can deny a provider's application to provide services or suspend or revoke an existing provider account if the provider participates in false, misleading, or deceptive advertising, or misrepresentations of industrial insurance benefits. See [RCW 51.36.130](#) and [WAC 296-20-015](#) for more information.

False advertising includes mailers and advertisements that:

- Suggest a worker's hearing aids are obsolete and need replacement.
- Don't clearly document a specific hearing aid's failure.
- Make promises of monetary gain without proof of disability or consideration of current law.

BILLING REQUIREMENTS

Billing for Binaural Hearing Aids

When billing the insurer for hearing aids for both ears, providers must indicate on the CMS-1500 or Statement for Miscellaneous Services form (F245-072-000) the following:

- In the diagnosis/nature of injury description box, list the diagnosis, as appropriate, for each side of the body (right/left).
- Bill the appropriate HCPCS code for binaural aids.
- Only 1 unit of service should be billed even though 2 hearing aids (binaural aids) are dispensed.

NOTE: Electronic billers are to use the appropriate field for the diagnosis code and side of body, specific to their electronic billing format.

Billing for a Monaural Hearing Aid

When billing the insurer for 1 hearing aid, providers must indicate on the CMS-1500 or Statement for Miscellaneous Services form (F245-072-000) the following:

- In the diagnosis/nature of injury description box, list the diagnosis, as appropriate, for the side of the body (right/left) affected.
- Bill the appropriate HCPCS code for monaural aid.
- Only 1 unit of service should be billed.

NOTE: Electronic billers are to use the appropriate field for the diagnosis code and side of body, specific to their electronic billing formats.

Billing for Hearing Aids, Devices, Supplies, Parts and Services

All hearing aids, parts, and supplies must be billed using HCPCS codes. Hearing aids and devices are considered to be durable medical equipment and must be billed at their acquisition cost. Refer to the [Acquisition Cost Policy](#), page 136, for more detail.

The table below indicates which services and devices are **covered** by provider type.

Provider Type	Service/Device
Fitter/Dispenser	HCPCS codes for all hearing related services and devices
Durable Medical Equipment Providers	Supply and battery codes
Physician, ARNP, Licensed Audiologist	HCPCS codes for hearing related services and devices; and CPT® codes for hearing-related testing and office calls

AUTHORIZED FEES

Dispensing Fees

Dispensing fees cover a 30-day trial period during which all aids may be returned. Also included:

- Up to 4 follow up visits (ongoing checks of the aid as the wearer adjusts to it), and
- 1 hearing aid cleaning kit, and
- Routine cleaning during the first year, and
- All handling and delivery fees.

Restocking Fees

The Washington State Department of Health statute ([RCW 18.35.185](#)) and rule ([WAC 246-828-290](#)) allow hearing instrument fitter/dispensers and licensed audiologists to retain \$150.00 or 15% of the total purchase price, whichever is less, for any hearing aid returned within the rescission period (30 calendar days). This fee is sometimes called a restocking fee. Insurers without hearing aid purchasing contracts will pay this fee when a worker rescinds the purchase agreement.

The insurer must receive Termination of Agreement (Rescission) form (F245-050-000) or a statement signed and dated by the provider and the worker. The form must be faxed to L&I at (360) 902-6252 or forwarded to the SIE/TPA within 2 business days of receipt of the signatures. The provider must submit a refund of the full amount paid by the insurer for the dispensing fees and acquisition cost of the hearing aid that was provided to the worker. The provider may then submit a bill to the insurer for the restocking fee of \$150.00 or 15% of the total purchase price, whichever is less. Use code 5091V. Restocking fees can't be paid until the insurer has received the refund.

Fee Schedule

The insurer will only purchase the hearing aids, devices, supplies, parts, and services described in the fee schedule.

HCPCS Code	Description	Maximum Fee
V5008	Hearing screening	\$ 76.55
V5010	Assessment for hearing aid	Bundled
V5011	Fitting/orientation/checking of hearing aid	Bundled
V5014	Hearing aid repair/modifying visit per ear (bill repair with code 5093V)	\$ 51.04
V5020	Conformity evaluation (1 visit allowed after the 30-day trial period)	Bundled
V5030	Hearing aid, monaural, body worn, air conduction	Acquisition cost
V5040	Body-worn hearing aid, bone	Acquisition cost
V5050	Hearing aid, monaural, in the ear	Acquisition cost
V5060	Hearing aid, monaural, behind the ear	Acquisition cost
V5070	Glasses air conduction	Acquisition cost
V5080	Glasses bone conduction	Acquisition cost
V5090	Dispensing fee, unspecified hearing aid	Not covered
V5100	Hearing aid, bilateral, body worn	Acquisition cost
V5110	Dispensing fee, bilateral	Not covered
V5120	Binaural, body	Acquisition cost
V5130	Binaural, in the ear	Acquisition cost
V5140	Binaural, behind the ear	Acquisition cost
V5150	Binaural, glasses	Acquisition cost
V5160	Dispensing fee, binaural (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$ 1449.38
V5170	Hearing aid, cros, in the ear	Acquisition cost
V5180	Hearing aid, cros, behind the ear	Acquisition cost
V5190	Hearing aid, cros, glasses	Acquisition cost
V5200	Dispensing fee, cros (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$ 868.72
V5210	Hearing aid, bicros, in the ear	Acquisition cost
V5220	Hearing aid, bicros, behind the ear	Acquisition cost
V5230	Hearing aid, bicros, glasses	Acquisition cost
V5240	Dispensing fee, bicros (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$ 868.72
V5241	Dispensing fee, monaural hearing aid, any type (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$ 724.69
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	Acquisition cost
V5243	Hearing aid, monaural, itc (in the canal)	Acquisition cost
V5244	Hearing aid, digitally programmable analog, monaural, cic	Acquisition cost
V5245	Hearing aid, digitally programmable, analog, monaural, itc	Acquisition cost
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	Acquisition cost
V5247	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	Acquisition cost
V5248	Hearing aid, analog, binaural, cic	Acquisition cost
V5249	Hearing aid, analog, binaural, itc	Acquisition cost
V5250	Hearing aid, digitally programmable analog, binaural, cic	Acquisition cost
V5251	Hearing aid, digitally programmable analog, binaural, itc	Acquisition cost
V5252	Hearing aid, digitally programmable, binaural, ite	Acquisition cost
V5253	Hearing aid, digitally programmable, binaural, bte	Acquisition cost
V5254	Hearing aid, digital, monaural, cic	Acquisition cost
V5255	Hearing aid, digital, monaural, itc	Acquisition cost
V5256	Hearing aid, digital, monaural, ite	Acquisition cost

HCPCS Code	Description	Maximum Fee
V5257	Hearing aid, digital, monaural, bte	Acquisition cost
V5258	Hearing aid, digital, binaural, cic	Acquisition cost
V5259	Hearing aid, digital, binaural, itc	Acquisition cost
V5260	Hearing aid, digital, binaural, ite	Acquisition cost
V5261	Hearing aid, digital, binaural, bte	Acquisition cost
V5262	Hearing aid, disposable, any type, monaural	Not covered
V5263	Hearing aid, disposable, any type, binaural	Not covered
V5264	Ear mold (shell)/insert, not disposable, any type	Acquisition cost
V5265	Ear mold (shell)/insert, disposable, any type	Not covered
V5266	Battery for hearing device	\$ 0.88
V5267	Hearing aid supply/accessory	Acquisition cost
5091V	Hearing aid restocking fee (the lesser of 15% of the hearing aid total purchase price or \$150 per hearing aid)	By report
5092V	Hearing aid cleaning visit per ear (1 every 90 day, after the first year)	\$ 23.81
5093V	Hearing aid repair fee. Manufacturer's invoice required	By report