



Audiology and Hearing Aids

Reimbursement Policy ID: RPC.0120.0900

Recent review date: 12/2025

Next review date: 12/2026

AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement for hearing aids and audiology exams.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas New Hampshire provides reimbursement for diagnostic audiology, hearing screenings, preventive hearing and corrective hearing services for members when furnished by a physician, audiologist, or other qualified health professional (QHP), such as otolaryngologist and hearing instrument specialist, when such services are furnished in accordance with state guidelines for age and frequency.

Hearing services for members under the age of 21 are covered in accordance with Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines. (See policy RPC.0094.0900.)

Audiologic Tests

Types of audiologic tests include:

- Pure-tone testing.
- Bone conduction testing.
- Speech testing.
- Auditory brainstem response (ABR).
- Otoacoustic emissions (OAE).
- Tympanometry.

CPT codes for Audiologic Function Tests (CPT codes 92550 through 92700) presume testing is conducted for both ears. The correct laterality modifier (RT/LT) and reduced services modifier (52) must be used if testing is conducted for only one ear.

Hearing aid evaluations or hearing aid consultations performed by an audiologist are limited to one every 24 months for members over 21 years old, and as needed for members under age 21 years.

Hearing Aid Coverage

Provisions for hearing aids services are as follows:

- Hearing aid coverage is through AmeriHealth Caritas New Hampshire Durable Medical Equipment (DME) benefit and require prior authorization.
- Hearing aids are covered by AmeriHealth Caritas New Hampshire every 2 years for members over 21 and as often as needed for members under 21, when deemed medically necessary.

In addition to conventional hearing aids AmeriHealth Caritas New Hampshire provides coverage for:

- Cochlear implants.
- Bone-anchored hearing aids (BAHA).

AmeriHealth Caritas New Hampshire will allow replacement hearing aids when New Hampshire Medicaid criteria (see below) is met. Hearing aid replacements and repairs also require prior authorization through DME.

- If there is an increase in the member's hearing loss, as established by the most recent audiogram, which makes the existing hearing aid ineffective.
- If an audiologist or hearing aid dealer determines that the hearing aid can no longer be repaired, or that it is not cost effective to do so, or
- If the replacement is due to loss and is coverable under, He-W 546 for members under age 21.

Hearing Aid Accessories

AmeriHealth Caritas New Hampshire coverage for hearing aids may also include:

- Audiological tests.
- Hearing aid batteries.
- Ear molds.
- Hearing aid fitting and dispensing.

Frequency limits for hearing aid battery replacement are subject to New Hampshire Medicaid guidelines.

Definitions

Qualified Health Professional

A qualified health professional (QHP) is someone who has the education, training, and licensure to perform a professional service within their scope of practice.

Pure-Tone Testing

Pure Tone Audiometry is a behavioral hearing test that evaluates a person's ability to hear different frequencies using pure tones.

Bone Conduction Testing

A hearing test that measures the integrity of the inner ear and sensorineural structures by transmitting sound vibrations through the skull. A small oscillator is placed on the mastoid bone or forehead to stimulate the skull's bones, which then vibrate the cochlea in the inner ear. This bypasses the outer and middle ear. It helps determine the type of hearing loss a person has, such as sensorineural or conductive.

Speech Testing

Speech testing measures how well someone can hear and repeat words. This test can be performed in a quiet or noisy environment. The audiologist will play words at different volumes through headphones and ask the patient to repeat them. The audiologist will record the softest level of speech that the patient can repeat.

Auditory Brainstem Response (ABR)

An auditory brainstem response (ABR) test measures how well the auditory nerve and brain stem respond to sound to assess hearing.

Otoacoustic Emissions (OAE)

Otoacoustic emissions (OAE) are sounds generated from the cochlea transmitted across the middle ear to the external ear canal where they can be recorded. The production of an OAE is a marker for inner ear health and a simple way to screen for hearing loss.

Tympanometry

Tympanometry is used to detect or rule out several things: the presence of fluid in the middle ear, a middle ear infection, a hole in the eardrum (perforation), or eustachian tube dysfunction. This test is especially important for children who have suspected middle ear infection or other problems but is sometimes given to adults as part of a routine hearing test to determine if there are any middle ear problems contributing to hearing loss.

Cochlear Implant

A cochlear implant is an implanted electronic hearing device, designed to produce useful hearing sensations to a person with severe to profound nerve deafness by electrically stimulating nerves inside the inner ear. These implants usually consist of 2 main components: the implanted receiver and electrode system, which contains the electronic circuits that receive signals from the external system and send electrical currents to the inner ear and the externally worn microphone, sound processor and transmitter system.

Bone-Anchored Hearing Aid (BAHA)

A bone anchored hearing aid (BAHA) is similar to other hearing aids, but instead of being inserted into the ear canal or held behind the ear, it is attached to a soft band worn on the head or fixed to a metal implant inserted into the skull.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.

- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI).
- VI. New Hampshire Medicaid Fee Schedule(s).
- VII. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-B>.
- VIII. <https://casetext.com/regulation/new-hampshire-administrative-code/title-he-department-of-health-and-human-services/subtitle-he-w-former-division-of-human-services/chapter-he-w-500-medical-assistance/part-he-w-567-hearing-aid-services/section-he-w-56705-covered-services>.

Attachments

N/A

Associated Policies

RPC.0094.0900 EPSDT

Policy History

12/2025	Reimbursement Policy Committee Approval
11/2025	Annual review <ul style="list-style-type: none"> No revisions
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"> Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section