

HEARING AID SERVICES

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | |

Policy

Original Effective Date: 07/01/2025

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse for appropriate hearing related services and hearing aids when benefits allow.

Billing/Coding Guidelines

Kaiser Permanente will apply the following guidelines

CPT Code	CPT Description	Guidelines
V5011	Fitting, orienting, and checking a hearing aid.	Will only allow one per day- twice per year
V5014	Repairing or modifying a hearing aid.	Not covered unless there is an exception to the member's evidence of coverage, and only if billed after the first 90 days of the dispensing date of service
V5020	Hearing aid conformity evaluation	Not covered if billed within the first 90 days of the dispensing date of service
V5020	Hearing aid conformity evaluation	Will only allow one per day when billed more than 90 days after the dispensing date of service
V5020	Hearing aid conformity evaluation	Not covered when billed with V5011
V5090	Dispensing fee, unspecified hearing aid	Not covered

V5110	Dispensing fee, bilateral	Not covered
V5160	Dispensing fee, binaural	Not covered
V5200	Dispensing fee, contralateral, monaural	Not covered
V5240	Dispensing fee, contralateral routing system, binaural	Not covered
V5241	Dispensing fee, monaural hearing aid, any type	Not covered
99202 – 99215	Evaluation and management services when billed by an audiologist	Not covered

Policy Definitions

Audiologist – Healthcare professional who specializes in the evaluation, diagnosis and treatment of hearing and balance disorders. They usually train for a doctoral-level degree and pass tests for a license to practice. They have a medical designation of Au.D.

Evaluation and Management Services - Evaluation and management (E/M) coding is the use of CPT® codes from the range 99202-99499 to represent services provided by a physician or other qualified healthcare professional. These medical codes apply to visits and services that involve evaluating and managing patient health.

Qualified Healthcare Professional - An individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his or her scope of practice and independently reports that professional service, according to CPT® guidelines.

Prerequisite(s)

Not Applicable

References

[Audiology Services | CMS](#)

<https://www.aapc.com/resources/what-are-e-m-codes>

[Unbundling Hearing Aid Sales](#)

[Academy Guide Itemizing ProfessionalServices FINAL 5.12.22.pdf](#)

[Chapter 5: Audiology and Hearing Services](#)

[Hearing Services Billing Guide](#)

https://www.providencehealthplan.com/-/media/providence/website/pdfs/providers/medical-policy-and-provider-information/medical-policies/mp261.pdf?sc_lang=en&rev=91331b394e62482bbe358f110e284fc2&hash=C403AF354BC78F8618E951A9F668CFDF

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/hearing-aids-devices-including-wearable-bone-anchored-semi-implantable.pdf>

[Hearing Aid Services Codes](#)

Frequently Asked Questions

Q1: Can a provider bill code V5014 on the same day the hearing aid is dispensed to the member?

A1: No. Code V5014 is for repairing or modifying a hearing aid. This code can only be billed when the warranty period for the hearing aid has expired.

Q2: Why is the dispensing fee not covered?

A2: The services provided in the dispensing fee are included in other more appropriate billing codes.

Q3: Why can't an Audiologist perform an evaluation and management service?

A3: CPT code 99202 – 99215 can only be billed by a medical professional.

Q4: What are some examples of Code V5014?

A4: Code V5014 typically includes visual inspection, cleaning, reprogramming, replacement of parts, tubing, and other physical adjustments such as buffing, grinding and smoothing of the casing.

Revision History

03/04/2025 – New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.