

### HEARING AID SERVICES

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

Network list: <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective July 1, 2025**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will apply the following guidelines to hearing aid services.

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

The Hearing Aid Services payment policy can be found on the Kaiser Permanente provider website at: <https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/hearing-aid-services.pdf>

Questions: Contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

**Kaiser Foundation Health Plan of Washington**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**  
Provider Communications, RCR-A3W-04  
PO Box 34262, Seattle, WA 98124-1262



FIRST CLASS MAIL  
PRESORTED  
US POSTAGE PAID  
SEATTLE, WA  
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>  
<TITLE>  
<COMPANY>  
<ADDRESS LINE 1>  
<ADDRESS LINE 2>  
<CITY> <STATE> <ZIP>