

Audiology Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render audiology services to members of the CarePartners of Connecticut plans selected above.

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

Policy

CarePartners of Connecticut 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 [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

CarePartners of Connecticut follows Medicare coverage guidelines. CarePartners of Connecticut cannot cover items and services not covered under the CMS-approved CarePartners of Connecticut benefit plan. CarePartners of Connecticut's benefit plan currently covers a limited number of non-Medicare covered items as supplemental benefits. Supplemental benefits are subject to change each year.

Hearing Aids

CarePartners of Connecticut members have benefit coverage for hearing aids through Hearing Care Solutions.

Through this program, Hearing Care Solutions will help eligible members arrange a hearing evaluation with a Hearing Care Solutions contracting audiologist. If the member is a candidate for hearing aids, the audiologist and member can select an appropriate device from a range of options, and the audiologist will then work with Hearing Care Solutions to order the device and arrange fitting and follow-up appointments.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require 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 [Referral, Prior Authorization and Notification Policy](#).

No referrals, prior authorizations or inpatient notifications are required for in-network audiology services. Referrals are required for out-of-network services rendered for HMO members.

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

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard 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.

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

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

To help ensure appropriate provider reimbursement, claims must include the appropriate provider taxonomy coding for care rendered by an audiologist. Note the following when completing CMS-1500 claim forms:

- **Field 24J (Rendering Provider ID):** This field is mandatory and must include the appropriate taxonomy code for the rendering provider
 - If providers are unsure about the rendering provider's taxonomy code, enter the rendering provider's NPI in field 24J and leave Field 24I blank
- **Field 24I (ID Qualifier):** Enter ZZ to denote the provider has an NPI and is providing taxonomy information

Submit the AB modifier to identify non-acute diagnostic audiology tests provided without a provider order (covered once within a 12-month period).

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

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

Audiometric tests

CarePartners of Connecticut 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.

CarePartners of Connecticut 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

Maximum Unit Limitations

92567 (tympanometry) is compensated only twice per year unless billed with a requisite diagnosis

Document History

- May 2024: Annual policy review; added instructions for billing modifier AB; clarified frequency for 92567; administrative edits
- April 2023: Annual policy review; no changes
- January 2023: Annual code updates
- March 2022: Annual review; added information regarding existing taxonomy coding for audiologists
- September 2021: Policy reviewed by committee; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- January 2020: Eliminate referral requirements for in-network providers effective January 1, 2020
- May 2019: Policy reviewed by committee; removed table of hearing aid codes as they're listed in provider contracts
- January 2019: Policy created

Audit and Disclaimer Information

CarePartners of Connecticut 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, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut 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 CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.