



# Oregon

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**To:** OMAP Speech-Language Pathology, Audiology, and Hearing Aid Services Providers

**From:** Joan M. Kapowich, Manager  
OMAP Program and Policy

**Re:** Speech-Language Pathology, Audiology, and Hearing Aid Services Administrative Rules, Rulebook Reissued

**Effective:** October 1, 2004

OMAP updated the Speech-Language Pathology, Audiology, and Hearing Aid Services Program Rulebook as follows: OMAP amended OAR 410-129-0080 to correct a typographical error; and, OAR 410-129-0100 to clarify reimbursement for services for Medicaid fee-for-service clients with Medicare. Adopted language is consistent with General Rules. There is no change in the amount of reimbursement. OMAP repealed OAR 410-129-0120 and 40-129-0140 to eliminate redundancy. This information is found as supplemental information, available on OMAP's website.

- If you are reading this letter on OMAP's website: [www.dhs.state.or.us/policy/healthplan/rules/](http://www.dhs.state.or.us/policy/healthplan/rules/), this administrative rulebook contains a complete set of rules for this program, including the above revisions.
- If you do not have web access and receive hardcopy of revisions, this letter is attached to the entire rulebook. Each rule is individually numbered for easy replacement.

If you have billing questions, contact a Provider Services Representative toll-free at 1-800-336-6016 or direct at 503-378-3697.

TR 563-10/1/04

*"Assisting People to Become Independent, Healthy and Safe"*  
**An Equal Opportunity Employer**

**DEPARTMENT OF HUMAN SERVICES**

**MEDICAL ASSISTANCE PROGRAMS**

**DIVISION 129**

**SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY AND  
HEARING AID SERVICES**

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## **410-129-0000 Foreword**

(1) The Speech-Language Pathology, Audiology and Hearing Aid Services Guide is a user's manual designed to assist providers in preparing health claims to the Office of Medical Assistance Programs (OMAP) for clients with medical assistance coverage. This guide contains information on policy, services regarding payment authorization/prior authorization, service limitations, service criteria, billing instructions and rules governing OMAP providers of speech-language pathology, audiology and hearing aid services. All of the OMAP guides are intended to be used in conjunction with the General Rules for Oregon Medical Assistance Programs and the Oregon Health Plan Administrative Rules provider guide. Rules and definitions within those guides are applicable to provision of services.

(2) Instructions on completing claim forms, Administrative Rules and examples of some completed forms are included in the Speech-Language Pathology, Audiology and Hearing Aid Services guide. A section listing procedure codes and their definitions, restrictions and limitations is also included. An addendum includes documentation standards, requirements and recommended formats for the individual treatment record.

(3) The Office of Medical Assistance Programs (OMAP) endeavors to furnish medical providers with up-to-date billing, procedural information, and guidelines to keep pace with program changes and governmental requirements.

(4) Providers are responsible for maintaining current publications provided by OMAP.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

10-1-99

## **410-129-0010 Purpose**

In conjunction with the General Rules for Oregon Medical Assistance Programs and the Oregon Health Plan Administrative rules, these rules are hereby established by the Office of Medical Assistance Programs (OMAP) for the purpose of supervising and controlling payments for speech-language pathology, audiology and hearing aid services provided to those Office of Medical Assistance Programs clients eligible to receive such services under the provisions of Oregon State Statutes. OMAP will reimburse for the lowest level of service that meets the medical need.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

10-1-99

## **410-129-0020 Therapy Goals/Outcome**

(1) Therapy will be based on a prescribing practitioner's written order and a therapy treatment plan with goals and objectives developed from an evaluation or re-evaluation.

(2) The therapy regimen, will be taught to the patient, family, foster parents, and/or caregiver to assist in the achievement of the goals and objectives.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.060

10-1-99

## **410-129-0040 Maintenance**

(1) Therapy becomes maintenance when any one of the following occur:

(a) The therapy treatment plan goals and objectives are reached; or

(b) There is no progress toward the therapy treatment plan goals and objectives; or

(c) The therapy treatment plan does not require the skills of a therapist; or

(d) The patient, family, foster parents, and/or caregiver have been taught and can carry out the therapy regimen and are responsible for the maintenance therapy.

(2) Therapy that becomes maintenance is not a covered service.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

10-1-99

## **410-129-0060 Prescription Required**

(1) The prescription is the written order by the prescribing practitioner pursuant to state law governing speech-pathology, audiology and hearing aid services.

(2) The provision of speech therapy services must be supported by a written order and a therapy treatment plan signed by the prescribing practitioner. A practitioner means a person licensed pursuant to State law to engage in the provision of health care services within the scope of the practitioner's license and/or certification.

(3) A written order:

(a) is required for the initial evaluation;

(b) for therapy, must specify the ICD-9-CM diagnosis code, service, amount and duration required.

(4) Written orders must be submitted with the payment (prior) authorization request and a copy must be on file in the provider's therapy record. The written order and the treatment plan must be reviewed and signed by the prescribing practitioner every six months.

(5) Authorization of payment to an audiologist or hearing aid dealer for a hearing aid will be considered only after examination for ear pathology and written prescription for a hearing aid by an ear, nose, and throat specialist (ENT) or general practitioner who has training to examine the ear and performs within the scope of his/her practice, i.e. primary care physician (not appropriate is an orthopedic specialist, chiropractor, gynecologist, etc.).

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.096

. 10-1-99

## **410-129-0065 Licensing Requirements**

### **(1) Speech Pathologists:**

(a) ORS 681, 681.420 and 681.460, Board of Examiners in Speech Pathology and Audiology Chapter 335, will govern the practice of licensed speech pathologists. Licensed speech pathologists may enroll as providers and be reimbursed for services;

(b) Services of graduate students in speech-language pathology, under supervision of a licensed Speech Pathologist during training or during the Clinical Fellowship Year are reimbursable to the licensed supervising speech pathologist. Graduate speech-language pathologists who are performing a clinical fellowship year need to hold a provisional license issued by the Oregon Board of Examiners in Speech Pathology and Audiology. ORS 681.325 "Issuance of Conditional License Scope of Practice and Renewal";

(c) Services of a licensed speech pathologist while teaching or supervising students in speech pathology will not be reimbursed;

(d) Services of a certified speech-language pathology assistant are reimbursable to the supervising licensed speech-language pathologist. Only covered services within the scope of duties of a certified speech-language pathologist assistant, as defined in OAR 335-095-0060, will be reimbursed.

(2) Audiologists. ORS 681, 681.420 and 681.460, Board of Examiners in Speech Pathology and Audiology Chapter 335, will govern the practice of licensed audiologists. Licensed audiologists may enroll as providers and be reimbursed for services.

(3) Hearing Aid Dealers. ORS 694.015 through 694.199, Board of Hearing Aid Dealers licensing program Chapter 333 will govern the services by licensed hearing aid dealers. Licensed hearing aid dealers may enroll as providers and be reimbursed for services.

Stat. Auth.: ORS 409

Stats.Implemented: ORS 414.065

10-01-03

## **410-129-0070 Limitations**

(1) The rules contained in OAR 410-129-0010 – 410-129-0080 and 410-129-0220 also apply to services delivered by home health agencies and by hospital-based therapists in the outpatient setting. They do not apply to services provided to hospital inpatients. Billing and reimbursement for therapy services delivered by home health agencies and hospital outpatient departments is to be in accordance with the rules in their respective provider guides.

(2) Speech Pathology:

(a) All speech pathology services will be performed by a licensed speech pathologist or a graduate student in training or a graduate speech pathologist in the Clinical Fellowship Year being supervised by a licensed speech pathologist. Only therapy and evaluation services rendered on-site are billable under the codes listed in the Speech-Language Pathology, Audiology and Hearing Aid Services provider guide;

(b) Speech pathology therapy treatments may not exceed one hour per day, either group or individual. Treatment must be either group or individual, and cannot be combined in the authorization period;

(c) Therapy records must include:

(A) Documentation of each session;

(B) Therapy provided and amount of time spent; and

(C) Signature of the therapist.

(d) Documentation (progress notes, etc.) must be retained in the provider's records. All report and clinical notes by graduate students in training or graduate speech pathologists in the clinical fellowship year must be countersigned by the supervising licensed speech pathologist;

(e) Services of a graduate student in training or a graduate speech pathologist during the clinical fellowship year, under direct supervision of a licensed speech pathologist are reimbursable to the licensed supervisor under the following conditions:

(A) Supervision must occur on the same premises and the supervisor must be readily accessible to the resident performing the actual service;

(B) Strict supervision requirements adhering to the American Speech-Language-Hearing Association requirements must be followed, which includes a minimum amount of time the supervisor must be physically present during therapy and evaluation time. Therapy is 15 minutes per hour and evaluation time is 30 minutes per hour;

(C) Documentation of the supervisor must clearly indicate her/his level of involvement in the delivery of each service in order to assure quality of care to the client;

(D) Documentation by the graduate student in training or the Clinical Fellow must demonstrate to the satisfaction of the agency that services are medically appropriate in continuing the plan and treatment plan for the client in clear, legible notation.

(f) Services Which Do Not Require Payment Authorization:

(A) One speech/language and swallowing screening will be reimbursed per calendar year;

(B) Two Assessments for Speech/Language will be reimbursed per calendar year;

(C) Two Assessments for Dysphagia will be reimbursed per calendar year;

(D) One Assessment for augmentative communication system or device will be reimbursed per recipient per calendar year;

(E) One Assessment for voice prosthesis or artificial larynx will be reimbursed per calendar year;

(F) Purchase, repair or modification of electrolarynx;

(G) Supplies for speech therapy will be reimbursed up to two times per calendar year, not to exceed \$5.00 each.

(g) Services Which Require Payment Authorization:

(A) All speech pathology therapy treatments;

(B) Augmentative communication system or device, purchase or rental. An augmentative communication system or device is limited to one month. All rental fees must be applied to the purchase price;

(C) Repair/modification of augmentative communication system or device.

(h) Services Not Covered:

(A) Services of a licensed speech pathologist while teaching or supervising students of speech pathology will not be reimbursed;

(B) Maintenance therapy is not reimbursable as described in 410-129-0040.

(3) Audiology and Hearing Aid Dealer Services:

(a) All hearing services will be performed by licensed audiologists or hearing aid dealers;

(b) One (monaural) hearing aid may be reimbursed every five years for adults who meet the following criteria (or more frequently if hearing thresholds have decreased significantly, as determined during at the authorization process): Loss of 45 decibel (dB) hearing level or greater in two or more of the following three frequencies: 1000, 2000, and 3000 Hertz (Hz) in the better ear;

(c) Adults who meet the criteria above and, in addition, have vision correctable to no better than 20/200 in the better eye, may be authorized for two hearing aids for safety purposes. Submit a vision evaluation with the payment authorization request;

(d) Two (binaural) hearing aids will be reimbursed no more frequently than every three years for children who meet the following criteria:

(A) Pure tone average of 25dB for the frequencies of 500Hz, 1000Hz and 2000Hz; or

(B) High frequency average of 35dB for the frequencies of 3000Hz, 4000Hz and 6000Hz.

(e) An assistive listening device may be authorized for individuals aged 21 or over who are unable to wear, or who cannot benefit from, a hearing aid. An assistive listening device is defined as a simple amplification device designed to help the individual hear in a particular listening situation. It is restricted to a hand-held amplifier and headphones;

(f) Services Which Do Not Require Payment Authorization:

(A) One basic audiologic assessment in a calendar year;

(B) One Basic comprehensive audiometry (audiologic evaluation) -- per calendar year;

(C) One Hearing aid evaluation/tests/selection -- per calendar year;

(D) One Electroacoustic evaluation for hearing aid; monaural -- per calendar year;

(E) One Electroacoustic evaluation for hearing aid; binaural - per calendar year;

(F) Hearing aid batteries -- maximum of 60 individual batteries per calendar year. Must meet the criteria for a hearing aid.

(g) Services which require payment authorization:

(A) Hearing aids;

(B) Repair of hearing aids, including ear mold replacement;

(C) Hearing aid dispensing and fitting fees;

(D) Assistive listening devices.

(h) Services Not Covered:

(A) FM systems -- vibro-tactile aids;

(B) Earplugs;

(C) Adjustment of hearing aids is included in the fitting and dispensing fee, and is not reimbursable separately;

(D) Aural rehabilitation therapy is included in the fitting and dispensing fee, and is not reimbursable separately;

(E) Tinnitus masker(s).

[ED. NOTE: Forms referenced in this rule are available from the agency.]

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

10-1-01

## **410-129-0080 Prior Authorization of Payment**

(1) Payment authorization (PA) is approval by Office of Medical Assistance Programs (OMAP), the Medically Fragile Children's Unit (MFCU), the Fee-For-Service (FFS) Medical Case Management (MCM) Contractor or the Managed Care Organizations (MCOs) for services which are medically appropriate.

(2) Payment authorization is required for speech-language pathology, audiology and hearing aid services as indicated in the Procedure Codes section of the OMAP Speech-Language Pathology, Audiology and Hearing Aid Services rules. For services requiring authorization from OMAP or MFCU, providers must contact OMAP or MFCU for authorization within five working days following initiation of services. Authorization will be given based on medical appropriateness and appropriateness of the therapy given. Hearing aids and other devices must be authorized prior to delivery of any services. For services requiring payment authorization from the FFS Medical Case Management (MCM) Contractor, authorization must be obtained prior to the initiation of services. For FFS MCM clients, OMAP will not reimburse for a service that requires payment authorization if provided prior to receiving authorization from the Medical Case Management Contractor. It is the provider's responsibility to obtain a payment authorization.

(3) Services for clients identified on the OMAP Medical Care Identification as having an "OMAP Contracted Plan" will be authorized by the plan. Contact the Managed Care Organization to determine their procedures.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

10-1-04

## **410-129-0100 Medicare/Medicaid Claims**

(1) When an individual, not in managed care, has both Medicare and Medicaid coverage, audiologists must bill audiometry and all diagnostic testings to Medicare first. Medicare will automatically forward these claims to Medicaid. Refer to OAR 410-120-1210 (General Rules) for information on OMAP reimbursement. For managed care clients with Medicare, contact the client's Managed Care Organization (MCO).

(2) Audiologists must bill all hearing aids and related services directly to OMAP on an OMAP 505. Payment authorization is required on most of these services. (See OARs 410-129-0240 and 410-129-0260)

(3) If Medicare transmits incorrect information to OMAP, or if an out-of-state Medicare carrier or intermediary was billed, providers must bill OMAP using an OMAP 505 form. If any payment is made by OMAP, an Adjustment Request must be submitted to correct payment, if necessary.

(4) Send all completed OMAP 505 forms to the Office of Medical Assistance Programs.

(5) Hearing Aid Dealers must bill all services directly to OMAP on a CMS-1500. Payment authorization is required on most services (See OARs 410-129-0240 and 410-129-0260).

(6) When a client, not in managed care, has both Medicare and Medicaid coverage, speech-language pathologists must bill services to Medicare first. Medicare will automatically forward these claims to Medicaid. Refer to OAR 410-120-1210 (General Rules) for information on OMAP reimbursement. For managed care clients with Medicare, contact the client's Managed Care Organization (MCO).

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

10-1-04

## **410-129-0180 Procedure Codes**

(1) Procedure codes listed in the Speech-Language Pathology, Audiology and Hearing Aid Services Provider Guide are intended for use by licensed speech-language pathologists, licensed audiologists and certified hearing aid dealers.

(2) Physicians and nurse practitioners are subject to the administrative rules contained in OMAP's Medical-Surgical Services Provider Guide and must bill OMAP using the processes and procedure codes identified in that Guide.

.Stat. Auth.: ORS 184.750, ORS 184.770, ORS 409.010 & ORS 409.110

Stats. Implemented:  
10-1-93

## **410-129-0190 Client Copayments**

Copayments may be required for certain services. See OAR 410-120-1230 for specific details.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

. 1-1-03

## **410-129-0195 Standard Benefit Package**

(1) Hearing aids, hearing aid repairs, and examinations and audiological diagnostic services only performed to determine the need for or the appropriate type of hearing aid(s) are not covered under the Standard Benefit Package.

(2) Diagnostic testing, including hearing and balance assessment services, performed by an audiologist is covered under the Standard Benefit Package when a physician orders testing to obtain information as part of the physician's diagnostic evaluation, or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem. Audiological diagnostic services are not covered under the Standard Benefit Package when the diagnostic information required to determine the appropriate medical or surgical treatment is already known to the physician, or the diagnostic services are performed only to determine the need for or the appropriate type of hearing aid.

(3) Speech-language pathology services are not covered under the Standard Benefit Package.

Stat. Authority: ORS Chapter 409

Stats. Implemented: 414.065

8-1-04

## **410-129-0200 Speech-Language Pathology Procedure Codes**

(1) Speech Therapy Services. Table 200-1.

(2) Other Speech Services. Table 200-2.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Stats. Implemented: ORS 414.065

4-1-04

## **Table 0200-1 Speech Therapy Services**

|       |  |
|-------|--|
| V5362 | Speech screening—Limited to one per calendar year  |
| V5363 | Language screening—Limited to one per calendar year  |
| 92506 | Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status— Limited to two per calendar year                                       |
| V5364 | Dysphagia screening study—Limited to one per calendar year   |
| 92526 | Treatment of swallowing dysfunction and/or oral function for feeding requires payment authorization prior to provision of services   |
| 92507 | Treatment of speech/language, voice, communication and/or auditory processing disorder (includes aural rehabilitation) requires payment authorization prior to provision of services |
| 92508 | Group, two or more individuals requires payment authorization prior to provision of services   |
| 92610 | Evaluation of oral and pharyngeal swallowing function - Limited to two per calendar year   |
| 92611 | Motion fluoroscopic evaluation of swallowing function by cine or video recording—Limited to two per calendar year  |

4-1-04

## **Table 0200-2 Other Speech Services**

|       |  |
|-------|--|
| 92607 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour   |
| 92608 | each additional 30 minutes (List separately in addition to code for primary procedure)   |
| 92609 | Therapeutic services for the use of speech-generating device, including programming and modification   |
| E2500 | Speech Generating Device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time - requires payment authorization prior to the provision of services                |
| E2502 | Speech Generating Device, digitized speech, using prerecorded messages, greater than 8 minutes but less than 20 minutes - requires payment authorization prior to the provision of services                |
| E2504 | Speech Generating Device, digitized speech, using prerecorded messages, greater than 20 minutes but less than 40 minutes - requires payment authorization prior to the provision of services               |
| E2506 | Speech Generating Device, digitized speech, using prerecorded messages, greater than 40 minutes recording time - requires payment authorization prior to the provision of services                         |
| E2508 | Speech Generating Device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device - requires payment authorization prior to the provision of services |

- E2510      Speech Generating Device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access - requires payment authorization prior to the provision of services
  
- E2511      Speech Generating Software Program, for personal computer or personal digital assistant - requires payment authorization prior to the provision of services
  
- E2512      Accessory for Speech Generating Device, mounting system - requires payment authorization prior to the provision of services
  
- E2599      Accessory for Speech Generating Device, not otherwise classified - requires payment authorization prior to the provision of services
  
- V5336      Repair/Modification of Augmentative Communication System or Device (excludes adaptive hearing aid)—requires payment authorization prior to provision of services
  
- A4649      Supplies for speech therapy—Limited to two per calendar year, not to exceed \$4.75 each
  
- L8501      Tracheostomy Speaking Valve
  
- L8500      Artificial larynx, any type
  
- L7510      Repair of prosthetic device, repair or replace minor parts—requires payment authorization prior to provision of services
  
- L7520      Repair prosthetic device, labor component, per 15 minutes—requires payment authorization prior to provision of services
  
- L9900      Orthotic and prosthetic supply necessary and/or service component of another HCPCS L code

- L8507 Tracheo-esophageal voice prosthesis, patient inserted, any type, each
- L8509 Tracheo-esophageal voice prosthesis, inserted by a licensed health provider, any type
- 92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
- L8510 Voice amplifier- requires payment authorization prior to the provision of services

4-1-04

## **410-129-0220 Augmentative Communications System or Device**

(1) The Office of Medical Assistance Programs (OMAP) will cover dedicated communication systems or devices and necessary attachments, (i.e. to bed or wheelchair).

(2) All requests for these systems, devices and necessary attachments will be reviewed for medical appropriateness.

(3) All required supporting documentation must be submitted prior to review. A form has been developed that outlines the necessary information required for review. A written narrative should be attached to provide a sufficient level of detail.

(4) If, in the opinion of OMAP, the clinical documentation furnished does not support the services requested, the request will be denied.

(5) Criteria: The following criteria must be met before any request for an augmentative communication system or device will be considered:

(a) A physician's statement of diagnosis and medical prognosis including the necessity to communicate medical needs must be submitted;

(b) A reliable and consistent motor response which can be used to communicate must be identified;

(c) As measured by standardized or observational tools, the individual must have the cognitive ability of:

(A) Object permanence -- ability to remember objects and realize they exist when they are not seen;

(B) Means end -- ability to anticipate events independent of those currently in progress. The ability to associate certain behaviors with actions that will follow.

- (d) The client must be assessed by a team consisting of a Speech Pathologist and when appropriate an Occupational Therapist and/or Physical Therapist. Formal evaluation reports should be included;
- (e) Devices evaluated must be documented with an explanation of why this particular device is best suited for this individual and why the device is the lowest level which will meet basic functional communication needs;
- (f) There must be a documented trial of the selected device and a report on the success in using this device;
- (g) A therapy treatment plan must be developed stating who will program the device, monitor and reevaluate the user on a periodic basis. Indicate the individual who will be responsible for carrying out the plan;
- (h) Requests for Augmentative Communications Systems or Devices are sent to Office of Medical Assistance Programs;
- (i) A vendor's price quotation for the device must accompany each request including where the device is to be shipped;
- (j) Submit with the request for authorization for an augmentative communication system or device:
  - (A) A formal augmentative communication assessment report -- required elements are listed on the reverse of the OMAP 3047 form;
  - (B) A physician's prescription of diagnosis and prognosis (not a prescription for an augmentative device).
- (6) OMAP will reimburse for the lowest level of service that meets the medical need.

Stat. Auth.: ORS 409  
Stats. Implemented: ORS 414.065  
10-01-03

## **410-129-0240 Audiologist and Hearing Aid Procedure Codes**

(1) Audiologist and Hearing Aid Procedure Codes.

Table 0240-1

(2) Special Otorhinolaryngologic Services codes: These codes apply [only] to services for cochlear implants. These services include medical diagnosis evaluation by the otology physician.

Table 0240-2

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

4-1-03

## Table 0240-1 Audiologist and Hearing Aid Procedure Codes

|       |   |
|-------|---|
| 92553 | Pure tone audiometry, air and bone - limited to one per calendar year   |
| 92557 | Comprehensive audiometry threshold evaluation and speech recognition<br><br>Includes pure tone, air and bone, and speech threshold and discrimination. Also includes testing necessary to determine feasibility of amplification                |
| 92590 | Hearing aid examination and selection; monaural<br><br>May include sound field speech reception tests, speech discrimination tests, determination of appropriate style of hearing aid, and to determine if the ear should receive amplification |
| 92591 | Hearing aid examination and selection; binaural<br><br>May include sound field speech reception tests, speech discrimination tests, determination of appropriate style of hearing aid, and which ear should receive amplification               |
| V5011 | Fitting/orientation/checking of hearing aid. Includes adjusting aid to the wearer, instructions to wearer, and follow-up care - requires payment authorization prior to provision of services   |
| V5160 | Hearing aid dispensing fee, binaural - requires payment authorization prior to provision of services  |
| V5200 | Hearing aid dispensing fee, CROS - requires payment authorization prior to provision of services  |
| V5240 | Hearing aid dispensing fee, BICROS - requires payment authorization prior to provision of services  |

- V5241 Hearing aid dispensing fee, monaural hearing aid, any type - requires payment authorization prior to provision of services
- S9092 Canolith repositioning, per visit, limited to one per calendar year

**Table 0240-2 Special Otorhinolaryngologic Services codes**

|       |  |
|-------|--|
| 92601 | Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming  |
| 92602 | subsequent reprogramming   |
| 92603 | Diagnostic analysis of cochlear implant, age 7 years or older; with programming  |
| 92604 | subsequent reprogramming   |
| 92510 | Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming -- requires payment authorization prior to provision of services |
| 97703 | Checkout for orthotic/prosthetic use, established patient, each 15 minutes — requires payment authorization prior to provision of services   |
| L8619 | Cochlear implant external speech processor, replacement  |
| L7510 | Repair of prosthetic device, repair or replace minor parts — requires payment authorization prior to provision of services   |
| L7520 | Repair prosthetic device, labor component, per 15 minutes  |

## **410-129-0260 Hearing Aids and Hearing Aid Technical Service and Repair**

Hearing Aids and Hearing Aid Technical Service and Repair

(1) Hearing Aids must be billed to the Office of Medical Assistance Programs at the provider's Acquisition Cost, and will be reimbursed at such rate. For purposes of this rule, Acquisition Cost is defined as the actual dollar amount paid by the provider to purchase the item directly from the manufacturer (or supplier) plus any shipping and/or postage for the item.

(2) Submit history of hearing aid use and an audiogram when requesting payment authorization for hearing aids.

Table 129-0260.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.

4-1-04

**Table 129-0260**

|       |   |
|-------|---|
| 92594 | Electroacoustic evaluation for hearing aid; monaural  |
| 92595 | Electroacoustic evaluation for hearing aid; binaural  |
| V5014 | Repair/modification of hearing aid - requires payment authorization prior to provision of services                  |
| V5266 | Hearing aid batteries - limited to 60 individual batteries per calendar year  |
| V5264 | Ear mold/insert, not disposable, any type - requires payment authorization prior to provision of services           |
| V5274 | Assistive listening device, not otherwise specified - requires payment authorization prior to provision of services |
| V5030 | Hearing aid, monaural, body worn, air conduction - requires payment authorization prior to provision of services    |
| V5040 | Hearing aid, monaural, body worn, bone conduction – requires payment authorization prior to provision of services   |
| V5050 | Hearing aid, monaural, in the ear - requires payment authorization prior to provision of services                   |
| V5060 | Hearing aid, monaural, behind the ear - requires payment authorization prior to provision of services               |
| V5130 | Hearing aid, binaural, in the ear - requires payment authorization prior to provision of services                   |
| V5140 | Hearing aid, binaural, behind the ear - requires payment authorization prior to provision of services               |

- V5170 Hearing aid, CROS, in the ear - requires requires payment authorization prior to provision of services
- V5180 Hearing aid, CROS, behind the ear - requires requires payment authorization prior to provision of services
- V5210 Hearing aid, BICROS, in the ear - requires payment authorization prior to provision of services
- V5220 Hearing aid, BICROS, behind the ear - requires payment authorization prior to provision of services

**410-129-0280 Hearing Testing for Diagnostic Purposes (On Physician's Referral Only)**

A physician's referral is required for the tests shown in this rule. The tests may only be performed and billed by a licensed audiologist or a licensed physician. Table 0280.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

4-1-01

## Table 0280 Hearing Testing

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| 92541 | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording                                |
| 92542 | Positional nystagmus test, minimum of four positions, with recording   |
| 92543 | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests) with recording |
| 92544 | Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording                      |
| 92545 | Oscillating tracking test, with recording  |
| 92546 | Sinussoidal vertical axis rotational testing   |
| 92547 | Use of vertical electrodes in any or all of above tests counts as one additional test                            |
| 92551 | Screening test, pure tone, air only  |
| 92552 | Pure tone audiometry (threshold); air only   |
| 92555 | Speech audiometry; threshold only  |
| 92556 | with speech recognition  |
| 92562 | Loudness balance test, alternate binaural or monaural  |
| 92563 | Tone decay test  |
| 92564 | Short increment sensitivity index (SISI)   |
| 92565 | Stenger test, pure tone  |

- 92567 Tympanometry
- 92568 Acoustic reflex testing
- 92569 Acoustic reflex decay test
- 92571 Filtered speech tests
- 92572 Staggered spondaic word test
- 92576 Synthetic sentence identification test
- 92577 Stenger test, speech
- 92579 Visual reinforcement audiometry (VRA)
- 92582 Conditioning play audiometry
- 92583 Select picture audiometry
- 92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
- 92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
- 92587 Evoked Otoacoustic Emissions - limited (single stimulus level, either transient or distortion products)
- 92588 Evoked Otoacoustic Emissions - comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
- 92589 Central auditory function test(s) (specify)