Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Audiology

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted providers for medically necessary audiology services, including hearing aids, when it is a covered benefit or when coverage is mandated. Audiology benefits may vary greatly based on employer group or state mandates.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Tufts Medicare Preferred
Members may obtain a written prescription for hearing aids through any Tufts Health Plan-contracting audiologist; however, hearing aid evaluations, purchase, fitting, and any related follow-up visits must be coordinated through a Hearing Care Solutions-contracting audiologist. Providers may contact Hearing Care Solutions at 866-344-7756 for more information or to become part of the Hearing Care Solutions provider network.

Point32Health Reimburses

- Bone anchored hearing aids (BAHA) only when the member's employer group has purchased hearing aid coverage, or when coverage is mandated
- Brain stem evoked response (BSER) audiometry
- Comprehensive (non-routine) hearing examinations
- Hearing aid evaluations when provided for amplification prescriptions
- Hearing aids purchased from a licensed audiologist or licensed hearing instrument specialist, including the initial hearing aid evaluation, fitting and adjustments and supplies including ear molds, only when the member's employer group has purchased hearing aid coverage, or when coverage is mandated

Point32Health Does *Not* Reimburse

- Ear molds (unless otherwise mandated)
- Ear plugs
- Standard off-the-shelf hearing aid batteries (i.e., Duracell, Eveready, etc.), unless otherwise indicated by benefit package
- Tinnitus masking

Provider Billing Guidelines and Documentation

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

Coding

These code tables may not be all inclusive.

Code	Description
92607-92609	Speech generating and non-speech generating augmentative and alternative communication device-related services

Acoustic Reflex testing

92568 or 92570 (Acoustic reflex testing) is compensated no more than once within six months (180 days) unless the diagnosis is one of the following:

- Benign Neoplasm of brain/nervous system
- Conversion disorder
- Disease of the ear and mastoid process
- Encounter for antineoplastic chemotherapy
- Long-term use of antibiotics
- Multiple sclerosis
- Poisoning by other specified antibiotics

Maximum Unit Limitations

- 92557 or 0212T (comprehensive audiometry threshold evaluation and speech recognition) is reimbursed only once per year unless billed with a requisite diagnosis
- 92567 (tympanometry) is reimbursed only twice per year unless billed with a requisite diagnosis

Note: The above edits will be effective for Harvard Pilgrim Health Care for dates of service (DOS) beginning June 1, 2025

Modifiers

- When billing for monaural hearing aids, a RT of LT modifier in the second modifier field is required for payment. Claims submitted without the RT or LT modifier may be denied.
- When billing for a binaural hearing aid, the RT or LT modifier is not required. Claims submitted with a RT or LT modifier will be denied as inappropriately billed.

Senior Products and Tufts Health One Care

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

Other Information

- A written prescription is required for hearing aids, supplies, and repairs

Related Policies and Resources

Payment Policies

- Durable Medical Equipment (DME)
- Physical Therapy, Occupational Therapy, and Speech Therapy

Clinical Policies

- Cochlear Implants
- Speech, Hearing, and Language Services

Additional Resources

- MassHealth Audiologist Manual

- MassHealth Hearing Instrument Specialist (HIS) Manual

Publication History

05/01/2026: Annual policy review; administrative edits
04/01/2025: Policy moved to new template; includes all lines of business; added edits for Harvard Pilgrim Health Care members effective for DOS beginning June 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and 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, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.