

Hearing Aids Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Individual Exchange reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 form. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Individual Exchange’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Individual Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.

UnitedHealthcare Individual Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application
<p>This reimbursement policy applies to UnitedHealthcare Individual Exchange products.</p> <p>This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.</p>

Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Nevada.

Policy

Overview

This reimbursement policy describes how claims for Monaural Hearing Aids should be reported using the appropriate Anatomical Modifiers.

Reimbursement Guidelines

Claims for Monaural Hearing Aids should be billed with the appropriate HCPCS Code and Anatomical Modifier of LT or RT with 1 unit of service (UOS).

Claims for Monaural Hearing Aids should not be billed with the combination RTLT modifier.

Claim lines for Monaural Hearing Aids billed without the RT and/or LT modifiers or billed with the RTLT modifier on a single claim line will be rejected as incorrect coding.

Definitions

Anatomical Modifiers	Anatomical modifiers designate the area or part of the body on which the procedure is performed and assist in prompt, accurate adjudication of claims.
Hearing Aid	Hearing Aids are sound-amplifying devices designed to aid people who have a Hearing Impairment. Most Hearing Aids share several similar electronic components, and technology used for amplification may be analog or digital.
Modifier LT	This modifier is used to identify procedures or services performed on the Left Side of the body.
Modifier RT	This modifier is used to identify procedures or services performed on the Right Side of the body.
Monaural	Relating to or affecting one ear.

Questions and Answers

	Q: How should a claim be billed for Monaural Hearing Aids for both ears?
1	A: Each Monaural Hearing Aid should be bill on separate claim lines using the appropriate RT or LT modifiers and 1 UOS on each claim line when billing Monaural Hearing Aids for both ears.

Codes

UnitedHealthcare Individual Exchange Monaural Hearing Aid HCPC Code List:

V5030	V5040	V5050	V5060	V5171	V5172	V5181	V5190	V5242	V5243
V5244	V5245	V5246	V5247	V5254	V5255	V5256	V5257	V5262	

Resources



American Speech-Language-Hearing Association (ASHA)
Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures.
Health Care Common Procedure Coding System (HCPCS) Level II Codes

History

1/1/2026	Policy Version Change Removed exclusions for New York and Massachusetts
5/25/2025	Anniversary review and version change History Section: Entries prior to 5/25/2023 archived.
1/1/2024	Policy Version Change Logo: Updated
4/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange