



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Health Care Services Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

November 24, 2010

MEMORANDUM

MEMO NOS.  
ACS M10-16  
ADM-1017  
ADMX-1021

TO: Audiologist and Hearing Aid Providers  
QUEST and QUEST Expanded Access (QExA) Health Plans

FROM: Kenneth S. Fink, MD, MGA, MPH   <<  
Med-QUEST Division Administrator

SUBJECT: CLARIFICATION ON BILLING HEARING AID RELATED  
SERVICES FOR EARLY INTERVENTION (0 TO 3) CLIENTS

The Med-QUEST Division (MQD) issues this memo to provide clarification on billing hearing aid related services for clients ages 0-3 years who are also in the Department of Health's Early Intervention Program.

Early Intervention provides services to clients ages 0-3 years, which include the following:

- Targeted case management
- Developmental assessments and reassessments
- Developmental and health guidance interventions
- Physical and occupational therapy evaluations, reevaluations, and interventions
- Speech and language pathology evaluations, reevaluations, and treatment
- Psychological services, including diagnostic evaluations and psychotherapy
- Audiology services

The hearing aid related services listed below are covered by the QUEST and QExA health plans under EPSDT services. Audiology and hearing aid providers should not bill Early Intervention for these services. The provider should instead bill the client's QUEST or QExA health plan. The provider should still bill Early Intervention for other audiology related services not related to hearing aids.

<b>Codes in this table to be billed by EI only until November 30, 2010. Effective December 1, 2010, codes in this table should be billed directly by the provider to the QUEST and QExA health plans.</b>	
92590	Hearing Aid exam and selection, monoaural
92591	Hearing Aid exam and selection, binaural
92592	Hearing Aid Check; includes electroacoustic evaluation; monoaural
92593	Hearing aid Check; includes electroacoustic evaluation; binaural
V5011	Fitting/orientation/checking of hearing aid (to follow initial hearing aid exam and selection)
V5261	To be used on a case-by-case basis, e.g., for specialized hearing aid models
V5253	Digital or analog hearing aid purchase
V5014	Analog repairs per aid not covered by warranty
V5014 U1	Digital repairs per aid not covered by warranty
V5264	Ear mold insert, non disposable, any type
V5275	Ear impression, each
V5267	Hearing aid supplies and accessories

Please direct any questions regarding this memorandum to Ms. Patti Bazin at either [pbazin@medicaid.dhs.state.hi.us](mailto:pbazin@medicaid.dhs.state.hi.us) or 808-692-8083.