

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Chapter 5: Audiology and Hearing Services

Effective July 1, 2023



Link: Look for possible [updates and corrections](#) to these payment policies on L&I's website.



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Definitions

The following terms are utilized in this chapter and are defined as follows:

Bundled codes: Are procedure codes that are not separately payable because they are accounted for and included in the payment of other procedure codes and services.



Link: For the legal definition of Bundled codes, see [WAC 296-20-01002](#).

By Report (BR): A code listed in the fee schedule as BR doesn't have an established fee because the service is too unusual, variable, or new. When billing for the code, the provider must provide a report that defines or describes the services or procedures. The insurer will determine an appropriate fee based on the report.



Link: For the legal definition of By Report, see [WAC 296-20-01002](#).

Restocking fees: The Washington State Department of Health statute ([RCW 18.35.185](#)) and rule ([WAC 246-828-290](#)) allow hearing instrument fitter/dispensers and licensed audiologists to retain \$150.00 or 15% of the total purchase price, whichever is less, for any hearing aid returned within the rescission period (30 calendar days). This fee sometimes is called a "restocking fee."

Insurers without hearing aid purchasing contracts will pay this fee when a worker rescinds the purchase agreement.



Links: For more information, see [WAC 246-828-290](#) and [RCW 18.35.185](#).



Payment policy: Audiology services

Worker responsibilities

Worker responsible for devices that aren't medically necessary

The insurer is responsible for paying for hearing related services and hearing aids that are deemed medically necessary. In the event a worker refuses the recommendations given and wants to purchase different hearing aids, **the worker** then becomes completely responsible for the purchase of:

- The hearing aid, *and*
- Any future repairs.

Worker responsible for some repairs, losses, damages

Workers are responsible to pay for repairs of hearing aids that aren't authorized by the insurer.

The worker is also responsible for non-work related losses or damages to their hearing aids (for example, the worker's pet eats/chews the hearing aid, etc...). In no case will the insurer cover this type of loss or damage. In these instances, the worker will be required to buy a new (not used) hearing aid consistent with current L&I guidelines outlined in this chapter.

After the worker's purchase and submission of the new warranty to the insurer, the insurer will resume paying for batteries and repairs following the hearing aid payment policies.

Services that can be billed

The insurer will only purchase hearing aids, devices, supplies, parts, and services described in the fee schedule (see Additional information: Audiology fee schedule, below.)

A physician or advanced registered nurse practitioner (ARNP) may be paid for a narrative assessment of work-relatedness to the hearing loss condition. An Occupational Disease History Report (1055M) requires a separate report (See Instructions on [Form F242-432-000](#)). Simply starring a worker's work history is not payable. (See [Chapter 27: Reports and Forms](#))

When filing a Report of Accident, Otolaryngologists or Occupational Medicine physicians should also bill **1190M** if they perform a Comprehensive Hearing Loss Exam (see [Chapter 12: Impairment Ratings](#) for more information). If auditory testing is performed, the person performing the test will bill the appropriate procedure codes.

Services that aren't covered

The insurer doesn't pay any provider or worker to fill out the:

- Employment History - Hearing Loss form ([F262-013-000](#)), or
- Occupational Hearing Loss Questionnaire ([F262-016-000](#)).

The insurer won't pay for any repairs including parts and labor within the manufacturer's warranty period.

The insurer won't pay for the reprogramming of hearing aids.

The insurer won't cover disposable shells ("ear molds" in HCPCS codes).

The insurer doesn't cover parts and supplies (such as clips and cords, mic covers, etc.) that aren't deemed medically necessary.

Hearing aids, supplies or parts may not be billed using **E1399**.

The insurer doesn't follow the Food and Drug Administration (FDA) rule that allows the over the counter purchase, without a prescription, of hearing aids for people who have perceived mild to moderate hearing loss. To receive insurer purchased aids and services, a worker must have an allowed hearing loss workers' compensation claim and work through an appropriate state fund or self-insured provider.

Requirements for billing

Hearing aid parts and supplies paid at acquisition cost

Parts and supplies must be billed and will be paid at acquisition cost including volume discounts (manufacturers' wholesale invoice). Acquisition cost and the amount on the invoice must reflect the cost of the item being dispensed to the worker, not the invoice of the replacement to stock.

If the supplies or parts were bought in bulk, the individual cost per part or supply will be calculated based on the manufacturers' invoice.

Don't bill your usual and customary fee. (See specific billing instructions for these items in the following table.)

If you are billing for...	Then these can be:
Supply items for hearing aids, including: <ul style="list-style-type: none"> • Tubes and domes, • Wax guards, and • Ear hooks. 	Billed within the warranty period.

If you are billing for...	Then these can be:
Parts for hearing aids, including: <ul style="list-style-type: none"> • Switches, • Controls, • Filters, • Battery doors, and • Volume control covers. 	Billed as replacement parts only, but not within the warranty period.
Shells (“ear molds” in HCPCS codes)	Billed separately at acquisition cost (the insurer doesn’t cover disposable shells).
Hearing aid extra parts, options, circuits, and switches (for example, T-coil and noise reduction switches)	Only billed when the manufacturer doesn’t include these in the base invoice for the hearing aid.

Payment limits

All Hearing Services and Supplies

Hearing aid services and supplies require documentation to be submitted when billed. Documentation to support billed services must be received by the insurer prior to bill submission or within 30 days of the date of service, whichever comes first. The insurer may recoup, deny, or reduce a provider’s level of payment for a specific visit or service if the required documentation isn’t provided or the level or type of service doesn’t match the procedure billed.

Documentation must include the:

- worker’s name,
- worker’s request for the item supplied,
- item dispensed,
- date the item was dispensed,
- quantity dispensed, *and*
- cost per item and total cost.



Note: Providers must not automatically send a worker batteries, wax guards, tubes and domes that the worker didn't specifically request and for which they don't have an immediate need.

Batteries

The insurer will pay the cost of battery replacement for the life of an authorized hearing aid.

Only a maximum of 60 batteries are authorized within each 90 day period. Providers must document the request for batteries by the worker and maintain proof that the worker actually received the batteries.



Note: Automatically sending workers batteries that they haven't specifically requested and for which they don't have an immediate need violates L&I's rules and payment policies.

Rechargeable Hearing Aids

For rechargeable hearing aids, the provider must bill both codes **V5014** and **5093V** for repairs or replacements. The insurer won't reimburse for rechargeable hearing aid repairs or replacements within the manufacturer's warranty period.

Rechargeable Batteries

When the provider issues the rechargeable batteries to the worker, only code **V5267** may be billed. 1 set of rechargeable batteries is allowed per year. Any additional set(s) of rechargeable batteries within that period require claim manager authorization.

Wax Guards

The insurer will pay the cost of wax guards for the life of the authorized hearing aid.

Wax guards are reimbursed up to a maximum of 104 per calendar year. Providers must document the request for wax guards by the worker and maintain proof that the worker actually received the wax guards.

Wax guards are billed using code **5095V**. This service can't be billed as part of a repair.

Tubes and Domes

Tubes and domes are used with some hearing aids. Replacement of tubes and domes is considered maintenance.

The insurer will reimburse service for in office replacement of tubes and domes. This amount includes binaural replacement. This service:

- can be billed a maximum 18 times per calendar year,
- can be billed in conjunction with a quarterly cleaning visit,
- can't be billed as part of a repair, *and*
- can't bill more than 1 unit per date of service.

Providers must document the request for tubes and domes by the worker and maintain proof that the worker actually received the tubes and domes.

Tubes and domes are billed using code **5094V**.

Additional information: Audiology fee schedule

HCPCS code	Description	Maximum fee
V5008	Hearing screening	\$91.72
V5010	Assessment for hearing aid	Bundled
V5011	Fitting/orientation/checking of hearing aid	Bundled
V5014	Hearing aid repair/modifying visit per ear (bill repair with code 5093V)	\$61.15
V5020	Conformity evaluation	Bundled
V5030	Hearing aid, monaural, body worn, air conduction	Acquisition cost
V5040	Body-worn hearing aid, bone	Acquisition cost
V5050	Hearing aid, monaural, in the ear	Acquisition cost
V5060	Hearing aid, monaural, behind the ear	Acquisition cost
V5070	Glasses air conduction	Acquisition cost
V5080	Glasses bone conduction	Acquisition cost
V5090	Dispensing fee, unspecified hearing aid	Not covered
V5100	Hearing aid, bilateral, body worn	Acquisition cost
V5110	Dispensing fee, bilateral	Not covered

HCPCS code	Description	Maximum fee
V5120	Binaural, body	Acquisition cost
V5130	Binaural, in the ear	Acquisition cost
V5140	Binaural, behind the ear	Acquisition cost
V5150	Binaural, glasses	Acquisition cost
V5160	Dispensing fee, binaural (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$1,736.59
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	Acquisition cost
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	Acquisition cost
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	Acquisition cost
V5190	Hearing aid, cros, glasses	Acquisition cost
V5200	Dispensing fee, cros (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$1,040.87
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	Acquisition cost
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	Acquisition cost
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	Acquisition cost
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	Acquisition cost
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	Acquisition cost
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	Acquisition cost
V5230	Hearing aid, bicros, glasses	Acquisition cost

HCPCS code	Description	Maximum fee
V5240	Dispensing fee, bicros (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$1,040.87
V5241	Dispensing fee, monaural hearing aid, any type (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$868.30
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	Acquisition cost
V5243	Hearing aid, monaural, ITC (in the canal)	Acquisition cost
V5244	Hearing aid, digitally programmable analog, monaural, CIC	Acquisition cost
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	Acquisition cost
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	Acquisition cost
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	Acquisition cost
V5248	Hearing aid, analog, binaural, CIC	Acquisition cost
V5249	Hearing aid, analog, binaural, ITC	Acquisition cost
V5250	Hearing aid, digitally programmable analog, binaural, CIC	Acquisition cost
V5251	Hearing aid, digitally programmable analog, binaural, ITC	Acquisition cost
V5252	Hearing aid, digitally programmable, binaural, ITE	Acquisition cost
V5253	Hearing aid, digitally programmable, binaural, BTE	Acquisition cost
V5254	Hearing aid, digital, monaural, CIC	Acquisition cost
V5255	Hearing aid, digital, monaural, ITC	Acquisition cost

HCPCS code	Description	Maximum fee
V5256	Hearing aid, digital, monaural, ITE	Acquisition cost
V5257	Hearing aid, digital, monaural, BTE	Acquisition cost
V5258	Hearing aid, digital, binaural, CIC	Acquisition cost
V5259	Hearing aid, digital, binaural, ITC	Acquisition cost
V5260	Hearing aid, digital, binaural, ITE	Acquisition cost
V5261	Hearing aid, digital, binaural, BTE	Acquisition cost
V5262	Hearing aid, disposable, any type, monaural	Not covered
V5263	Hearing aid, disposable, any type, binaural	Not covered
V5264	Ear mold (shell)/insert, not disposable, any type	Acquisition cost
V5265	Ear mold (shell)/insert, disposable, any type	Not covered
V5266	Battery for hearing device	\$1.07
V5267	Hearing aid supply/accessory	Acquisition cost
5091V	Hearing aid restocking fee (the lesser of 15% of the hearing aid total purchase price or \$150.00 per hearing aid)	By Report
5092V	Hearing aid cleaning visit per ear (1 every 90 days, after the first year)	\$28.52
5093V	Hearing aid repair fee. Invoice required	By Report
5094V	Bilateral in office tubes/dome replacement (maximum of 18 times per calendar year)	\$25.00 per unit (limited to 1 unit per date of service)
5095V	Wax guards (maximum of 104 per calendar year)	\$1.25 each



Note: The insurer will only purchase the hearing aids, devices, supplies, parts, and services described in the fee schedule.



Payment policy: Advertising limits

False, misleading, or deceptive advertising or representations

L&I can deny a provider's application to provide services, or suspend or revoke an existing provider account if the provider participates in:

- False, misleading, or deceptive advertising, *or*
- Misrepresentations of industrial insurance benefits.

False advertising includes mailers and advertisements that:

- Suggest a worker's hearing aids are obsolete and need replacement, *or*
- Don't clearly document a specific hearing aid's failure, *or*
- Make promises of monetary gain without proof of disability or consideration of current law.



Links: For more information, see [RCW 51.36.130](#) and [WAC 296-20-015](#).



Payment policy: Dispensing fees

Services that can be billed

Dispensing fees cover a 30 day trial period during which all aids may be returned. Also included:

- Up to 4 follow up visits (ongoing checks of the aid as the wearer adjusts to it), *and*
- 1 hearing aid cleaning kit, *and*
- Routine cleaning during the first year, *and*
- All shipping, handling, delivery, and miscellaneous fees.



Payment policy: Documentation and record keeping requirements

Documentation to support initial authorization

The provider must keep **all of the following** information in the worker's medical records and submit a copy of each to the insurer:

- Name and title of referring practitioner, if applicable, *and*
- Complete hearing loss history, including whether the onset of hearing loss was sudden or gradual, *and*
- Associated symptoms including, but not limited to, tinnitus, vertigo, drainage, earaches, chronic dizziness, nausea, and fever, *and*
- A record of whether the worker has been treated for recent or frequent ear infections, *and*
- Results of the ear examination, *and*
- Results of all hearing and speech tests from initial examination, *and*
- Review and comment on historical hearing tests, if applicable, *and*
- All applicable manufacturers' warranties (length and coverage) plus the make, model and serial number of any hearing aid device(s) supplied to the worker as original or as a replacement, *and*
- Original or unaltered copies of manufacturers' invoices, *and*
- Copy of the Hearing Services Worker Information form ([F245-049-000](#)) signed by the worker and provider, *and*
- Invoices and/or records of all repairs.

Documentation to support repair

The provider who arranges for repairs to hearing aid(s) authorized and purchased by the insurer must submit records of all repairs to these aids to the insurer. These records are required, even during the warranty period. Repair requests for State Fund claims must be sent to the Provider Hotline. A copy of the warranty must be on file with the insurer to ensure payment.

Documentation to support replacement

The following information must be submitted to the insurer when requesting authorization for hearing aid replacement:

- The name and credential of the person who inspected the hearing aid, *and*
- Serial number of the aids to be replaced, *and*
- Date of the inspection, *and*
- Observations (for example, a description of the damage, and specific reasons why the device can't be repaired).

Requirements for billing

Correspondence with the insurer

The insurer may deny payment of the provider's bill if the following information hasn't been received:

- Original wholesale invoices from the manufacturer are required to show the acquisition cost, serial numbers, and warranty information, and must be retained in the provider's office records for a minimum of 5 years, *and*
- A copy of the original manufacturer's wholesale invoice must be submitted by the provider when an individual hearing aid, part, or supply is purchased. costs \$250.00 or more, or upon the insurer's request, *and*
- Documentation of the repair and who performed it must be submitted to the insurer.

Electronic billing providers must submit a copy of the original or unaltered manufacturer's wholesale invoice with the make, model, and serial number for individual hearing aids within 5 days of bill submission.

To avoid delays in processing, all correspondence to the insurer must indicate the worker's name and claim number in the upper right hand corner of each page of the document.

Providers are required to send warranty information for:

- **State Fund** claims to:
Department of Labor and Industries
PO Box 44291
Olympia, WA 98504-4291
- **Self-insured** claims to the SIE/TPA. Contact list available at:
<https://lni.wa.gov/insurance/self-insurance/look-up-self-insured-employers-tpas/find-a-self-insured-employer>.



Payment policy: Hearing aids, devices, supplies, parts, and services

General requirements

All hearing aid devices provided to workers must meet or exceed all Food and Drug Administration (FDA) standards.

All manufacturers and assemblers must hold a valid FDA certificate.

Self-insurers with purchasing contracts for hearing aids

SIEs that have entered into contracts for purchasing hearing aid related services and devices may continue to use them.



Link: For more information, see [WAC 296-23-165](#)(1b).

SIEs that don't have hearing aid purchasing contracts must follow L&I's maximum fee schedule and purchasing policies for all hearing aid services and devices listed in this chapter.

Types of hearing aids authorized

The insurer will purchase hearing aids of appropriate technology to meet the worker's needs (for example, digital). The decision will be based on recommendations from:

- Physicians, *or*
- ARNPs, *or*
- Licensed audiologists, *or*
- Fitter/dispensers.

The insurer covers the following types of hearing aids:

- Behind the ear (BTE),
- Digital or programmable in the ear (ITE),
- In the canal (ITC),
- Completely in the canal (CIC), *and*
- Receiver in Canal (RIC)

Any other types of hearing aids needed for medical conditions will be considered by the insurer based on justifications from the physician, ARNP, licensed audiologist or fitter/dispenser.

- L&I won't purchase used or repaired equipment.
- The insurer won't purchase hearing devices intended for safety protection.

The following table indicates which services and devices are covered by provider type:

If the provider is a...	Then the services or devices that can be billed are:
Fitter/dispenser	HCPCS codes for all hearing related services and devices.
Durable medical equipment (DME) provider	Supply codes, <i>and</i> Battery codes.
Physician, ARNP, licensed audiologist	HCPCS codes for hearing related services and devices, <i>and</i> CPT® codes for hearing-related testing and office calls.

Prior authorization

Initial and subsequent hearing related services

Prior authorization must be obtained from the insurer for all initial and subsequent hearing related services, devices, supplies, and accessories.

The insurer won't pay for hearing devices provided prior to authorization.

To initiate the authorization process for:

- **State Fund** claims, call the claim manager or the State Fund's Provider Hotline at 1-800-848-0811 (in Olympia call 360-902-6500).
- **Self-insured** claims, the provider should obtain prior authorization from the SIE or its TPA.

The insurer will notify the worker in writing when the claim is accepted or denied.



Links: For more information, see [WAC 296-20-03001](#) and [WAC 296-20-1101](#).

Cases of special need

In cases of special need, such as when the worker is working and a safety issue exists, the provider may be able to obtain the insurer's authorization to dispense hearing aid(s) after the doctor's examination and before the claim is accepted.

Special authorization for hearing aids and masking devices over \$900.00 per ear

If the manufacturer's invoice cost of any hearing aid or masking device exceeds \$900.00 per ear, special authorization is required from the claim manager.

The cost of ear molds doesn't count toward the \$900.00 for special authorization. Initial ear molds may be billed using **V5264** and replacements may be billed using **V5014** with **V5264**. The cost of any external electronic device, such as a remote control or Bluetooth, counts towards the \$900.00 limit per hearing aid.

Masking devices for tinnitus

In cases of accepted tinnitus, the insurer may authorize masking devices. (Also see Requirements for billing, below.)



Link: L&I's current [tinnitus coverage decision](#) is available online.

Required documentation

The insurer will authorize hearing aids only when prescribed or recommended by a physician or ARNP and the claim for hearing loss has been allowed. State Fund claim managers use the information outlined below to decide whether an individual worker has a valid work related hearing loss.

An SIE/TPA may use these or similar forms to gather information:

- Report of Accident ([F242-130-000](#)),
- Occupational Disease Employment History Hearing Loss form ([F262-013-000](#)),
- Occupational Hearing Loss Questionnaire ([F262-016-000](#)),
- Valid audiogram,
- Medical report, *and*
- Hearing Services Worker Information form ([F245-049-000](#)).

Who must perform these services to qualify for payment

Authorized testing

Testing to fit a hearing aid may be done by a:

- Licensed audiologist,
- Fitter/dispenser,
- Qualified physician, or
- Qualified ARNP.

The provider must obtain prior authorization for subsequent testing.

Fitter/ dispensers aren't reimbursed for audiograms. The provider performing the service must do the billing.

Requirements for billing

All hearing aids, parts, and supplies

All hearing aids, parts, and supplies must be billed using HCPCS codes.

Hearing aids and devices are considered durable medical equipment (DME) and must be billed at their acquisition cost.



Link: For more details, refer to the Acquisition Cost Policy in [Chapter 28: Supplies, Materials, and Bundled Services](#).

Binaural hearing aids

When billing the insurer for hearing aids for both ears, providers must indicate on the CMS-1500 ([F245-127-000](#)) or Statement for Miscellaneous Services form ([F245-072-000](#)) the following:

- In the diagnosis/nature of injury description box, list the diagnosis, as appropriate, for each side of the body (right/left), *and*
- The appropriate HCPCS code for binaural aids.

Only bill 1 unit of service even though 2 hearing aids (binaural aids) are dispensed.

Electronic billing providers must use the appropriate field for the diagnosis code and side of body, specific to each provider's electronic billing format.

Monaural hearing aids

When billing the insurer for 1 hearing aid, providers must indicate on the CMS-1500 ([F245-127-000](#)) or Statement for Miscellaneous Services form ([F245-072-000](#)) the following:

- In the diagnosis/nature of injury description box, list the diagnosis, as appropriate, for the side of the body (right/left) affected, and
- The appropriate HCPCS code for monaural aid.

Only bill 1 unit of service.

Electronic billing providers must use the appropriate field for the diagnosis code and side of body, specific to each provider's electronic billing format.

Tinnitus masking devices

If masking devices are dispensed without hearing aids, providers will bill using code **E1399**.

When dispensed as a component of a hearing aid, providers will bill using code **V5267**.

If masking devices are dispensed without hearing aids, the provider may also bill the appropriate dispensing fee code for monaural or binaural devices.

Payment limits

Authorized testing

The insurer doesn't pay for testing after a claim has closed unless related to fitting of replacement hearing aids.

The insurer will pay for hearing screening (**V5008**) only when performed and billed by an audiologist.

The insurer doesn't cover annual hearing tests.

If free initial hearing screenings are offered to the public, the insurer won't pay for these services.

30 day trial period

A 30 day trial period is the standard established by [RCW 18.35.185](#). During this time:

- The provider supplying the aids must allow workers to have their hearing aids adjusted or be returned without cost for the aids and without restrictions beyond the manufacturer's requirements (for example, hearing aids aren't damaged),
- Follow up hearing aid adjustments are **bundled** into the dispensing fee, and
- If hearing aids are returned within the 30 day trial period, the provider must refund the hearing aid and dispensing fees.



Payment policy: Repairs and replacements

Warranties

Hearing aid industry standards provide a minimum of a 1 year repair warranty on most hearing devices, which includes parts and labor. Where a manufacturer provides a warranty greater than 1 year, the manufacturer's warranty will apply.

Some wholesale companies' warranties also include a replacement policy to pay for hearing aids that are lost. If the hearing aid loss is covered under the warranty, the provider must honor the warranty and replace the worker's lost hearing aid according to the warranty. The worker is responsible for any charges outlined in the manufacturer's warranty.

The insurer doesn't purchase or provide additional manufacturers' or extended warranties beyond the initial manufacturer's warranty (or any additional provider warranty).

The insurer won't pay for any repairs including parts and labor within the manufacturer's warranty period. The warranty period begins:

- On the date the hearing aid is dispensed to the worker, *or*
- For repairs, when the hearing aid is returned to the worker.

Prior authorization

Repairs

Prior authorization is required for all billed repairs. The insurer will repair hearing aids and devices when needed due to normal wear and tear. This does not include tubes, domes, or wax guards. Also note that:

- At its discretion, the insurer may repair hearing aids and devices under other circumstances, *and*
- After the manufacturer's warranty expires, the insurer will pay for the cost of appropriate repairs for the hearing aids they authorized and purchased, *and*
- If the aid is damaged in a work related incident, the worker must file a new claim to repair or replace the damaged hearing aid.

Providers must submit a written estimate of the repair cost to the State Fund Provider Hotline or the self-insured employer (SIE) claim manager to get prior authorization for:

- In office repairs, *or*
- Repairs by the manufacturer, *or*
- Repairs by an all make repair company.



Note: Tubes, domes and wax guards aren't considered repairs.

Replacements

- Replacement is defined as purchasing a new hearing aid for the worker according to L&I's current guidelines.
- Insurer authorized hearing aids will be replaced upon request 5 years or more after their issue date, *or*
- For hearing aids less than 5 years from the issue date of the current aids, the insurer will replace hearing aids when they aren't repairable due to normal wear and tear.
 - The insurer will require detailed documentation supporting why hearing aids aren't repairable and should be replaced.

Also note that for hearing aids less than 5 years from their current issue date:

- At its discretion, the insurer may replace hearing aids in other circumstances, *and*
- The insurer may replace the hearing aid exterior (shell) when a worker has ear canal changes or the shell is cracked. The insurer won't pay for new hearing aids when only new ear shell(s) are needed, *and*
- The insurer won't replace a hearing aid when the hearing aid is working up to the manufacturer's original specifications, *and*
- The insurer won't replace a hearing aid due to hearing loss changes, unless the new degree of hearing loss was due to continued on the job exposure. A new claim must be filed with the insurer if further hearing loss is a result of continued work-related exposure or injury, or the aid is lost or damaged in a work-related incident, *and*
- The insurer won't replace hearing aids based solely on changes in technology, *and*
- The insurer won't pay for new hearing aids for hearing loss resulting from:
 - Noise exposure that occurs outside the workplace, *or*
 - Further coverage exposure, *or*
 - Non-work related diseases, *or*
 - The natural aging process.

Replacement requests may be sent directly to the insurer using the Hearing Aid Repair/Replacement Durable Medical Equipment Provider Hotline Service Authorization Request form ([F245-418-000](tel:245-418-000)). If this form isn't used, any request must be in writing and include all information required on the form.

State fund replacement requests are made directly to the claim manager. Requests may be mailed or faxed to 360-902-6490.

Documentation that a hearing aid isn't repairable may be submitted by:

- Licensed audiologists, *or*
- Fitter/dispensers, *or*
- All make repair companies, *or*
- FDA certified manufacturers.

The provider must submit written, logical rationale for the claim manager's consideration if:

- Only of the binaural hearing aids isn't repairable, *and*
- In the professional's opinion, both hearing aids need to be replaced.



Note: The condition of the other hearing aid must be documented.

Who must perform these services to qualify for payment

Repairs

Audiologists and fitters/dispensers may be paid for providing authorized in office repairs.

Requirements for billing

Repairs

The provider who arranges for repairs to hearing aid(s) authorized or purchased by the insurer must submit records of all repairs to these aids to the insurer. These records are required, even during the warranty period.

Authorized in-office repairs must be billed using V5014 and V5267. These billings require an invoice and description.

Additional information

Separate charges for accessories are paid at acquisition cost and aren't to be billed with repair codes.

The insurer won't cover repairs, services and supplies that are offered to the general public at no cost.

If a repair is done in the office and no warranty is available, this information must be included in the written description of the repair.

Replacements

The worker must sign and be given a copy of the Hearing Services Worker Information form ([F245-049-000](#)). The provider must submit a copy of the signed form and the replacement request.

A copy of the manufacturer's warranty and a copy of any additional provider warranty must be submitted to the insurer for all hearing devices and hearing aid repairs. The warranty should include the individual hearing aids:

- Make, *and*
- Model, *and*
- Serial number.

The provider must inform the insurer of the type of hearing aid dispensed and the codes they are billing.

Need more help with repairs and replacements?

Call L&I's Provider Hotline at 1-800-848-0811 or email PHL@lni.wa.gov

Forms can be found on our website at [Provider Hotline Authorizations](#)



Payment policy: Replacement of linear nonprogrammable analog hearing aids

When these hearing aids may be replaced

Linear nonprogrammable analog hearing aids may be replaced with nonlinear digital or analog hearing aid when the worker returns a linear analog hearing aid to their dispenser or audiologist because:

- The hearing aid is inoperable, *or*
- The worker is experiencing an inability to hear, *and*
- The insurer has given prior authorization to replace the hearing aid.

The associated professional fitting fee (dispensing fee) will also be paid when the replacement of linear analog with nonlinear digital or analog hearing aid is authorized (see Prior authorization, below).

Prior authorization

Prior authorization must be obtained from the insurer **before** replacing linear analog hearing aids. The insurer **won't pay** for replacement hearing aids issued prior to authorization.

Authorization documentation and record keeping requirements

Before authorizing replacement, the insurer will require and request the following documentation from the provider:

- Required: A separate statement (signed by both the provider and the injured worker): This linear analog replacement request is sent in accordance with L&I's linear analog hearing aid replacement policy, *and*
- Required for State Fund claims: Completed Hearing Services Worker Information form ([F245-049-000](#)), *and*
- Serial number(s) of the current linear analog aid(s), if available, *and*
- Make/model of the current linear analog aid(s), if available, *and*
- Date original hearing aid(s) issued to worker, if available.

For State Fund claims prior authorization:

- Call the claim manager, *or*
- Fax the request to the Provider Hotline at 360-902-6252.

For self-insured claims prior authorization, contact the SIE/TPA for prior authorization.



Link: A [list of SIEs/TPAs](#) is available online.

Who must perform these services to qualify for payment

Audiologists, physicians, ARNPs, and fitter/dispensers who have current L&I provider account numbers may bill for hearing aid replacement. These providers may bill for the acquisition cost of the nonlinear aids and the associated professional fitting fee (dispensing fee).



Payment policy: Restocking fees

Requirements for billing

The insurer must receive a Termination of Agreement (Rescission) form ([F245-050-000](#)) or a statement signed and dated by the provider and the worker.

The form must be faxed to L&I at **360-902-6252** or forwarded to the SIE/TPA within 5 business days of receipt of the signatures.

The provider must submit a refund of the full amount paid by the insurer for the dispensing fees and acquisition cost of the hearing aid that was provided to the worker. The provider may then submit a bill to the insurer:

- Either for the **restocking fee** of **\$150.00** or **15%** of the total purchase price, whichever is less, *and*
- Using billing code **5091V**.



Note: **Restocking fees** can't be paid until the insurer has received the refund.



Links to related topics

If you're looking for more information about...	Then see...
Administrative rules and Washington state laws for audiology and hearing services	Washington Administrative Code (WAC) 246-828-290 WAC 296-20-015 WAC 296-23-165 Revised Code of Washington (RCW) 18.35.185 RCW 51.36.130
Becoming an L&I provider	Become A Provider on L&I's website
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare professional services (including audiology)	Fee schedules on L&I's website
Hearing Services Worker Information form	F245-049-000
Occupational Disease Employment History Hearing Loss form	F262-013-000
Occupational Hearing Loss Questionnaire	F262-016-000
Payment policies for acquisition cost	Chapter 28: Supplies, Materials, and Bundled Services
Payment policies for durable medical equipment (DME)	Chapter 9: Durable Medical Equipment
Payment policies for supplies	Chapter 28: Supplies, Materials, and Bundled Services
Report of Accident form	F242-130-000
Statement for Miscellaneous Services form	F245-072-000

If you're looking for more information about...	Then see...
Termination of Agreement (Rescission) form	F245-050-000

Need more help?

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