



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

June 5, 2018

Cynthia Hake, Director  
CMS' National Level II HCPCS Coding Program  
Centers for Medicare and Medicaid Services  
C5-09-14  
7500 Security Blvd  
Baltimore, MD 21244-1850

RE: HCPCS Code Application # 18.116 – Contralateral Routing Hearing Aid Devices

Dear Ms. Hake:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the preliminary Healthcare Common Procedures Coding System (HCPCS) coding recommendation from the Centers for Medicare and Medicaid Services (CMS) for application # 18.116, which addresses HCPCS Level II codes describing contralateral routing hearing aid devices, commonly referred to as CROS/BiCROS hearing devices.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

This letter includes ASHA's comments regarding the CMS preliminary recommendations in response to our proposal to update and revise the HCPCS Level II codes for CROS/BiCROS hearing devices. Specifically, we wish to address the following issues:

- Modifications to the proposed new codes VXXX1-VXXX9
- Modifications and corrections to proposed revised codes V5190, V5200, V5230, and V5240
- Discontinuation of current codes V5170, V5180, V5210, and V5220

## **Background**

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Members of the audiology community and related organizations have been working since 2011 to update the hearing services HCPCS Level II code set to reflect contemporary hearing health services, practices, and technology. This is the second in a series of HCPCS application submissions associated with this comprehensive review.

The current code descriptors for CROS/BiCROS hearing aids reflect 30 year-old technology that is generally obsolete and does not accurately describe the device(s) being provided to the patient. This has created confusion among providers and payers. Older technology used to include a

dedicated microphone and receiver unit. These parts could not function independently of one another. However, the new technology can pair a current hearing aid with a specialized hearing aid that can wirelessly route the sound signal to the hearing aid in the opposite ear. Unlike previous CROS/BiCROS technology, some contralateral routing devices can also function as an independent hearing device. As such, it is important that the new/revised HCPCS codes describe and differentiate between two unique hearing devices (a binaural system) and a monaural device that will pair to a patient's existing hearing aid in the opposite ear. Our intention with the initial proposal was to update the descriptors to reflect changes to technology while maintaining the familiar structure and terminology that exists for the other hearing aid codes. These updates are intended to mitigate provider and payer confusion over these codes.

In reviewing the current hearing aid codes (V5030–V5263), it appears that there has been an effort made over time to incorporate new and emerging technologies. This has resulted in three code groupings that describe different levels of technology (general/analog, digitally programmable analog, and digital). Within each family, there are codes that describe the style of each device and reference to whether the code is describing one or two devices, as demonstrated in the following examples.

*General/Analog Family*

- **V5050** Hearing aid, monaural, in the ear
- **V5242** Hearing aid, analog, monaural, CIC

*Digitally Programmable Analog Family*

- **V5244** Hearing aid, digitally programmable analog, monaural, CIC
- **V5250** Hearing aid, digitally programmable analog, binaural, CIC

*Digital Family*

- **V5254** Hearing aid, digital, monaural, CIC
- **V5258** Hearing aid, digital, binaural, CIC

Each family represents a differing level of technology. As with other types of orthotics/durable medical equipment, these items need to be reported with unique codes. Currently, audiologists most frequently utilize codes from the general/analog and digital code families. In addition to revising the CROS/BiCROS descriptors to reflect “contralateral routing” and updates to technology, our proposal also seeks to add the contralateral routing codes to the digital code family to ensure consistency across the most frequently utilized code families.

### **ASHA's Recommendations**

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ASHA would like to thank the CMS Workgroup for the preliminary recommendations to our original proposal. We have thoroughly reviewed the recommendations and respectfully request that CMS consider the following revisions as the Agency begins the development of its final recommendations.

### ***Modifications to proposed new codes VXXX1-VXXX9***

ASHA supports CMS' preliminary recommendation to establish nine new codes to describe contralateral routing devices and systems, but requests that CMS consider an additional modification to the code descriptors.

We propose the addition of the word "digital" to each of the nine code descriptors. The addition of the word "digital" maintains the current coding convention that describes the family of technology in which these devices belong. The newest contralateral routing devices are digital and can only be paired to digital hearing aids, so it is important to retain that distinction in the descriptor. Please see proposed modified language below.

#### ***Proposed Modifications***

- Establish VXXX1 "Hearing aid, **digital**, contralateral routing device, monaural, in the ear (ITE)"
- Establish VXXX2 "Hearing aid, **digital**, contralateral routing device, monaural, in the canal (ITC)"
- Establish VXXX3 "Hearing aid, **digital**, contralateral routing device, monaural, behind the ear (BTE)"
- Establish VXXX4 "Hearing aid, **digital**, contralateral routing system, binaural, ITE/ITE"
- Establish VXXX5 "Hearing aid, **digital**, contralateral routing system, binaural, ITE/ITC"
- Establish VXXX6 "Hearing aid, **digital**, contralateral routing system, binaural, ITE/BTE"
- Establish VXXX7 "Hearing aid, **digital**, contralateral routing system, binaural, ITC/ITC"
- Establish VXXX8 "Hearing aid, **digital**, contralateral routing system, binaural, ITC/BTE"
- Establish VXXX9 "Hearing aid, **digital**, contralateral routing system, binaural, BTE/BTE"

#### ***Discontinuation of current codes V5170, V5180, V5210, and V5220***

ASHA does not support CMS' preliminary coding recommendation to:

- Discontinue V5170 "Hearing aid, cros, in the ear"
- Discontinue V5180 "Hearing aid, cros, behind the ear"
- Discontinue V5210 "Hearing aid, bicros, in the ear"
- Discontinue V5220 "Hearing aid, bicros, behind the ear".

As with all other styles of hearing aids, we believe that a set of contralateral routing devices and systems should be retained in the general/analog family. We recommend that CMS retain the current codes and revise the descriptors to accurately describe the technology.

- V5170 "Hearing aid, **contralateral routing device, monaural**, in the ear (ITE)"
- V5180 "Hearing aid, **contralateral routing device, monaural**, behind the ear (BTE)"

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- V5210 “Hearing aid, **contralateral routing system, binaural**, ITE/ITE”
- V5220 “Hearing aid, **contralateral routing system, binaural**, BTE/BTE”

It is critical to retain these legacy codes in order to maintain the integrity of the style subset within the general/analog code family. These codes remain an important and integral part of the general/analog family, which is still utilized by state Medicaid programs, vocational rehabilitation, and commercial payers. We are concerned that deleting these codes may inadvertently create an access to care issue for Medicaid and vocational rehabilitation patients in some states.

***Modifications and corrections to proposed revised codes V5190, V5200, V5230, and V5240***

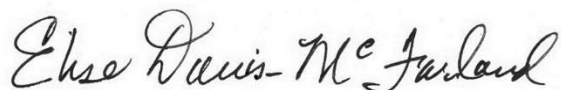
ASHA supports the CMS preliminary recommendation to revise HCPCS codes V5190, V5200, V5230, and V5240, with the recommendation of one modification. We propose that CMS add the word “routing” to the code descriptor for V5200 in order to maintain consistency with the rest of the family.

*Proposed Modification*

- Revise V5190 “Hearing aid, cros contralateral routing, monaural, glasses”, to instead read, “Hearing aid, contralateral routing, monaural, glasses”.
- Revise V5200 “Dispensing fee, cros contralateral, monaural”, to instead read, “Dispensing fee, contralateral **routing**, monaural”.
- Revise V5230 “Hearing aid, bicros,contralateral routing system, binaural, glasses”, to instead read, “Hearing aid, contralateral routing system, binaural, glasses”.
- Revise V5240 “Dispensing fee, bicros contralateral routing system, binaural”, to instead read, “Dispensing fee, contralateral routing system, binaural”

Thank you for the opportunity to provide comments on HCPCS Code Application # 18.116. If you or your staff have any questions, please contact Neela Swanson, ASHA’s director of health care policy for coding and reimbursement, at [nswanson@asha.org](mailto:nswanson@asha.org).

Sincerely,



Elise Davis-McFarland, PhD, CCC-SLP  
2018 ASHA President