



4665 Business Center Drive
Fairfield, California 94534

Date: 4/8/21

Medi-Cal

Important Provider Notice: #417

Subject: TAR Requirements on Hearing Aid Codes – Effective 5/1/21

For dates of service on and after May 1, 2021 the following procedure codes are required to have a Treatment Authorization Request (TAR) on file:

- V5171 - HEARING AID, CONTRALERAL ROUTING DEVICE, MONAURAL ITE
- V5172 - HEARING AID, CONTRALATERAL ROUTING DEVISE, MONAURAL BTE
- V5181 - HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL BTE
- V5190 - HEARING AID, CROS, GLASSES
- V5211 - HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE
- V5212 - HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC
- V5213 - HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE
- V5214 - HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC
- V5215 - HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE
- V5221 - HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE
- V5230 - HEARING AID, BICROS, GLASSES
- V5298 - HEARING AID NOC

Additional information regarding this authorization requirement, please contact the PHC Health Services Department at (707) 863-4100.