Policy: MP276
Section: Medical Benefit Policy
Subject: Hearing Aids

I. Policy: Hearing Aids

II. Purpose/Objective:
To provide a policy of coverage regarding Hearing Aids

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:
Hearing aids are devices that amplify and deliver speech and other sounds at levels equivalent to that of normal speech and conversation. Hearing aids can be categorized as air conduction, bone conduction and middle ear hearing aids. They are also categorized by the means with which they process incoming signals, such as analog, digitally programmable, and digital signal processing.

INDICATIONS:
The following criteria will apply for Medicaid Business Segment:

Monaural or Binaural hearing aid:
- A medical clearance signed and dated by the physician within six months prior to dispensing the hearing aid; and
- Documentation of communication need and a statement that the member is able to utilize the aid appropriately; and
- Audiogram completed within the past six months, signed, dated by the audiologist, along with the recommendation for hearing aid documenting a hearing loss of 25 dB HL or greater at frequency of at least 500 Hz in the ear(s) to be aided for members under the age of 21. An auditory evoked potential test will be accepted in lieu of an audiogram in individuals unable to participate in a traditional audiogram either due to age or infirmity.
- significant vocational, educational demands, or other needs for normal development activity as documented by the ordering provider.

LIMITATIONS:
Services are to be provided by a contracted provider who is a licensed hearing aid dealer or licensed audiologist affiliated with a hearing center.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED With: Hearing Aid
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

- V5252 hearing aid, digitally programmable, binaural, ITE
- V5253 hearing aid, digitally programmable, binaural, BTE
- V5244 hearing aid, digitally programmable analog, monaural, CIC
- V5245 hearing aid, digitally programmable, analog, monaural, ITC
- V5246 hearing aid, digitally programmable analog, monaural, ITE (in the ear)
- V5247 hearing aid, digitally programmable analog, monaural, BTE (behind the ear)

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
Pennsylvania Code § 1123.57. Hearing aids
This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 5/2013

**Revised:** 7/15 (revised Indications, removed Exclusion); 11/15 (remove prior auth requirement)

**Reviewed:** 7/14; 7/16, 1/17, 12/17, 12/18, 12/19