

# Policy

<b>DEPARTMENT:</b> Utilization Management	<b>POLICY#:</b> UM - 027
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## Purpose

Longevity Health offers hearing benefits to its members in select markets. This policy outlines coverage guidelines that pertain to hearing, including hearing aid devices.

## Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LHP	Longevity Health Plan, the Plan
MC	Medicare
Hearing Aid	Hearing aids are devices that amplify and deliver speech and other sounds at levels equivalent to that of normal speech and conversation and are used by individuals with hearing loss.

## Policy

Longevity Health offers supplemental hearing benefits to members in select markets. Some hearing services are covered under traditional Medicare. This policy serves to provide coverage guidelines to ensure that clinicians, and utilization management understand covered versus non-covered benefits.

## Hearing and Balance Exams

Medicare Part B covers diagnostic hearing and balance exams if the member's physician or other health care provider determines it necessary. The Plan will also provide hearing exams as a supplemental benefit under Part C in select markets. The number of approved annual exams under to benefit varies by market and co-insurance may apply to members. No prior authorization or referral requirements exist for hearing exams.

## Hearing Aids

Select plans offer hearing aids as a supplemental benefit. For specific coverage and plan limits, please refer to the state specific explanation of benefits. Traditional Medicare does not cover the cost of hearing aids.

Hearing Aid Devices include:

- Air conduction devices
- Middle ear devices
- Bone conduction devices

If coverage for hearing aid devices is available to the member, the following conditions apply:

- A hearing aid device (per device specific criteria below) is considered medically necessary if ANY of the following:
  - Conductive hearing loss unresponsive to medical or surgical interventions
  - Sensorineural hearing loss
  - Mixed hearing loss

When ONE of the above medically necessary criteria for a hearing aid device has been met, ANY of the following hearing aid devices utilized to amplify sound, including advanced signal processing technologies, such as digital signal processing, directional microphones, multiple channels, or multiple memories, is considered medically necessary.

### **Air Conduction Hearing Aids**

ANY of the following air conduction hearing aid devices are considered medically necessary for the treatment of mild to profound hearing loss:

- Behind the ear device
- In the ear device
- In the ear canal device
- Completely in the canal device
- Contralateral routing of sound device, for single sided hearing loss

### **Partially Implantable Bone Conduction Hearing Aids**

A partially implantable middle ear hearing aid device is considered medically necessary when ALL of the following criteria are met:

- Age 18 or older
- Moderate to severe sensorineural hearing loss
- Evidence of a medical condition precluding use of an air conduction aid
- Absence of middle ear disease

### **Bone Conduction Hearing Aids**

EITHER of the following bone conduction hearing aid devices are considered medically necessary:

- Unilateral percutaneous US Food and Drug Administration approved bone anchoring hearing aid device with abutment or magnetic coupling for an individual with conductive or mixed hearing loss
- Bilateral percutaneous US Food and Drug Administration approved bone anchored hearing aid device with abutment or magnetic coupling for an individual with symmetrical conductive or mixed hearing loss

When ALL the following criteria are met:

- Use of a conventional device is precluded by EITHER of the following:
  - i. Malformations of the external or middle ear
  - ii. Conditions involving chronic middle ear drainage
- EITHER of the following:
  - i. Pure tone average bone conduction threshold of up to 65 dB HL with average measured at 500, 1000, 2000, and 3000 Hz, for the percutaneous device with abutment
  - ii. Pure tone average bone conduction threshold of up to 55 dB HL with average measured at 500, 1000, 2000, and 3000 Hz for the magnetic coupling device
- Speech discrimination score of better than 60% in the indicated ear
- ANY of the following conditions:
  - i. Documentation of chronic ear infections/inflammation
  - ii. Congenital or surgically induced ear malformations of the external or middle ear canal
  - iii. Tumors of the external canal and/or tympanic cavity
  - iv. Conditions that contraindicate an air conduction hearing aid

Note: A unilateral percutaneous US Food and Drug Administration approved bone anchored hearing aid device with abutment or magnetic coupling is considered medically necessary as an alternative to an air conduction device for an individual with single sided deafness and normal hearing in the other ear.

## **Batteries**

Initial and replacement batteries (V5266, L8621, L8622, L8623, L8624) that are specifically designed to provide a power supply to a medically necessary hearing aid device are considered medically necessary.

Note: Off the shelf batteries are generally considered not medically necessary, regardless of whether coverage is available for hearing aid devices, because they are not primarily medical in nature.

## **Repair and/or Replacement**

Repair and/or replacement of a medically necessary hearing aid devices not under warranty are considered medically necessary as follows:

- Repair, when the currently used device is no longer functioning adequately, inadequate function of the item interferes with activities of daily living, and repair is expected to make the equipment fully functional (as defined by the manufacturer).
- Replacement when the currently used device is no longer functioning adequately and has been determined to be non-repairable.

## **Not Medically Necessary**

EACH of the following hearing aid devices is considered experimental, investigational, or unproven:

- Fully implantable middle ear hearing aid
- Non-implantable, intraoral bone conduction hearing aid

## **Medicare Coverage Determinations**

NCD – No national coverage determination available

LCD – No unretd local coverage determination available.

## Associated CPT Codes

V5030	BODY-WORN HEARING AID AIR
V5040	BODY-WORN HEARING AID BONE
V5050	HEARING AID, MONAURAL, IN THE EAR (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5060	HEARING AID, MONAURAL, BEHIND THE EAR (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5120	BINAURAL, BODY (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5130	BINAURAL, IN THE EAR (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5140	BINAURAL, BEHIND THE EAR (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5150	BINAURAL, GLASSES (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5160	DISPENSING FEE, BINAURAL (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5170	HEARING AID, CROS, IN THE EAR (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5180	HEARING AID, CROS, BEHIND THE EAR (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5190	HEARING AID, CROS, GLASSES (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5200	DISPENSING FEE, CROS (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5210	HEARING AID, BICROS, IN THE EAR (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5220	HEARING AID, BICROS, BEHIND THE EAR (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5230	HEARING AID, BICROS, GLASSES (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5240	DISPENSING FEE, BICROS (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5241	DISPENSING FEE, MONAURAL
V5242	HEARING AID, MONAURAL, CIC
V5243	HEARING AID, MONAURAL, ITC
V5244	HEARING AID, PROG, MON, CIC
V5245	HEARING AID, PROG, MON, ITC
V5246	HEARING AID, PROG, MON, ITE
V5247	HEARING AID, PROG, MON, BTE
V5248	HEARING AID, ANALOG, BINAURAL, CIC (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5249	HEARING AID, ANALOG, BINAURAL, ITC (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5250	HEARING AID, PROG, BIN, CIC
V5251	HEARING AID, PROG, BIN, ITC
V5252	HEARING AID, PROG, BIN, ITE
V5252	HEARING AID, PROG, BIN, ITE
V5253	HEARING AID, PROG, BIN, BTE
V5254	HEARING AID, DIGITAL, MONAURAL, CIC (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5255	HEARING AID, DIGITAL, MONAURAL, ITC (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5256	HEARING AID, DIGITAL, MONAURAL, ITE (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5257	HEARING AID, DIGITAL, MONAURAL, BTE (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5258	HEARING AID, DIGITAL, BINAURAL, CIC (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5259	HEARING AID, DIGITAL, BINAURAL, ITC (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5260	HEARING AID, DIGITAL, BINAURAL, ITE (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5261	HEARING AID, DIGITAL, BINAURAL, BTE (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5266	BATTERY FOR USE IN HEARING DEVICE (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)
V5267	HEARING AID SUP/ACCESS/DEV
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED (NON-COVERED BY MEDICARE. STATUTE REFERENCE: 1862A7)

## Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
New		10/11/2022	Courtney Gonzales	New

## Appendices



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MI 2022 SOB.pdf



NC 2022 SOB.pdf



NY 2022 SOB.pdf



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