

BENEFIT COVERAGE POLICY

Title: BCP-21 Hearing Aids and Services

Payment Reimbursement Policy: PRP-10 Hearing Aids and Services

Effective Date: 10/01/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Please refer to the member's benefit plan coverage guidelines for coverage of hearing aids and services. Benefit plans may include a maximum allowable benefit, either in duration of treatment, number of visits, or a dollar limit. For example, when the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Unlisted codes are subject to review.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

Delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

2.0 Background:

Hearing loss is a common and normal part of getting older. The major kinds of hearing losses are sensorineural or conductive.

Sensorineural hearing loss or "nerve deafness" is caused by damage to or deterioration of the tiny sound-sensing hair cells in the inner ear. It can be due to aging (presbycusis) or to exposure to loud noise. Because the nerve cells can no longer effectively transmit electrical impulses, there is some loss in the ability to hear. Other causes are high fever, viral or bacterial infections, heart conditions, or stroke, head trauma, tumors, and certain drugs. While those older than 65 are more vulnerable to presbycusis, some baby boomers aged 45 to 65 are experiencing noise-induced hearing loss.

Conductive hearing loss can be caused by an obstruction in the outer or middle ear or the ear drum. Sound does not transmit effectively due to interference in the sound vibrations before reaching the inner ear. Conductive hearing loss can result from severe head trauma, birth defects, punctured eardrum, or simple wax or fluid buildup. Some conditions can be treated and reverse hearing loss

through medical or surgical procedures. Hearing aids can improve conductive loss as long as there is no medical reason not to use an aid.

Hearing testing is done by a licensed audiologist or a hearing aid specialist. The examiner conducts an interview followed by a series of tests to determine the type and extent of hearing loss. These tests include pure tone air conduction audiometry, bone conduction test, and speech reception threshold test. (See Sec. 6.0 "Terms and Definitions" for more information.)

Once the assessment is completed, the examiner reviews the test findings and identifies areas where there are difficulties in hearing. Discussion also includes expectations and limitations of hearing aids. Hearing aids come in many types and sizes, with a wide variety of features. All hearing aids require batteries to function. The member's test results, budget, and dexterity must all be coordinated in recommending the right device.

The main factor affecting the price of a hearing aid is the level of technology. The most advanced level contains features such as the most advanced noise reduction circuitry and wireless (telecoil) capabilities. The purchase price of a hearing aid typically includes the cost of the hearing test, consultation, initial fitting, and all follow-up adjustments, routine cleanings, and a warranty that can range from one to three years. The warranty often covers all repairs and includes a one-time replacement policy if the hearing aid is lost.

3.0 Benefit Guidelines:

A. The health plan covers the following:

1. Hearing aids and services that are required for the correction of a hearing impairment (a reduction in the ability to perceive sound, which may range from slight to complete deafness).
2. Audiometric examinations.
3. Hearing aid evaluations and tests to determine actual hearing acuity and the specific type or brand of hearing aid needed.
4. Purchase and fitting of either monaural or binaural hearing aid(s), which must be one of these types
 - i. Behind the ear (BTE)
 - ii. Invisible in the canal (IIC)
 - iii. Completely in the canal (CIC)
 - iv. In the canal (ITC)
 - v. In the ear (ITE)
 - vi. On the ear (OTE)
 - vii. Other special hearing aids, not to exceed the benefits that would have been provided for a type of unilateral hearing aid, as described above.
5. Hearing aid checks following the fitting

B. The following advanced hearing aid technology is excluded as not medically necessary:

1. More than two channels to separate sound for processing. A hearing aid with advanced technology may have eight or more channels. That splits the signal into smaller frequency bands and therefore offers a higher resolution of signal processing.
2. All types of disposable hearing aids
3. Used or reconditioned hearing aids, which are defined as hearing aids that have been previously utilized by another individual.
4. Bluetooth capability – a wireless feature that enables hearing aids to connect to mobile phones and other devices that use Bluetooth.

5. Wind noise reduction – this feature is fairly specific in its application and beneficial for those who spend time enjoying outdoor hobbies, like runners, golfers, hunters, and boaters.
6. Data logging – a feature that stores data about the listening environments in which one wears their hearing aids and preferences for programs, volume levels, and other features. This information is accessed by the hearing healthcare profession during a follow-up appointment to further customize the hearing aid fitting.
7. Learning features – a feature that “learns” preferences, such as volume control settings and program preferences for certain sound environments. The hearing aid begins to make changes automatically when the environment is detected and reduces the need to make manual adjustments.
8. Binaural processing – a pair of hearing aids that communicate wirelessly with each other. This technically mimics the brain’s ability to process information coming from both ears and helps reduce manual hearing aid adjustments. Most commonly used to keep the hearing aids operating synchronously or to stream auditory signals from one hearing aid to the others.

C. Optional hearing aid accessories not covered as not medically necessary:

1. Hearing aid dehumidifiers – a desiccant to draw out moisture from the hearing aid overnight. Desiccants are contained in a soft pouch or metal tin and are heated to be reactivated. A more sophisticated option is a small electronic device that uses UV light to dry and sanitize hearing aids overnight.
2. Bluetooth streaming devices.
3. Assistive listening devices – accessories that help hearing aids work better in very specialized listening environments like classrooms, lecture halls, music venues, and theaters. Other devices work with a home phone to make conversations easier or devices that causes pillow vibrations to awake a person or alert to someone at the door.
4. Accessory clips – allows one to participate in sports or physical activities while keeping hearing aids clean and dry and prevents them from falling out.

D. The benefit plan does not cover:

1. Hearing aids except as specified above, including but not limited to disposable hearing aids and assistive listening devices
2. Hearing aid batteries
3. Hearing aid accessories other than ear molds and ear impressions
4. Repair or replacement of hearing aids or hearing aid parts unless the member would have been eligible for a hearing aid under the frequency limits of the benefit plan coverage at the time of repair or replacement.
5. Other hearing aid replacement parts and repairs

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237, 10 = ASO group L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
92590	Hearing aid examination and selection; monaural	N	Hearing aids and services rider OR hearing care
92591	Hearing aid examination and selection;	N	Hearing aids and services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	binaural		rider OR hearing care
92592	Hearing aid check; monaural	N	Hearing aids and services rider OR hearing care
92593	Hearing aid check; binaural	N	Hearing aids and services rider OR hearing care
92594	Electroacoustic evaluation for hearing aid; monaural	N	Hearing aids and services rider OR hearing care
92595	Electroacoustic evaluation for hearing aid; binaural	N	Hearing aids and services rider OR hearing care
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	N	Hearing aids and services rider OR hearing care
V5008	Hearing screening	N	Preventive health services
V5010	Assessment for hearing aid	N	Hearing aids and services rider OR hearing care
V5011	Fitting/ orientation/ checking of hearing aid	N	Hearing aids and services rider OR hearing care
V5014	Repair/ modification of a hearing aid	N	Hearing aids and services rider OR hearing care
V5020	Conformity evaluation	N	Hearing aids and services rider OR hearing care
V5030	Hearing aid, monaural, body worn, air conduction	N	Hearing aids and services rider OR hearing care
V5040	Hearing aid, monaural, body worn, bone conduction	N	Hearing aids and services rider OR hearing care
V5050	Hearing aid, monaural, in the ear	N	Hearing aids and services rider OR hearing care
V5060	Hearing aid, monaural, behind the ear	N	Hearing aids and services rider OR hearing care
V5070	Glasses, air conduction	N	Hearing aids and services rider OR hearing care
V5080	Glasses, bone conduction	N	Hearing aids and services rider OR hearing care
V5090	Dispensing fee, unspecified hearing aid	N	Hearing aids and services rider OR hearing care
V5095	Semi-implantable middle ear hearing prosthesis	N	Hearing aids and services rider OR hearing care
V5100	Hearing aid, bilateral, body worn	N	Hearing aids and services rider OR hearing care
V5110	Dispensing fee, bilateral	N	Hearing aids and services rider OR hearing care
V5120	Binaural, body	N	Hearing aids and services rider OR hearing care
V5130	Binaural, in the ear	N	Hearing aids and services rider OR hearing care
V5140	Binaural, behind the ear	N	Hearing aids and services rider OR hearing care

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
V5150	Binaural, glasses	N	Hearing aids and services rider OR hearing care
V5160	Dispensing fee, binaural	N	Hearing aids and services rider OR hearing care
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	N	Hearing aids and services rider OR hearing care
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	N	Hearing aids and services rider OR hearing care
V5181	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	N	Hearing aids and services rider OR hearing care
V5190	Hearing aid, contralateral routing, monaural, glasses	N	Hearing aids and services rider OR hearing care
V5200	Dispensing fee, contralateral, monaural	N	Hearing aids and services rider OR hearing care
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	N	Hearing aids and services rider OR hearing care
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	N	Hearing aids and services rider OR hearing care
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	N	Hearing aids and services rider OR hearing care
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	N	Hearing aids and services rider OR hearing care
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	N	Hearing aids and services rider OR hearing care
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	N	Hearing aids and services rider OR hearing care
V5230	Hearing aid, contralateral routing system, binaural, glasses	N	Hearing aids and services rider OR hearing care
V5240	Dispensing fee, contralateral routing system, binaural	N	Hearing aids and services rider OR hearing care
V5241	Dispensing fee, monaural hearing aid, any type	N	Hearing aids and services rider OR hearing care
V5242	Hearing aid, analog, monaural, CIC	N	Hearing aids and services rider OR hearing care
V5243	Hearing aid, analog, monaural, ITC	N	Hearing aids and services rider OR hearing care
V5244	Hearing aid, digitally programmable analog, monaural, CIC	N	Hearing aids and services rider OR hearing care
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	N	Hearing aids and services rider OR hearing care
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	N	Hearing aids and services rider OR hearing care
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	N	Hearing aids and services rider OR hearing care
V5248	Hearing aid, analog, binaural, CIC	N	Hearing aids and services rider OR hearing care
V5249	Hearing aid, analog, binaural, ITC	N	Hearing aids and services rider OR hearing care
V5250	Hearing aid, digitally programmable analog, binaural, CIC	N	Hearing aids and services rider OR hearing care
V5251	Hearing aid, digitally programmable analog,	N	Hearing aids and services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	binaural, ITC		rider OR hearing care
V5252	Hearing aid, digitally programmable, binaural ITE	N	Hearing aids and services rider OR hearing care
V5253	Hearing aid, digitally programmable, binaural BTE	N	Hearing aids and services rider OR hearing care
V5254	Hearing aid, digital, monaural, CIC	N	Hearing aids and services rider OR hearing care
V5255	Hearing aid, digital, monaural, ITC	N	Hearing aids and services rider OR hearing care
V5256	Hearing aid, digital, monaural, ITE	N	Hearing aids and services rider OR hearing care
V5257	Hearing aid, digital, monaural, BTE	N	Hearing aids and services rider OR hearing care
V5258	Hearing aid, digital, binaural, CIC	N	Hearing aids and services rider OR hearing care
V5259	Hearing aid, digital, binaural, ITC	N	Hearing aids and services rider OR hearing care
V5260	Hearing aid, digital, binaural, ITE	N	Hearing aids and services rider OR hearing care
V5261	Hearing aid, digital, binaural, BTE	N	Hearing aids and services rider OR hearing care
V5264	Ear mold/insert, not disposable, any type	N	Hearing aids and services rider OR hearing care
V5275	Ear impression, each	N	Hearing aids and services rider OR hearing care
V5298	Hearing aid, not otherwise classified	N	Hearing aids and services rider OR hearing care
V5299	Hearing service, miscellaneous	N	Hearing aids and services rider OR hearing care

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
92596	Ear protector attenuation measurements	General Exclusions and Limitations; convenience item
V5262	Hearing aid, disposable, any type, monaural	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5263	Hearing aid, disposable, any type, binaural	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5265	Ear mold/insert, disposable, any type	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5266	Battery for use in hearing device	General Exclusions and Limitations; does not

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
		meet definition of Covered Health Service
V5267	Hearing aid or assistive listening device/ supplies/ accessories not otherwise specified	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5268	Assistive listening device, telephone amplifier, any type	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5269	Assistive listening device, alerting, any type	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5270	Assistive listening device, television amplifier, any type	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5271	Assistive listening device, television caption decoder	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5272	Assistive listening device, TDD	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5274	Assistive listening device, not otherwise specified	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type	General Exclusions and Limitations; does not meet definition of
V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5284	Assistive listening device, personal FM/DM, ear level receiver	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5286	Assistive listening device, personal Blue Tooth FM/DM receiver	General Exclusions and Limitations; does not

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
		meet definition of Covered Health Service
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5290	Assistive listening device, transmitter microphone, any type	General Exclusions and Limitations; does not meet definition of Covered Health Service
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	General Exclusions and Limitations; does not meet definition of Covered Health Service

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

Audiologist – health care professional who has specialized training in identifying and measuring the type and degree of hearing loss and recommending treatment options. They may also be licensed to fit hearing aids.

Bone conduction test – painless vibration of your skull that goes directly to the inner ear. An instrument is placed against the mastoid bone behind your ear and presents the same frequencies as in the pure tone test.

Conventional Hearing Aids – have a microphone that gathers sound, an amplifier that increases the volume of sound, and a receiver that transmits this amplified sound to the ear. These instruments may have a manual volume control for the user. These devices have screw-set controls mounted onto the hearing aids for the licensed provider to adjust

Decibels (dB) – the measurement of sound volume. Normal conversation is about 60 dB. Prolonged exposure to sounds louder than 85dB can cause damage to your hearing; sound at 120 dB is uncomfortable and 140dB is the threshold of pain.

Decibels	Level of Loss	Hearing Aid Need
Up to 25 dB	Normal	None
26—40 dB	Mild	Useful in some situations; difficulty understanding normal speech, especially sounds of “f”, “s,” “ch”
40—69 dB	Moderate	Frequently needed
70—94 dB	Severe	Needed for all verbal communications

Decibels	Level of Loss	Hearing Aid Need
95+ dB	Profound	Hearing aid required plus speech reading training and aural rehabilitation; may require cochlear implant

Digital Hearing Aids - analyze incoming sound, transforms it by converting the sound into digital bits and manipulates the frequency and output characteristics of the sound before the sound is amplified. Digital hearing aids are programmed with a computer and contain multiple memories, microphones, and channels. The digital processor permits the hearing aid to change its parameters, to reduce background noise, and/or manage feedback without adversely affecting the benefits for the user

Hearing aid specialist – person who is licensed by the state to conduct and evaluate basic hearing tests, offer counseling, and fit and test hearing aids.

Programmable Hearing Aids – utilize analog technology that is controlled by modifying the frequency and output characteristics using a computer. It may contain multiple microphones, multiple memories and multiple channels, and may operate with a remote control.

Pure tone air conduction audiometry – determines hearing at different frequencies. The audiometer produces a range of pure tones in varying frequency (or pitch, called Hertz [Hz]) and intensity (loudness, called decibels [dB]).

Speech reception threshold test – determines what decibel (loudness) you start to understand speech. Two-syllable words are spoken at increasingly softer volumes until you can no longer repeat correct the words spoken. This test will also tell how well you will do with a hearing aid.

Types of hearing aids:

- BTEs—behind the ear—are about one inch long and fit snugly behind your outer ear. Innovations have made these styles cosmetically appealing and house features for a variety of hearing losses from mild to profound, ample battery life and are easy to handle.
- IICs – invisible-in-the-canal and CICs—completely in the canal—are the smallest ITEs. Cosmetically, they may be the most flattering, but their tiny size can be a real disadvantage in handling.
- ITCs—in the canal—are smaller. They sit in the lower portion of the outer ear bowl, making them comfortable and easy to use. Because they are slightly larger than the CIC styles, they have a longer battery life, are easier to handle and can fit a wider range of hearing losses.
- ITEs—in the ear—are custom-fitted to your outer ear's contours.
- OTEs—on the ear—are a new style of BTE that is extremely small and sits on top of the outer ear.

7.0 References, Citations & Resources:

1. Consumer Guide to Hearing Aids, AARP
https://assets.aarp.org/www.aarp.org/articles/health/docs/hearing_guide.pdf.
2. Healthy Hearing, Hearing aid technology. 9/11/2023. Available at:
<https://www.healthyhearing.com/help/hearing-aids/technology>.
3. National Institute on Deafness and Other Communication Disorders (NIDCD), Hearing Loss and Older Adults. March 17, 2023. Available at: <https://www.nidcd.nih.gov/health/hearing-loss-older-adults>.
4. [PRP-10 Hearing Aids and Services](#)

8.0 Associated Documents [For internal use only]:

Policy and Procedure (P&P) - MMP-09 Benefit Determinations, MMP-02 Transition and Continuity of Care.

Standard Operating Procedure (SOP) – MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization.

9.0 Revision History:

Original Effective Date: 01/01/2020

Next Review Date: 10/01/2025

Revision Date	Reason for Revision
2/19	Policy created
10/20	Revised to change mcg to InterQual
7/21	Annual review – clinical criteria removed, added InterQual to references.
11/22	Annual review, updated InterQual references.
7/23	Annual review, aligned language in section 3.0 with PRP 10, added ASO group L0002193 to section 4.0, updated references in section 7.0, updated associated documents in section 8.0
7/24	Annual review; updated benefit plan reference to “convenience item” for non-covered code 92596, removed statement from B, “All types of “in the canal” and “completely in the canal” hearing aids”.