

PAYMENT REIMBURSEMENT POLICY

Title: PRP-10 Hearing Aids and Services

Benefit Coverage Policy: BCP-21 Hearing Aids and Services

Category: UMHP_PAYMENT REIMBURSEMENT (PR)

Effective Date: 01/03/2025

1.0 Guidelines:

This policy applies to all network and non-network providers, including but not limited to the percentage of charge contract providers. This policy does not guarantee benefits or solely determine reimbursement. Benefits are determined and/or limited by an individual member's benefit coverage document (COC, SPD, etc.). The Health Plan reserves the right to apply clinical edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Clinical edits are derived from nationally recognized billing guidelines such as the Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI), the American Medical Association (AMA), and specialty societies. The Health Plan may leverage the clinical rationale of CMS or other nationally sourced edits and apply this rationale to services that are not paid through CMS but which are covered by the Health Plan to support covered benefits available through one of the Health Plan's products. Prior approval does not exempt adherence to the following billing requirements. The provider contract terms take precedence if there is a conflict between this policy and the provider contract.

2.0 Description:

Health Plan reimburses covered hearing aid services based on the member's benefit plan. Coverage is usually through a rider, but a small number of plans cover hearing aids and services as a base benefit. Please refer to the member's benefit document for specific coverage and limitations. Costs associated with excluded items and those above coverage limits are the responsibility of the member and are not covered by the benefit plan.

3.0 Policy:

A. Coverage for:

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:
 - a. Behind the ear (BTE)
 - b. Invisible in the canal (IIC)
 - c. Completely in the canal (CIC)
 - d. In the canal (ITC)
 - e. In the ear (ITE)
 - f. On the ear (OTE)
 - g. 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 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
- C. Limitations and Exclusions:
1. Reimbursement for hearing aids and hearing aid services coverage is limited to coverage options as defined in the member's benefit plan. Refer to member's benefit plan for specific limitations.
 2. If more than one type of covered hearing aid can meet the member's functional needs, benefits are available for the hearing aids that meet the minimum specifications that are medically necessary.
 3. The reimbursement time frame is rendered in accordance with the benefit limitation as defined in the member's benefit plan. Refer to member's benefit plan for specific limitations.

4.0 Coding and Billing:

1. LT or RT modifiers must be used on monaural codes.
2. LT or RT modifiers should not be used on bilateral or binaural codes, as the "bi" indicates two.
3. Hearing Aid Services HCPCS Section V5008-V5364.

Covered Code	Description
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
92590	Hearing aid examination and selection; monaural
92591	Hearing aid examination and selection; binaural
92592	Hearing aid check; monaural
92593	Hearing aid check; binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electroacoustic evaluation for hearing aid; binaural
V5008	Hearing Screening
V5010	Assessment for hearing aid
V5011	Fitting/orientation/checking of hearing aid
V5014	Repair/modification of a hearing aid
V5020	Conformity evaluation
V5030	Hearing aid, monaural, body worn, air conduction
V5040	Hearing aid, monaural, body worn, bone conduction

Covered Code	Description
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5070	Glasses, air conduction
V5080	Glasses, bone conduction
V5090	Dispensing fee, unspecified hearing aid
V5095	Semi-implantable middle ear hearing prosthesis
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5150	Binaural, glasses
V5160	Dispensing fee, binaural
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)
V5181	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
V5190	Hearing aid, CROS, glasses
V5200	Dispensing fee, CROS
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
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
V5243	Hearing aid, analog, monaural, ITC (in the canal)
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)
V5248	Hearing aid, analog, binaural, CIC
V5249	Hearing aid, analog, binaural, ITC
V5250	Hearing aid, digitally programmable analog, binaural, CIC

Covered Code	Description
V5251	Hearing aid, digitally programmable analog, binaural, ITC
V5252	Hearing aid, digitally programmable, binaural ITE
V5253	Hearing aid, digitally programmable, binaural BTE
V5254	Hearing aid, digital, monaural, CIC
V5255	Hearing aid, digital, monaural, ITC
V5256	Hearing aid, digital, monaural, ITE
V5257	Hearing aid, digital, monaural, BTE
V5258	Hearing aid, digital, binaural, CIC
V5259	Hearing aid, digital, binaural, ITC
V5260	Hearing aid, digital, binaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5264	Ear mold/insert, not disposable, any type
V5275	Ear impression, each
V5298	Hearing aid, not otherwise classified
V5299	Hearing service, miscellaneous

Non-Covered Code	Description
V5262	Hearing aid, disposable, any type, monaural
V5263	Hearing aid, disposable, any type, binaural
V5265	Ear mold/insert, disposable, any type
V5266	Battery for use in hearing device
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5268	Assistive listening device, telephone amplifier, any type
V5269	Assistive listening device, alerting, any type
V5270	Assistive listening device, television amplifier, any type
V5271	Assistive listening device, television caption decoder
V5272	Assistive listening device, TDD
V5274	Assistive listening device, not otherwise specified
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type
V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver
V5284	Assistive listening device, personal FM/DM, ear level receiver
V5285	Assistive listening device, personal FM/DM, direct audio input receiver

Non-Covered Code	Description
V5286	Assistive listening device, personal blue tooth FM/DM receiver
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
V5290	Assistive listening device, transmitter microphone, any type
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)
92596	Ear protector attenuation measurements

5.0 Reimbursement:

The members' benefit plan will determine if a fee schedule rate or coverage limit will be applied. In some instances, the member may be billed for the remaining balance between the allowable and the cost of the hearing aids.

6.0 Documentation Requirements:

Proper documentation is required for unlisted codes.

7.0 Verification of Compliance:

Claims are subject to audit, and prepayment and post payment review in order to validate compliance with the terms and conditions of this policy.

8.0 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.

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.

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.

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

9.0 References, Citations, Resources & Associated Documents:

BCP-21 Hearing Aids

10.0 Revision History:

Original Effective Date: 08/22/2019

Next Review Date: 10/01/2022

Revision Date	Reason for Revision
10/20	Annual review, no changes, approved by CCSC 12/1/20.
9/21	Annual review, updated verbiage on the Guidelines, changed wording under Reimbursement to benefit plan from evidence, approved by CCSC 10/5/2021,
1/23	Annual review
7/23	Annual review
7/24	Annual review