APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC). Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Hearing aids are devices used to amplify sound and make daily living and communications easier. Some of the devices include: hearing aids, amplified telephones, portable devices used to amplify sound at public events, implantable devices such as cochlear or osseointegrated implants, and electrically driven middle ear implants. Most hearing impairments can be managed with modern hearing aids. An evaluation for hearing aid candidates is done by an audiologist. The patient will have an audiogram to assess their hearing loss as well as a specific hearing assessment to evaluate their true ability to hear with background or environmental noise as well as their ability to understand words, sounds, and sentences. There will also be discussion about the patient’s lifestyle and their willingness and motivation to use a hearing aid. The patient will also be educated and given realistic expectations of what the hearing aid can and cannot be expected to achieve.

A patient may be given a unilateral (one) or bilateral (two) hearing aids depending on need. When hearing loss is minimal a unilateral hearing aid may be sufficient for the patient. Bilateral hearing aids, however, provide the most benefit by balancing hearing, assisting in sound localization and directional hearing, and better speech understanding, especially in noisy environments. If a patient is a candidate for hearing aids, they will be fitted by a licensed professional in order to get the best fit and to avoid problems with feedback and poorly fitted hearing aids.

POSITION STATEMENT

Applicable To:

- Medicaid – KY

Note: For Bone Anchored Hearing Aids, refer to the guideline HS-045 Bone Anchored Hearing Aid (Baha®).

Unilateral Hearing Aid

Unilateral hearing aids for adults are considered medically necessary if the following criteria are met:

1. Hearing loss in the better ear of 30dBHL (if tested in other than an acoustically treated sound suite) or 20 db or greater (if tested in an acoustically tested sound suite) (from ANSI, 1969) for the pure tone average
of 500, 1000 and 2000 Hz, or, a spondee threshold in the better ear of 30 dBHL or greater when pure tone thresholds cannot be established; AND,
2. Hearing loss in each ear is less than 30 dBHL at the frequencies below 2000 Hz and thresholds in each ear are greater than 40 dBHL at 2000 Hz and higher; AND,
3. Documentation of communication need and a statement that the member is alert and oriented and able to utilize the aid appropriately.

**Bilateral Hearing Aid**

Bilateral hearing aids for adults are considered medically necessary if the following criteria are met:

1. Hearing loss in the better ear of 30dBHL (if tested in other than an acoustically treated sound suite) or 20 db or greater (if tested in an acoustically tested sound suite) (from ANSI, 1969) for the pure tone average of 500, 1000 and 2000 Hz, or, a spondee threshold in the better ear of 30 dBHL or greater when pure tone thresholds cannot be established; AND,
2. Hearing loss in each ear is less than 30 dBHL at the frequencies below 2000 Hz and thresholds in each ear are greater than 40 dBHL at 2000 Hz and higher; AND,
3. Documentation of communication need and a statement that the member is alert and oriented and able to utilize the aid appropriately; AND,
4. Member meets for one of the following:
   - Significant social, vocational or educational demands; OR,
   - Previous user of binaural hearing aids; OR,
   - Significant visual impairment; OR,
   - Preference based on knowledge of benefits of balancing hearing, assisting in sound localization and directional hearing, and better speech understanding, especially in noisy environments.¹

**CODING**

See market specific criteria above for additional coding guidance.

**CPT® Codes** – No applicable codes.

**ICD-9-CM Procedure Codes** – No applicable codes.

**HCPCS ® Level II Codes**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>V5030</td>
<td>Hearing aid, monaural; body worn, air conduction</td>
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<tr>
<td>V5040</td>
<td>Hearing aid, monaural; body worn, bone conduction</td>
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<tr>
<td>V5050</td>
<td>Hearing aid, monaural; in the ear</td>
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<td>V5060</td>
<td>Hearing aid, monaural; behind the ear</td>
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<td>V5100</td>
<td>Hearing aide, bilateral, body worn</td>
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<td>V5120</td>
<td>Binaural; body</td>
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<td>V5130</td>
<td>Binaural body; in the ear</td>
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<tr>
<td>V5140</td>
<td>Binaural body; behind the ear</td>
</tr>
<tr>
<td>V5150</td>
<td>Binaural, glasses</td>
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<tr>
<td>V5242</td>
<td>Hearing aid, analog, monaural, cic (completely in the ear canal)</td>
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<td>V5243</td>
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<td>V5244</td>
<td>Hearing aid, digitally programmable analog, monaural, CIC</td>
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<td>V5245</td>
<td>Hearing aid, digitally programmable, analog, monaural, ITC</td>
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<td>V5250</td>
<td>Hearing aid, digitally programmable analog, binaural, CIC</td>
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**HEARING AIDS - ADULT**

**HS-159**

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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
V5262  Hearing aid, disposable, any type, monaural
V5263  Hearing aid, disposable, any type, binaural

**Non-Covered HCPCS Code**

V5282  Assistive listening device, personal FM/DM system, any type

**ICD-10-CM Diagnosis Codes**

H90.0   -  H90.8     Conductive and sensorineural hearing loss
H91.01 -  H91.93   Other and unspecified hearing loss
H91.8x1 – H91.8x9  Other specified hearing loss
Q16.0   -  Q16.9     Congenital malformations of ear causing impairment of hearing
Q17.2    Microtia
Q17.8    Other specified congenital malformations of ear
Q17.9    Congenital malformation of ear, unspecified


**REFERENCES**


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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<td>1/10/2019</td>
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<tr>
<td>12/7/2017</td>
<td>Approved by MPC. Criteria separated by Unilateral Hearing Aids and Bilateral Hearing Aids.</td>
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©WellCare 2020
• Approved by MPC. Included updated information for FL Medicaid (per FL AHCA Summary of Services) and OH Medicaid. Added GA and KY Medicaid requirements. No changes to IL, NY.

12/1/2011
• New template design approved by MPC.

3/18/2011
• Approved by MPC.