



*Children's Medical Services Health Plan (CMS Health Plan)*

*Missouri Care*

*'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona*

*Staywell of Florida*

*WellCare (Alabama, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Maine, Michigan, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, South Carolina, Tennessee, Texas, Washington)*

*WellCare Heritage Health*

*WellCare Prescription Insurance*

*WellCare TexanPlus (Medicare – Dallas & Houston markets)*

## Hearing Aids - Adult

Policy Number: HS-159

Original Effective Date: 3/18/2010

Revised Date(s): 3/18/2011; 3/1/2012; 3/7/2013;  
3/6/2014; 3/5/2015; 3/3/2016; 12/7/2017;  
1/10/2019; 3/16/2020

### 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 and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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. 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. Providers are responsible for the treatment and recommendations provided to the member. 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 any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on [www.wellcare.com](http://www.wellcare.com). Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

### BACKGROUND

Hearing aids are devices used to by the hearing impaired 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.<sup>1</sup>

An evaluation for hearing aid candidates is done by an audiologist. The patient will have an audiogram to assess  
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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.<sup>1</sup>

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.<sup>1</sup>

## POSITION STATEMENT

### Applicable To:

- Medicaid – where not specified in state handbook (excluding AZ, KY, NC)
- Medicare
- Children's Medical Services Health Plan (CHIP)

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:
  - A. Significant social, vocational or educational demands; **OR**,
  - B. Previous user of binaural hearing aids; **OR**,

- C. Significant visual impairment; **OR**,
- D. Preference based on knowledge of benefits of balancing hearing, assisting in sound localization and directional hearing, and better speech understanding, especially in noisy environments.<sup>1</sup>

**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**

- V5030 Hearing aid, monaural; body worn, air conduction
- V5040 Hearing aid, monaural; body worn, bone conduction
- V5050 Hearing aid, monaural; in the ear
- V5060 Hearing aid, monaural; behind the ear
- V5100 Hearing aide, bilateral, body worn
- V5120 Binaural; body
- V5130 Binaural body; in the ear
- V5140 Binaural body; behind the ear
- V5150 Binaural, glasses
- 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
- 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  
 \*Current Procedural Terminology (CPT) 2016 American Medical Association: Chicago, IL.®©

## REFERENCES

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## MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
3/16/2020	<ul style="list-style-type: none"> <li>• Approved by MPC. No changes.</li> </ul>
1/10/2019	<ul style="list-style-type: none"> <li>• Approved by MPC. No changes.</li> </ul>
12/7/2017	<ul style="list-style-type: none"> <li>• Approved by MPC. Criteria separated by Unilateral Hearing Aids and Bilateral Hearing Aids.</li> </ul>
3/3/2016, 3/5/2015, 3/6/2014, 3/7/2013	<ul style="list-style-type: none"> <li>• Approved by MPC. Coding updates only.</li> </ul>
3/1/2012	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
12/1/2011	<ul style="list-style-type: none"> <li>• New template design approved by MPC.</li> </ul>
3/18/2011	<ul style="list-style-type: none"> <li>• Approved by MPC.</li> </ul>