



*Missouri Care*

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

*Staywell of Florida*

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

*WellCare (Arkansas, California, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

*WellCare Prescription Insurance*

## Pediatric Hearing Amplification

Policy Number: HS-007

Original Effective Date: 12/6/2007

Revised Date(s): 5/22/2009; 8/20/2010;  
9/1/2011; 9/6/2012; 9/5/2013; 9/4/2014;  
8/6/2015; 1/12/2017; 12/7/2017;  
**11/1/2018**

### 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](http://www.wellcare.com) – select the Provider tab, then "Tools" and "Clinical Guidelines".

### BACKGROUND

Amplification with hearing instruments should be considered for a child who demonstrates a significant hearing loss, including sensorineural, conductive, or mixed hearing losses of any degree. The duration and configuration (bilateral or unilateral) will assist the audiologist in the decision to fit a child with personal hearing aids. Additional factors such as the child's health, cognitive status, and functional needs also will influence the time-line of fitting hearing aids. For newborns and infants under the developmental age of 6 months, estimates of hearing sensitivity

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11/1/2018

must be supported by electrophysiological measures including auditory brainstem response (ABR) threshold assessment. (Joint Committee on Infant Hearing, 2007). Frequency-specific air-conduction and bone-conduction ABR thresholds should be obtained. Frequency-specific ABR is necessary for accurate estimation of the degree and configuration of hearing loss. A click-ABR threshold alone is not sufficient for accurate hearing aid fitting. Acoustic emittance measures, including tympanometry and middle ear muscle reflexes, and otoacoustic emissions (OAE) are necessary to determine the type of hearing loss present. <sup>1,2</sup>

Differential diagnosis continues to be refined and these measures should be applied to the assessment of hearing in children as they become available and interpretable. Currently researchers are suggesting that the summing potential may have value in diagnosis and that a lack of response in this measure may relate to inner hair cell function. These and other electrophysiologic measures may become a valued part of the assessment of hearing in the pediatric population. At a minimum, low and high frequency, ear specific information should be obtained in order to prescribe appropriate amplification. These data are developed over the course of evaluating the infant or child and the hearing aid fitting may begin before all data are obtained. For older infants and young children, behavioral thresholds should be obtained using visual reinforcement audiometry (VRA), or conditioned play audiometry (CPA) test techniques appropriate for the child's developmental level. Ear-specific and frequency-specific air and bone conduction thresholds are essential for providing information needed for accurate hearing aid fitting. <sup>1</sup>

## **POSITION STATEMENT**

### **Applicable To:**

- Medicaid
- Medicaid – Florida (CMS Health Plan - CHIP)

Pediatric (birth to 12 years of Age) hearing amplification **is considered medically necessary** when the following criteria are met:

- **Monaural Hearing Aid**

- Hearing loss in the better ear of 30 dBHL or greater 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; **OR**,
- 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**,
- Documentation of communication need and a statement that the member is alert and oriented and able to utilize the aid appropriately; **AND**,
- The hearing evaluation must be conducted by a licensed audiologist certified to perform behavioral pediatric testing.

- **Binaural Hearing Aid:**

Same criteria for monaural hearing aid (see above) applies **and one or more** of the following:

- Significant social, vocational, or educational demands; **OR**,
- Previous user of binaural hearing aid; **OR**,
- Significant visual impairment.

NOTE: The presence of chronic or recurrent middle ear conditions that can affect hearing thresholds results or the ability to wear an occluding ear mold should be considered. When determining hearing aid candidacy for infants or children with borderline or minimal hearing losses, middle ear status is of particular concern in determining the likelihood of a transient condition.

NOTE: Other health concerns or conditions that may affect the ability to obtain reliable threshold information must be considered. The use of physiologic test methods (ABR, OAE) may be necessary even with older children who have additional disabilities.

**Florida**<sup>4</sup> No specific criteria listed

**Georgia**<sup>5</sup> No specific criteria listed

**Hawaii**<sup>6</sup>

**Illinois**<sup>7</sup> No specific criteria listed

**Kentucky** - No specific criteria listed.<sup>8</sup> Audiology Services shall be covered for Kentucky Medicaid members under twenty-one years

**Missouri** - No specific criteria listed. Hearing aids and associated services are covered only for beneficiaries who are pregnant, blind, or reside in a nursing facility.

**New Jersey**<sup>10</sup> No specific criteria listed

**New York**<sup>9</sup> No specific criteria listed

**South Carolina**<sup>11</sup> No specific criteria listed

## **CODING**

### **CPT ® Codes**

**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

### **Covered HCPCS Level II (DME) ® 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  
**V5120** Binaural, body  
**V5130** Binaural, in the ear  
**V5140** Binaural, behind the ear

- V5150** Binaural, glasses
- V5170** Hearing Aid, CROS, in the ear
- V5180** Hearing Aid, CROS, behind the ear
- V5190** Hearing Aid, CROS, glasses
- V5210** Hearing Aid, BICROS, in the ear
- V5220** Hearing Aid, BICROS, behind the ear
- V5230** Hearing Aid, BICROS, glasses

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

**ICD-10-PCS Codes** - No applicable codes.

**Covered ICD-10-CM Diagnosis Codes**

- H90.0** Conductive hearing loss, bilateral
- H90.11 - H90.12** Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side
- H90.2** Conductive hearing loss, unspecified
- H90.3** Sensorineural hearing loss, bilateral
- H90.41 H90.42** Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
- H90.5** Unspecified sensorineural hearing loss
- H90.6** Mixed conductive and sensorineural hearing loss, bilateral
- H90.71 H90.72** Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
- H90.8** Mixed conductive and sensorineural hearing loss, unspecified

\*Current Procedural Terminology (CPT) 2015 American Medical Association: Chicago, IL.®©

**REFERENCES**

1. Pediatric hearing amplification protocol. American Academy of Audiology Web site. [http://journals.lww.com/thehearingjournal/Fulltext/2004/07000/AAA\\_Pediatric\\_Amplification\\_Protocol.10.aspx](http://journals.lww.com/thehearingjournal/Fulltext/2004/07000/AAA_Pediatric_Amplification_Protocol.10.aspx). Published October 2003. Accessed **November 8, 2017**.
2. Joint Committee on Infant Hearing. Position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2007;120(4):898-921.
3. New York State Medicaid Program: hearing aid / audiology services. New York State Department of Health. [https://www.emedny.org/ProviderManuals/HearingAid/PDFS/HearingAid\\_Policy\\_Guidelines.pdf](https://www.emedny.org/ProviderManuals/HearingAid/PDFS/HearingAid_Policy_Guidelines.pdf). Published August 1, 2014. Accessed **November 8, 2017**.
4. Florida Medicaid hearing services coverage and limitations handbook. Agency for Health Care Administration Web site. [https://ahca.myflorida.com/medicaid/review/Rules\\_in\\_Process/Develop/59G-4.110\\_Hearing\\_Services\\_Coverage\\_Policy.pdf](https://ahca.myflorida.com/medicaid/review/Rules_in_Process/Develop/59G-4.110_Hearing_Services_Coverage_Policy.pdf). Published ~~July 2006~~ **June 2016**. Accessed **November 8, 2017**.
5. Part II hearing services. Georgia Department of Community Health Division of Medicaid Web site. <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx>. Published July 1, 2014. Accessed **November 8, 2017**.
6. Chapter 20 (section 3.4): eye examinations / vision and hearing. Hawaii Department of Human Services Med Quest Division Web site. <http://www.med-quest.us/providers/ProviderManual.html>. Published January 2011. Accessed **November 8, 2017**.
7. Handbook for providers of audiology services: chapter E-200 policy and procedures for audiology services. Published **February 2017**.
8. ~~2017~~ January 2014. <https://www.illinois.gov/hfs/SiteCollectionDocuments/e200.pdf>. Accessed **November 8, 2017**.
9. Hearing program manual: policies and procedures. Department for Medicaid Services Web site. <http://chfs.ky.gov/nr/rdonlyres/50538158-4789-4a78-8eff-06b4b292a151/0/hearingservicesmanual103107.pdf>. Published October 2007. Accessed August 3, 2015.
10. MO HealthNet manuals. State of Missouri Web site. <http://manuals.momed.com/manuals/>. Accessed **November 8, 2017**.
11. New Jersey administrative code: title 10 human services, chapter 64 hearing aid services. State of New Jersey Division of Medical Assistance and Health Services Web site. <http://www.state.nj.us/humanservices/dmahs/info/resources/manuals/>. Published June 2, 2014. Accessed **November 8, 2017**.
12. Private rehabilitative therapy and audiological services manual. South Carolina Health Connections Web site. <https://www.scdhhs.gov/internet/pdf/manuals/PrivateRehabAudiological/Manual.pdf>. Published May 1, 2014. Accessed **November 8, 2017**.

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**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

Date	Action
12/7/2017	• Approved by MPC. Coding changes only.
1/12/2017, 8/6/2015, 9/4/2014, 9/5/2013, 9/6/2012	• Approved by MPC. No changes.
12/1/2011	• New template design approved by MPC.
9/1/2011	• Approved by MPC. No changes.