



Applicable To:

- Medicaid – Nebraska

**Claims Edit Guideline:
Hearing Services (Nebraska)**

Policy Number: HS-330

Original Effective Date: 4/5/2018

Revised Date(s): N/A

BACKGROUND

Hearing aids, hearing aid repairs, hearing aid rental, assistive listening devices and the necessary batteries and supplies are covered when the services are medically necessary, ordered by a physician and authorized by Medicaid. Nebraska Medicaid covers standard in-the-ear, behind the ear, or body hearing aids. Bone condition aids may be covered with approval from an Ear, Nose and Throat (ENT).¹

Hearing aid dispensers must be licensed by the Nebraska Department of Health and Human Services or if the services are provided outside Nebraska, the dispenser must be licensed by the appropriate agency of the state in which s/he practices.²

POSITION STATEMENT

Exclusions²

The following exclusions apply per the Nebraska Medical Assistance Program (NMAP):

- Hearing aid batteries for residents of a nursing facility except with the initial fitting
- Accessories which are for convenience and not medically necessary
- In-the-canal (ITC) hearing aids
- Completely in the canal (CIC) hearing aids

Coverage²

NMAP considers coverage for hearing aids, hearing aid repairs, hearing aid rental, assistive listening devices, and other hearing aid services when **the following are considered medically necessary**:

- Request is for one of the following:
 - In-the-ear; **OR**
 - Behind the ear; **OR**
 - Body hearing aids

Members must be evaluated by an ENT when the following criteria is met: ²

1. Has a conductive hearing loss; **OR**
2. Has a unilateral hearing loss; **OR**
3. Client is age 16 or younger.

CODING & BILLING

Covered CPT Codes – No applicable codes.

Covered HCPCS Codes

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| V5014 | Repair/modification of a hearing aid |
| V5040 | Hearing aid, monaural, body worn, bone conduction |
| V5050 | Hearing aid, monaural, in the ear |
| V5060 | Hearing aid, monaural, behind the ear |
| V5100 | Hearing aid, bilateral, body worn |
| V5120 | Binaural, body |
| V5130 | Binaural, in the ear |
| V5140 | Binaural, behind the ear |
| V5170 | Hearing aid, CROS, in the ear |
| V5180 | Hearing aid, CROS, behind the ear |
| V5210 | Hearing aid, BICROS, in the ear |
| V5220 | Hearing aid, BICROS, behind the ear |
| V5266 | Battery for use in hearing device |
| V5267 | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified |
| V5273 | Assistive listening device, for use with cochlear implant |
| 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 |
| 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 |
| V5298 | Hearing aid, not otherwise classified |
| V5299 | Hearing service, miscellaneous |

Covered ICD-10 Codes – *This list may not be all inclusive*

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|---------|---|
| H90.0 | Conductive hearing loss, bilateral |
| H90.11 | Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side |
| H90.12 | Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side |
| H90.41 | Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side |
| H90.42 | Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side |
| H90.6 | Mixed conductive and sensorineural hearing loss, bilateral |
| H90.71 | Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side |
| H90.72 | Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side |
| H90.A1 | Conductive hearing loss, unilateral, right ear, with restricted hearing on the contralateral side |
| H90.A2 | Conductive hearing loss, unilateral, left ear, with restricted hearing on the contralateral side |
| H90.A21 | Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side |
| H90.A22 | Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side |
| H90.A31 | Mixed conductive and sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side |
| H90.A32 | Mixed conductive and sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side |

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Nebraska Medicaid Program Client Information. Nebraska Department of Health and Human Services Web site. http://dhhs.ne.gov/medicaid/pages/med_clientbook.aspx. Accessed February 27, 2018.
2. Chapter 8-000 Hearing Aids. Nebraska Department of Health and Human Services Web site. http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-08.pdf. Published July 1, 2008. Accessed February 27, 2018.

LEGAL DISCLAIMER

The Claims Edit Guideline (CEG) 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 CEG. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the CEG. Additionally, CEGs 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 CEG 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) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then "Tools" and "Clinical Guidelines".

*Care1st Health Plan Arizona, Inc. ~ Easy Choice Health Plan ~ Harmony Health Plan of Illinois ~ Missouri Care ~ Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
OneCare (Care1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ WellCare Prescription Insurance
WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

| Date | Action |
|----------|---|
| 4/5/2018 | <ul style="list-style-type: none"> • Approved by MPC. New. |