Easy Choice Health Plan
Missouri Care
‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
OneCare (Care1st Health Plan Arizona, Inc.)
Staywell of Florida
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)
WellCare Prescription Insurance
WellCare Texan Plus (Medicare – Dallas & Houston markets)

HEARING AIDS - ADULT
Policy Number: HS-159

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. 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. 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.

Clinical Coverage Guideline
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 – where not specified in state handbook
- Medicare

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 tested 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.

CODING

See market specific criteria above for additional coding guidance.

CPT® 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
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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, BTE
V5261 Hearing aid, digital, binaural, ITE
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

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


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>1/10/2019</td>
<td>Approved by MPC. No changes.</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>
</tr>
<tr>
<td>3/1/2012</td>
<td>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.</td>
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<tr>
<td>12/1/2011</td>
<td>New template design approved by MPC.</td>
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<td>3/18/2011</td>
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