Pediatric Hearing Amplification

Policy Number: HS-007

Original Effective Date: 12/6/2007


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 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”.

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 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. 1,2

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. 1

POSITION STATEMENT

Applicable To:

- Medicaid

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  No specific criteria listed.

Georgia  No specific criteria listed.

Hawaii  No specific criteria listed.

Illinois  No specific criteria listed

Kentucky - No specific criteria listed. 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  No specific criteria listed

New York  No specific criteria listed

South Carolina  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 work, 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-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

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

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<tr>
<td>12/1/2011</td>
<td>New template design approved by MPC.</td>
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