



## Hearing Aid Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Hearing Aid</b>		
<b>MNG #: 055</b>	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	<b>Prior Authorization Needed?</b> <input type="checkbox"/> Yes (always required) <input checked="" type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<b>Approval Date:</b> 3/4/2021;	<b>Effective Date:</b> 5/22/2021;
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 3/4/2022;	<b>Retire Date:</b>

**OVERVIEW:**

A hearing aid is a small electronic device consisting of a microphone, amplifier and a receiver that is worn in or behind the ear. It increases the loudness of sounds and speech for a hearing-impaired person.

**DECISION GUIDELINES:**

**Clinical Coverage Criteria:**

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

**Clinical Eligibility:**

Hearing aids are a covered benefit if the member has a hearing loss that is between mild and profound severity.

**Determination of need:**

(All criteria must be met if applicable) Initial purchase of a hearing aid would require criteria 1, 2 and 3 to be approved. Replacement hearing aid would require criteria 1-5 to be approved.

1. Audiological evaluation completed with the following details:

- A. Severity of hearing loss identified as mild (25-40 dB HL), moderate (41-70 dB HL), severe (71-90 dB HL), or profound (less than or equal to 91 dB HL)
- B. Type of hearing loss identified as conductive, sensorineural, or mixed
- C. Hearing loss in one ear (unilateral) interferes with communication or hearing loss in both ears (bilateral) interferes with communication



## Hearing Aid Medical Necessity Guideline

- D. Hearing aid fitted and dispensed by audiologist or hearing aid specialist
2. Medical Clearance Form signed by MD that indicates that the member is a candidate for and has no medical conditions that would contra-indicate the use of a hearing aid.
  3. Itemized estimate of the anticipated cost of the hearing aid must be provided.
  4. Copy of original audiological evaluation is required if the replacement hearing aid is needed because of a medical change.
  5. If replacement a statement of the circumstances of the loss or destruction of the hearing aid (where applicable)

### LIMITATIONS/EXCLUSIONS:

- Manufacturer’s warranty must be checked prior to repair or replacement of hearing aid.
- Clinical documentation needs to have been dated and signed within 6 months of the dispensing date of hearing aid (i.e., Audiological Evaluation and Medical Clearance Form).
- Member currently has a working hearing aid.
- MD finds a medical contra-indication for the use of a hearing aid.
- Member not willing to utilize hearing aid device.

### KEY CARE PLANNING CONSIDERATIONS:

- Member has both the mental and physical capabilities to safely use the device or has a caregiver to assist them with the device.

### AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

### PA required if line item is >\$500.00

V5020	Conformity evaluation
V5008	Hearing screening (non-organic test battery)
V5010	Assessment for hearing aid (initial visit)
V5090	Dispensing fee, unspecified hearing aid
V5110	Dispensing fee, bilateral
V5160	Dispensing fee, binaural
V5200	Dispensing fee, CROS
V5240	Dispensing fee, BiCROS



## Hearing Aid Medical Necessity Guideline

V5241	Dispensing fee, monaural hearing aid, any type
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
V5070	Glasses, air conduction
V5080	Glasses, bone conduction
V5095	Semi-implantable middle ear hearing prosthesis
V5100	Hearing aid, bilateral, body worn
V5120	Binaural, body worn
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



## Hearing Aid Medical Necessity Guideline

V5210	Hearing aid, BICROS, in the ear
V5220	Hearing aid, BICROS, behind the ear
V5230	Hearing aid, BICROS, 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
V5298	Hearing aid, not otherwise classified
V5264	Ear mold/insert, not disposable, any type
V5265	Ear mold/insert, disposable, any type
V5275	Ear impression, each
V5266	Battery for use in hearing device
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5274	Assistive listening device, not otherwise specified
V5011	Fitting/orientation/checking of hearing aid
V5014	Repair/modification of a hearing aid
V5299	Hearing service, miscellaneous



## Hearing Aid Medical Necessity Guideline

### REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

130 CMR 416.000 <https://www.mass.gov/doc/130-cmr-416-hearing-instrument-specialist-services/download>

130 CMR 426.414(B) <https://www.mass.gov/doc/130-cmr-426-audiologists-manual/download>

### RELATED REFERENCES:

#### Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (\*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal DST's conditions and recommendations.

\*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

### ATTACHMENTS:

EXHIBIT A:	
EXHIBIT B	



## Hearing Aid Medical Necessity Guideline

**REVISION LOG:**

REVISION DATE	DESCRIPTION

**APPROVALS:**

Stephen Pelley  
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CCA Senior Clinical Lead [Print]

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Signature

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Title [Print]

3/4/2021

Date

Vice President, Medical Policy & Utilization  
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Title [Print]

3/4/2021

Date

Senior Vice President, Medical Services  
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3/4/2021

Date