Hearing Aids for Plan Members 21 Years of Age and Younger

Benefit Policy

Overview

Chapter 233 of the Acts of 2012 (The Children's Hearing Aid Bill) provides coverage for one hearing aid, as defined in Section 196 of Chapter 112 of the Massachusetts General Laws (MGL), per hearing impaired ear for children 21 years of age or younger covered under an insurance policy issued under Chapter 175 of the MGL or HMO policy issued under Chapter 176G of the MGL. Coverage is limited to $2,000 per hearing aid, every 36 months. The Children's Hearing Aid Bill also provides coverage for related services, including the initial evaluation, fitting and adjustments, and related supplies prescribed by a licensed audiologist or hearing instrument specialist (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws).

The Individuals with Disabilities Education Act (IDEA), includes hearing impairment and deafness as two of the categories under which children with disabilities may be eligible for special education and related services programming. While the term hearing impairment is often used generically to describe a wide range of hearing losses, including deafness, the regulations for IDEA define hearing impairment and deafness separately. Hearing impairment is defined by IDEA as "an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance." Deafness is defined as "a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification." Thus, deafness may be viewed as a condition that prevents an individual from receiving sound in all or most of its forms.

There are two main types of hearing impairment: sensorineural hearing impairment (also known as sensorineural hearing loss) and conductive hearing impairment (also known as conductive hearing loss).

- Sensorineural hearing loss occurs when there is damage to the nerves in the inner ear (cochlea) or to the or to the nerve pathways from the cochlea to the brain (auditory nerve). Sensorineural hearing loss is by far the most common type of hearing loss, representing 80% to 85% of all hearing loss. Sensorineural hearing loss can be acquired or congenital. Excessive noise (noise-induced hearing loss) is the most common acquired cause of sensorineural hearing loss. Deterioration of hearing is characteristic of aging, but the reasons why this occurs are unknown. This form of sensorineural hearing loss is referred to as presbyacusis.
- Conductive hearing loss occurs when the conduction (transmission) of sound from the outer ear to the inner ear is disrupted. Conductive hearing loss can be caused by many conditions including middle ear infections (otitis media), obstructions of the ear canal, and malformations of the outer ear, ear canal, or middle ear. Some causes of conductive hearing loss can be treated medically or surgically.

The level of hearing impairment can be defined as mild, moderate, severe or profound. The level of hearing impairment in an individual is determined by performing a hearing test to discover the quietest sound which that person can hear.

Hearing impairment is treated in many different ways depending on the type of hearing impairment and the level of hearing impairment. Hearing aids are primarily useful in improving the hearing and speech comprehension of people who have a hearing impairment that results from sensorineural hearing loss. Air conduction hearing aids amplify sounds and present the louder sounds to the inner ear. Air conduction hearing aids may be worn behind-the-ear (BTE), in-the-ear (ITE) or in-the-canal (ITC). BTE hearing aids use ear molds which fit snugly into the ear canal. Tubing runs from the BTE hearing aid to the ear mold and sound travels through the tubing from the BTE hearing aid through the ear mold and into the inner ear.

Innovation continues rapidly in hearing aid design and we can expect continued research and development in different kinds of hearing aids. While hearing aids can be helpful for most people with hearing loss, there are some people for whom hearing aids either do not help or help insufficiently. In such cases, implantable hearing aids/hearing systems may be helpful. Implantable hearing aids/hearing systems include cochlear implants, devices that provide useful sound experiences for people with profound or severe-to-profound hearing losses, middle ear implants, devices designed for people with moderate to severe sensorineural hearing loss and a normally functioning middle ear, and auditory brain stem implants, devices designed to provide a sense of sound to a person who is profoundly deaf, due to sensorineural hearing impairment (due to illness or injury damaging the cochlea or auditory nerve, and so precluding the use of a cochlear implant).

Technological innovation has also blurred the line between hearing aids and implantable hearing aids/hearing systems. One such innovation is the bone-anchored hearing aid (BAHA). BAHAs are surgically implantable systems for treatment of hearing loss that work through direct bone conduction. The BAHA system transmits sound vibrations through the skull bone via the titanium implant, bypassing the middle ear to reach the auditory nerve of the cochlea directly. BAHAs are suitable for people with conductive or mixed hearing loss who cannot benefit fully from conventional aid conduction hearing aids.

Fallon Health maintains a separate Clinical Coverage Criteria for Bone Anchored Hearing Aids and Cochlear Implants.

Definitions

Accessories: Those items purchased by the hearing aid dispenser for use in the repair or modification of a hearing aid. Accessories do not include nonessential items such as carrying cases.

Audiologist: (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws) A person licensed as an audiologist in the Commonwealth of Massachusetts.

Hearing aid: (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws) A wearable aid or device, not including surgical implants, which is inserted directly into the ear or worn with an earmold and air conduction receiver or bone oscillator attachment and any part, attachment or accessory but excluding batteries, cords and accessories thereto, designed for or offered for the purpose of aiding or compensating for hearing loss.

Hearing aid dispenser: A licensed audiologist engaged in the practice of hearing aid dispensing or a licensed hearing instrument specialist.

Hearing aid warranty: The purchase of a hearing aid includes a one-year manufacturer's warranty and/or insurance against loss or damage.

Hearing instrument Specialist: (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws) a person licensed as a hearing instrument specialist in the Commonwealth of Massachusetts.

Major repair: A repair to a hearing aid that must be made at a repair facility other than the hearing aid dispenser's place of business.

Minor repair: A repair to a hearing aid performed at the hearing aid dispenser's place of business, such as, but not limited to, the replacement or cleaning of tubing.

Monaural and binaural: The terms monaural and binaural refer to one ear or two ears, respectively. An example of clinical use for these terms would be: the patient was found to have a binaural hearing loss, binaural amplification was recommended, however the patient has opted for monaural amplification at this time. Binaural amplification consists of two hearing aids, one for each ear.

Policy

This policy only specifically applies to Massachusetts Based Commercial Products. For all other products please consult the plan benefits.

Fallon Health covers one (1) hearing aid (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws) per hearing impaired ear, up to $2,000 for each hearing aid, every 36 months, for plan members 21 years of age or younger (up to the 22nd birthday) covered under an insurance policy issued under Chapter 175 of the MGL or HMO policy issued under Chapter 176G of the MGL, upon a written statement from the plan member's treating physician that the hearing aid(s) is medically necessary. The treating physician is the plan member's pediatrician, primary care provider (PCP) or an otolaryngologist (a practitioner specialized in diagnosing and treating diseases of the head and neck, especially those involving the ears, nose, and throat (ENT).

Plan members may choose a higher priced hearing aid and may pay the difference in cost above the $2,000 benefit limit.

Cost-sharing for hearing aids and related services and supplies is subject to the terms and conditions of the plan members Evidence of Coverage/Member Handbook. Hearing aids and related accessories are covered under the durable medical

equipment/prosthetics and orthotics benefit and as such are subject to durable medical equipment/prosthetics and orthotics cost-sharing as described in the Schedule of Benefits.

Dispensing requirements for hearing aids:

1. The plan member must have medical clearance. Medical clearance is a signed statement from the treating physician that concludes that the plan member has been examined and that the physician has determined that the plan member is a candidate for a hearing aid and that there are no medical conditions to contraindicate the use of a hearing aid. The written statement must include the date of the medical examination, and whether or not the plan member, at the time of the medical examination, owns or uses a hearing aid for the designated ear. The medical examination by the physician must have been performed no more than six months prior to the date of dispensing of the hearing aid(s).
2. The plan member must have had a hearing aid evaluation no more than six months prior to the date of dispensing of the hearing aid(s). A hearing aid evaluation is a written statement from a licensed audiologist, based on testing conducted by that audiologist that includes the following information: the ear or ears to be fitted and the date of the testing. For plan members' age 18 through 21 years of age, the hearing aid evaluation may also be performed by a licensed hearing instrument specialist.

A hearing aid purchase includes:

1. The hearing aid and standard accessories and options required for the proper operation of the hearing aid;
2. The proper fitting and instruction in the use, care, and maintenance of the hearing aid;
3. Maintenance, minor repair, and servicing provided during the operational lifetime of the hearing aid;
4. The initial one-year manufacturer's warranty and/or insurance against loss or damage, and
5. The loan of a hearing aid in the event that repairs are required that cannot be performed on-site and while the member is present in the provider's office.

Fallon Health covers the following related services and supplies:

- Initial hearing aid evaluation. The minimal components of a hearing aid evaluation include a comprehensive history, otoscopic evaluation, and audiologic assessment. The latter includes thresholds of discomfort (TD) using frequency-specific stimuli (e.g., puretones) or estimating TD for later verification. (CPT code 92590 or 92591)
- Hearing aid dispensing fee. A dispensing fee is a one-time only fee for dispensing a hearing aid (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws). Dispensing includes the prescription of the hearing aid, its modification, it's fitting, orientation to its use, and any adjustments required within the manufacturer's warranty period.
- One earmold impression (HCPCS code V5275) and one custom earmold (HCPCS code V5264) per covered BTE hearing aid. If a custom earmold

is included in the manufacturer's price of the hearing aid, an earmold will not be covered/reimbursed separately.
- Replacement custom earmolds when the earmold is irreparably damaged, lost or stolen, or because of a change in the plan member's condition, for example, it is not uncommon for young children to need a new earmold every 6-12 months or so because as the child grows, the earmold doesn't fit tightly any longer.
- Refitting when the hearing aid was dispensed more than two years prior the date of service of the refitting service. These professional services must include a face-to-face encounter with the plan member, refitting of the hearing aid, orientation to its use, and similar services. (HCPCS code V5011)

Repairs and replacements of covered hearing aids:

- Major repairs are covered (after the manufacturer's warranty and/or insurance expires) to the extent that the benefit limit for the hearing aid has not been exhausted. Major repairs must be made at a repair facility other than the hearing aid dispenser's place of business. The repair service must include a written warranty against all defects for a minimum of six months. All major repairs are billed with HCPCS code V5014 and must include invoice documentation.
- Replacement of a damaged, lost or stolen hearing aid (after the manufacturer's warranty and/or insurance expires) to the extent that the benefit limit for the hearing aid has not been exhausted.
- Replacement of a hearing aid due to a change in hearing aid prescription to the extent that the benefit limit for the hearing aid has not been exhausted.

Exclusions

- Disposable hearing aids, any type, are not covered.
- Disposable earmolds/inserts, any type, are not covered.
- Implantable or semi-implantable hearing aids/hearing systems (middle ear implants), (HCPCS codes V5095, S2230)
- Frequency modulated (FM) systems.
- Hearing aids/hearing systems when any part thereof is surgically implanted, such as bone-anchored hearing aids (see related medical policy for Bone-Anchored Hearing Aids).
- Accessories, such as carrying cases, and other nonessential items are not covered.
- Assistive listening devices, any type, are not covered.
- Air and bone conduction glasses are not covered.
- CROS and BiCROS glasses are not covered.

Codes

The following codes are covered under the durable medical equipment/prosthetics and orthotics benefit and subject to a $2,000 benefit limit per hearing aid per hearing impaired ear.

Claims for binaural hearing aids must be submitted with the monaural HCPCS codes and a right (RT) or left (LT) modifier. For example, when binaural BTE hearing aids are dispensed, providers will submit a claim as follows:

- HCPCS code V5257-RT Hearing aid, digital, monaural, BTE
- HCPCS code V5257-LT Hearing aid, digital, monaural, BTE

Claims for binaural/bilateral hearing aids (e.g., V5248, V5249, V5250, V5251, V5252, V5253, V5258, V5259, V5260, and V5261) will deny vendor liable.

Code type	Code	Description
HCPCS	V5030	Hearing aid, monaural, body worn, air conduction
	V5040	Hearing aid, monaural, body worn, bone conduction
	V5050	Hearing aid, monaural, in the ear (ITE)
	V5060	Hearing aid, monaural, behind the ear (BTE)
	V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)
	V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)
	V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)
	V5211	Hearing aid, contralateral routing system, binaural, ite/ite
	V5212	Hearing aid, contralateral routing system, binaural, ite/itc
	V5213	Hearing aid, contralateral routing system, binaural, ite/bte
	V5214	Hearing aid, contralateral routing system, binaural, itc/itc
	V5215	Hearing aid, contralateral routing system, binaural, itc/bte
	V5242	Hearing aid, analog, monaural, CIC
	V5221	Hearing aid, contralateral routing system, binaural, bte/bte
	V5243	Hearing aid, digitally programmable analog, monaural, ITC
	V5244	Hearing aid, digitally programmable analog, monaural, CIC
	V5245	Hearing aid, digitally programmable, analog, monaural, ITC
	V5247	Hearing aid, digitally programmable analog, monaural, 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

The following codes are not subject to the $2,000 hearing aid benefit limit.

Code type	Code	Description
CPT	92590	Hearing aid examination and selection; monaural
	92591	Hearing aid examination and selection; binaural
HCPCS	V5011	Fitting/orientation/checking of hearing aid
	V5014	Repair / modification of a hearing aid
	V5090	Dispensing Fee, unspecified hearing aid
	V5100	Hearing aid, bilateral, body worn
	V5110	Dispensing fee, bilateral
	V5120	Binaural, body
	V5130	Binaural, in the ear
	V5140	Binaural, behind the ear
	V5150	Binaural, glasses

	V5160	Dispensing fee, binaural
	V5200	Dispensing fee, CROS
	V5240	Dispensing fee, BICROS
	V5241	Dispensing fee, monaural hearing aid, any type
	V5246	Hearing aid, digitally programmable analog, monaural, ITE
	V5264	Earmold/insert, not disposable, any type
	V5275	Ear impression, each

References

1. U.S. Department of Health and Human Services Food and Drug Administration. Regulatory Requirements for Hearing Devices and Personal Sound Amplification Products. Issued November 7, 2013.
2. Massachusetts General Laws: Chapter 112, Section 196 Definitions. http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section196
3. Massachusetts Session Laws. An Act to Provide Hearing Aids for Children http://www.malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter233.
4. American Academy of Audiology. Pediatric Amplification Protocol 2013.

Policy History

Origination date: 01/01/2013

Approval(s): Benefit Oversight Committee: 01/09/2013, 10/08/2014 (added V5090 as covered, updated template, references) 11/11/2015 (annual review no changes) 11/09/2016 (annual review, no changes) 01/09/2018 (annual review, no updates), 12/11/2018 (removed termed codes, added new 2019 HCPCS codes)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.