Introduction

A hearing aid is a small device that fits in or on the ear. It is worn to help people who have lost hearing sense by making sounds louder so they can be heard. Hearing aids are only covered when the member has a specific benefit. This policy explains when hearing aids would be covered if the member has a hearing aid benefit.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

If benefits for a hearing aid are available, the following criteria apply. (See below for state mandate for Oregon members).

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing aids</td>
<td>Hearing aids that are FDA-approved and dispensed by</td>
</tr>
</tbody>
</table>

Select a hyperlink below to be directed to that section.

COVERAGE GUIDELINES | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>prescription may be considered medically necessary for a moderate hearing loss of 40 to 60 dB (based on pure tone average bone-conduction detection threshold) for any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Conductive hearing loss (external and middle ear blockage/damage/disease) that is unresponsive to medical/surgical interventions</td>
</tr>
<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>• Sensorineural hearing loss (inner ear cilia are damaged)</td>
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<tr>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>• Mixed hearing loss (combination of conduction hearing loss and sensorineural hearing loss)</td>
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<td></td>
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<tr>
<td></td>
<td>Traditional hearing aids are externally worn microphones that amplify sound to the ear through an ear mold that fits in the ear canal (see Definition of Terms).</td>
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<td></td>
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<tr>
<td></td>
<td>Selection of the hearing aid is based on the results from a complete work-up performed by a hearing professional that includes skilled hearing tests and assessment along with fitting the chosen device.</td>
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<tr>
<td></td>
<td>The hearing aid dispensed should meet the hearing requirements of the member in the environments and under the conditions where enhanced hearing is needed.</td>
</tr>
</tbody>
</table>

**Note:** This policy does not address semi-implantable/fully-implantable or bone anchored hearing devices (see Related Policies/Guidelines).

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing Aids</strong></td>
<td>Hearing aids that are investigational include but are not limited to:</td>
</tr>
<tr>
<td></td>
<td>• Non-implantable intraoral (in the mouth) bone conduction hearing aids (eg, SoundBite™ Hearing System)</td>
</tr>
</tbody>
</table>
Equipment | Non-Covered
--- | ---
**Hearing Aids** | Over-the-counter hearing assistive devices/personal sound amplification products (PSAPs) available without a prescription are not covered (e.g., NewEar™, Pocketalker®, TV Ears® and others).

**Requirement** | **Coverage Guidelines**
--- | ---
**Documentation** | Documentation must include ALL of the following information:

- Written prescription from the examining physician/licensed healthcare provider within the past 6 months

**AND**

- A complete audiology evaluation within the past 6 months

**AND**

- Explanation of audiometric test data/results that demonstrates the member’s hearing loss & need for a hearing aid

**AND**

- History of prior use or current use of a hearing aid (not applicable if the member has never had a hearing aid)

**AND**

- Recommendation for the type of hearing aid technology that is appropriate for the member

**AND**

- Follow up plan for assessing the effectiveness/outcome of using a hearing aid - a trial period may be needed to test the usability of a specific hearing aid model/type

**Coding**

<table>
<thead>
<tr>
<th><strong>Code</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPT</strong></td>
<td></td>
</tr>
<tr>
<td>92550</td>
<td>Tympanometry and reflex threshold measurements</td>
</tr>
<tr>
<td>92551</td>
<td>Screening test, pure tone, air only</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>92552</td>
<td>Pure tone audiometry (threshold); air only</td>
</tr>
<tr>
<td>92553</td>
<td>Pure tone audiometry (threshold); air and bone</td>
</tr>
<tr>
<td>92555</td>
<td>Speech audiometry threshold;</td>
</tr>
<tr>
<td>92556</td>
<td>Speech audiometry threshold; with speech recognition</td>
</tr>
<tr>
<td>0208T</td>
<td>Pure tone audiometry (threshold), automated; air only</td>
</tr>
<tr>
<td>0209T</td>
<td>Pure tone audiometry (threshold), automated; air and bone</td>
</tr>
<tr>
<td>0210T</td>
<td>Speech audiometry threshold, automated;</td>
</tr>
<tr>
<td>0211T</td>
<td>Speech audiometry threshold, automated; with speech recognition</td>
</tr>
<tr>
<td>0212T</td>
<td>Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5014</td>
<td>Repair/modification of a hearing aid</td>
</tr>
<tr>
<td>V5030</td>
<td>Hearing aid, monaural, body worn, air conduction</td>
</tr>
<tr>
<td>V5040</td>
<td>Hearing aid, monaural, body worn, bone conduction</td>
</tr>
<tr>
<td>V5050</td>
<td>Hearing aid, monaural, in the ear</td>
</tr>
<tr>
<td>V5060</td>
<td>Hearing aid, monaural, behind the ear</td>
</tr>
<tr>
<td>V5120-V5267</td>
<td>Hearing aids, services and accessories</td>
</tr>
<tr>
<td>V5298</td>
<td>Hearing aid, not otherwise classified</td>
</tr>
</tbody>
</table>

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

## Related Information

### Definition of Terms

**Audiometric testing:** Diagnostic tests that evaluate the ability to hear sounds. The intensity (loudness) of sound is measured in decibels. The tone (speed of sound wave vibrations) is measured in cycles per second. The standard battery of hearing tests varies depending on whether the patient is an infant, child or adult.
**Hearing impairment (deafness/hearing loss):** A reduction in the ability to perceive sound that is classified as mild, moderate, severe or profound.

**Pure tone average (PTA):** Average air conduction threshold measured with an earphone.

**Traditional hearing aid:** A non-implanted, non-disposable on-ear or in-ear device that is FDA-approved and dispensed only by prescription.

**Exclusions and Limitations**

Hearing aids are specifically excluded under many benefit plans (see *Scope*).

When hearing aid benefits exist in a health plan, limitations may include a dollar maximum and/or frequency of benefit availability (e.g., once every 36 months or once every 48 months).

**Oregon**

Oregon has a specific statute that mandates a benefit level of coverage set by the state and adjusted annually for one nondisposable hearing aid per hearing impaired ear for covered members who are 18 years of age or younger OR 19 to 25 years of age and enrolled in a secondary school or an accredited educational institution. More information regarding covered and non-covered services and other administrative criteria for dispensing hearing aids and the frequency of replacements can be found at the following link: [https://www.oregonlegislature.gov/bills_laws/ors/ors743A.html](https://www.oregonlegislature.gov/bills_laws/ors/ors743A.html) (See section 743A.141 Hearing Aids), accessed February 2020 (see *Scope*).

**Evidence Review**

**Background**

**Degree of Hearing Loss**

Hearing loss is described as conductive, sensorineural, or mixed, and can be unilateral (one ear) or bilateral (both ears). The American Speech - Language - Hearing Association (ASHA) has defined the degree of hearing loss based on pure-tone average (PTA). The PTA is the average
air-conduction threshold for 1000 and 2000 Hz, and 3000 Hz measured with an earphone. Normal hearing is the detection of sound at or below 20 decibels (dB).²

The degree of hearing loss based on PTA detection thresholds is defined as:

- Mild hearing loss (20 to 40 dB)
- Moderate hearing loss (40 to 60 dB)
- Severe hearing loss (60 to 80 dB)
- Profound hearing loss (greater or equal to 80 dB)

**Hearing Instrument/Aids**

A hearing aid is an electronic device used to help members with a hearing impairment by providing sound amplification through the use of a microphone, amplifier and receiver. Members with moderate to severe sensorineural hearing loss are usually fit with acoustic hearing aids that are worn externally. An air-conduction (AC) hearing aid can benefit members with sensorineural, conductive, or mixed hearing loss. Contralateral routing of signal (CROS) is a system in which a microphone on the affected side transmits a signal to an air-conduction hearing aid on the normal or less affected side.³⁻⁵ Hearing aids that are marketed for use by the public should have approval from the U.S. Food and Drug Administration (FDA).

**Hearing Aid Styles**

There are two hearing aid styles:³⁻⁵

- The body level instrument/aid (worn on the body) is not commonly prescribed and yet may be used for patients, including infants, whose ears are too small to hold a behind the ear aid.

- The ear level instrument/aid (worn on and/or in the ear) is categorized by where on the ear the device is worn:
  - Behind the ear (BTE)
  - Completely in the canal (CIC)
  - In the canal (ITC)
In the ear (ITE)

The receiver that fits in the ear canal for all hearing aids requires a mold and is custom-fitted to the patient.

**Hearing Aid Types**

There are three types of hearing aids:

- Analog hearing aids convert sound waves that are amplified as an electrical signal in proportion to the sound signal. They have a few adjustment options for the audiologist to fine-tune the instrument to meet the member’s amplification needs. Analog aids are a relatively inexpensive option. However, analog hearing aids are being replaced by digital technology.

- Digital hearing aids convert sound waves into numerical codes before amplifying them, similar to binary computer code. This technology is more flexible with options for fine tuning the hearing aid to the member’s hearing needs by the audiologist and user.

- Digital hybrid hearing aids have both analog technology for sound processing and digital technology for programming. Hybrid aids offer more options for the audiologist and user to adjust the “channels” to meet a variety of listening environments.

There are many brands of hearing aids available. This link includes a chart of some of the brands: [https://www.hearingtracker.com/blog/hearing-aid-brands-explained/](https://www.hearingtracker.com/blog/hearing-aid-brands-explained/), last modified November 20, 2019, accessed February 2020.

**Accessories**

Telephone adapters are not covered.

Batteries and cords often are not covered.

Benefits for the following are often included in the hearing aid benefit limits or may not be covered:

- Ear molds
- Hearing aid dispensing fees
Hearing aid fittings

**Over-the-Counter Hearing/Listening Assistive Devices**

Over-the-counter hearing assistive devices/personal sound amplification products (PSAPs) available without a prescription are not covered. These include but are not limited to the following:

- Cyberscience Amplifier
- NewEar™
- Pocketalker®
- TV Ears®

**Repair/Replacement**

Benefits for hearing aid repair/replacement services are often included in the hearing aid benefit limits or may not be covered (see Scope).

**Medicare National Coverage**

Hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids are excluded from coverage.⁷

**Regulatory Status**

Air conduction hearing aids that are intended to compensate for hearing loss are regulated by the U.S. Food and Drug Administration (FDA). The FDA does not consider sound amplifiers to be medical devices when labeled for recreational or other use by individuals with normal hearing. However, certain safety regulations related to sound output levels still apply to these products.⁶
## References


## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/10/14</td>
<td>New policy. Non-implanted traditional hearing aids that are FDA-approved and dispensed by prescription may be considered medically necessary for a moderate hearing loss when criteria are met.</td>
</tr>
<tr>
<td>01/28/15</td>
<td>Annual Review. Policy reviewed. Added Definition of Terms to Policy Guidelines. Benefit Application now includes reference and hyperlink to Oregon specific laws about coverage of non-implantable, non-disposable hearing aids. Reference 5 added; others renumbered. Policy statement unchanged. ICD-9 and ICD-10 codes removed from policy; these are not utilized in adjudication of the policy.</td>
</tr>
<tr>
<td>01/12/16</td>
<td>Annual Review. Policy reviewed; no change to the policy statement.</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Annual Review, approved January 10, 2017. Policy reviewed through November 2016,</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
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<td>------------</td>
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</tr>
<tr>
<td>02/01/18</td>
<td>Annual Review, approved January 9, 2018. Policy reviewed. No change to the policy statement.</td>
</tr>
<tr>
<td>02/01/19</td>
<td>Annual Review, approved January 4, 2019. Policy reviewed. References updated. No change to policy statement.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can also file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at:

Getting Help in Other Languages

This Notice has Important Information.

If you believe that Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:


Lakkoofsa biibiliaa 800-722-1471 (TTY: 800-842-5357) ti biibiliaa.

Français (French):


Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan la. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasiyon w lan oswa konvèsyon kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kék aksyon avan seten dat limit pou ka konbe kouvèti asirans sante w la oswa pou yo ka ede w akèk depans yo. Se dwa w pou reseswia enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou pèye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):


Hmoob (Hmong):


Iloko (Ilocano):

Daytoy a Pakdaara ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaara mabalin nga adda ket naglaon iti napateg nga impormasion maiapangee kai aksiyasuwayo wennyo coverage babaen iiti Premera Blue Cross. Daytoy ket mabalin dagiti importante a pesa iti daytoy a pakdaara. Mabalin nga adda rumbega aramideno nga adda sakkay dagiti partikular a naiting nga adda tawng mapo tapnagalatende o ti coverage ti salun-atyo wennyo tulong kadojitu gastos. Adda karbengayo a mangala iti daytoy nga impormasion ken tulong iti bukyodo a pagasasoo nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
