

## Clinical Policy: Hearing Aids - Adult

Reference Number: CP.MP.201

Last Review Date: 10/20

[Coding Implications](#)

[Revision Log](#)

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### Description

This policy describes the medical necessity requirements for unilateral and bilateral hearing aids for adults.

### Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that *unilateral hearing aids* for adults are **medically necessary** when all of the following criteria are met:
  - A. 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;
  - B. 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;
  - C. Documentation of communication need and a statement that indicates alertness and orientation with the ability to utilize the aid appropriately.
  
- II. It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that *bilateral hearing aids* for adults are **medically necessary** when all of the following are met:
  - A. 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;
  - B. 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;
  - C. Documentation of communication need and a statement that indicates alertness and orientation with the ability to utilize the aid appropriately;
  - D. One of the following:
    1. Significant social, vocational or educational demands;
    2. Previous user of binaural hearing aids;
    3. Significant visual impairment;
    4. Preference based on knowledge of benefits of balancing hearing, assisting in sound localization and directional hearing, and better speech understanding, especially in noisy environments.<sup>1</sup>

### 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.<sup>1</sup>

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.<sup>1</sup>

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 hear 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.<sup>1</sup>

**Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<b>HCPCS ®*</b> <b>Codes</b>	<b>Description</b>
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
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

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HCPCS <sup>®*</sup> Codes	Description
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

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description
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

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	3/18/2011	3/18/2011
Approved by MPC. Criteria separated by Unilateral Hearing Aids and Bilateral Hearing Aids.	12/7/2017	12/7/2017
Approved by MPC. No changes.	1/10/2019	1/10/2019
Approved by MPC. No changes.	3/16/2020	3/16/2020
Transferred to CNC template; renumbered from HS-159 to CP.MP.201. Replacement criteria for Medicaid and Medicare was removed as it is benefit information. Wording updated to remove “member” (changed “statement that the member is alert” to “statement which indicates alertness”). All other instances of “member” replaced with “member/enrollee.” References reviewed and updated.	10/2020	

**References**

1. Weber, PC. Hearing amplification in adults. UpToDate Web site. <https://www.uptodate.com>. Published September 7, 2016. Accessed January 22, 2020.

2. Cook JA, Hawkins DB. Hearing loss and hearing aid treatment options. Mayo Clin Proc. 2006 Feb;81(2):234-7. doi: 10.4065/81.2.234. PMID: 16471079.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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