EFFECTIVE DATE: 01|14|2014
POLICY LAST UPDATED: 07|16|2020

OVERVIEW
As defined by the Mandate, "hearing aid is any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to, FM systems." While it is noted in the mandate, this policy does not address coverage under the optional Hearing Aid Rider. This policy is only applicable to external hearing aids.

This policy is applicable to Commercial products only.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Prior authorization review is not required.

POLICY STATEMENT
Commercial Products
Coverage under the Hearing Aid Mandate is limited to the hearing aid device. Coverage is provided for one thousand five hundred dollars ($1,500) per individual hearing aid, per ear, per occurrence, for anyone under the age of nineteen (19) years, and for seven hundred dollars ($700) per individual hearing aid, per ear, per occurrence, for anyone of the age of nineteen (19) years and older.

COVERAGE
Commercial Products
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable durable medical equipment (DME) benefits/coverage.

For information on those products which may already contain a specific benefit for hearing aid services, please refer to coverage information in the member booklet.

BACKGROUND
§ 27-20-46 Hearing aids. – (a) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2006, shall provide coverage for one thousand five hundred dollars ($1,500) per individual hearing aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide coverage for seven hundred dollars ($700) per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19) years and older.

(2) Every group health insurance contract or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2006, shall provide, as an optional rider, additional hearing aid coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the small employer health insurance availability act, chapter 50 of this title.

(b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to, FM systems.

(c) It shall remain within the sole discretion of the nonprofit medical service corporation as to the provider of hearing aids with which they choose to contract. Reimbursement shall be provided according to the respective principles and policies of the nonprofit medical service corporation. Nothing contained in this section precludes the nonprofit medical service corporation from conducting managed care, medical necessity, or utilization review.

Effective January 1, 2014, Qualified Health Plans (QHPs) are required to cover Essential Health Benefits (EHBs), as defined in Section 1302(b) of the Patient Protection and Affordable Care Act. As groups renewed in 2014, most benefit plans were updated to include these EHBs (some exceptions may apply to certain large groups; consult your Subscriber Agreement or Benefit Booklet for details).

Hearing Aids are included in the Rhode Island Benchmark Plan that defines the EHBs for RI QHPs. Federal mandates regarding EHBs supersede RI state mandates with regards to removing any annual and lifetime dollar limits.

Please Note: It is not typically necessary to replace a hearing aid any more than once every three years.

CODING

Commercial Products

LT or RT modifiers **must be used** on monaural codes to identify in which ear the aid is to be used. LT or RT modifiers **should not** be used on bilateral or binaural codes as the "bi" indicates that it is for two ears.

The following codes will be **covered** under the members DME benefit and **will** apply to the hearing aid benefit maximum when the guidelines stated in the mandate are met:

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
V5100	Hearing aid, bilateral, body worn
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5150	Binaural, glasses
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)
V5190	Hearing aid, CROS, glasses
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
V5221	Hearing aid, contralateral routing system, binaural, bte/bte
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

The following services are not covered as part of the mandate but are covered under the members DME benefit:

V5264 Ear mold/insert, not disposable, any type
V5265 Ear mold/insert, disposable, any type
V5275 Ear impression, each

The following codes follow the unlisted code process and documentation must be submitted for review:

V5090 Dispensing fee, unspecified hearing aid
V5298 Hearing aid, not otherwise classified
V5299 Hearing service, miscellaneous

The following code is **not separately reimbursed:**

S0618 Audiometry for hearing aid evaluation to determine the level and degree of hearing loss

The following codes are **non-covered** as they are not considered part of the hearing benefit, mandate, or rider:

V5266 Battery for use in hearing device
V5267 Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5268 Assistive listening device, telephone amplifier, any type
V5269 Assistive listening device, alerting, any type
V5270 Assistive listening device, television amplifier, any type
V5271 Assistive listening device, television caption decoder
V5272 Assistive listening device, TDD
V5273 Assistive listening device, for use with cochlear implant
V5274 Assistive listening device, not otherwise specified
V5281 Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type
V5282 Assistive listening device, personal FM/DM system binaural, (2 receivers, transmitter, microphone), any type
V5283 Assistive listening device, personal FM/DM neck, loop induction receiver

V5284	Assistive listening device, personal FM/DM, ear level receiver
V5285	Assistive listening device, personal FM/DM, direct audio input receiver
V5286	Assistive listening device, personal blue tooth FM/DM receiver
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
V5290	Assistive listening device, transmitter microphone, any type

The following CPT and HCPCS codes are **non-covered for Commercial products**. BlueCHiP for Medicare offers coverage for some of these services. Please refer to the Evidence of Coverage for additional information.

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
V5010	Assessment for hearing aid
V5011	Fitting/orientation/checking of hearing aid
V5014	Repair/modification of a hearing aid
V5020	Conformity evaluation
V5110	Dispensing fee, bilateral
V5160	Dispensing fee, binaural
V5200	Dispensing fee, CROS
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type

RELATED POLICIES

Evaluation of Hearing Impairment/Loss

PUBLISHED

Provider Update, November 2019
Provider Update, November 2018
Provider Update, January 2017
Provider Update, January 2016
Provider Update, November 2014

REFERENCES

Rhode Island State Mandate: http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-46.HTM

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS