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*Harmony Behavioral Health of Florida, Inc.*

*Harmony Health Plan of Illinois, Inc.*

*HealthEase of Florida, Inc.*

*'Ohana Health Plan, a plan offered by  
WellCare Health Insurance of Arizona, Inc.*

*WellCare Health Insurance of Illinois, Inc.*

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*WellCare of Florida, Inc.*

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*WellCare of New York, Inc.*

*WellCare of Ohio, Inc.*

*WellCare of Texas, Inc.*

*WellCare Prescription Insurance, Inc.*

## **Hearing Aids - Adult**

**Policy Number: HS-159**

**Original Effective Date: 3/18/2010**

**Revised Date(s): 3/18/2011**

### **DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

### **APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

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**BACKGROUND**

Insert description and general information about the procedure, test, etc.

**POSITION STATEMENT****General Criteria Set (Medicare and all markets not listed below)***Monaural Hearing Aid*

Monaural hearing aids for adults **are considered medically necessary** if the following criteria are met:

- Hearing loss in the better ear of 30dBHL or greater (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; AND,
- 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; AND,
- Documentation of communication need and a statement that the member is alert and oriented and able to utilize the aid appropriately.

*Binaural Hearing Aid*

Same as the criteria for monaural hearing aid PLUS one of the following:

- Significant social, vocational or educational demands; OR,
- Previous user of binaural hearing aids; OR,
- Significant visual impairment

The following criteria sets are based on state-specific Medicaid guidelines from New York, Ohio, Florida and Illinois and supersede the above general criteria.

**NEW YORK MEDICAID***Monaural Hearing Aid*

Monaural hearing aids for adults **are considered medically necessary** if the following criteria are met:

- Hearing loss in the better ear of 30dBHL or greater (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; AND,
- 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; AND,
- Documentation of communication need and a statement that the member is alert and oriented and able to utilize the aid appropriately.

*Binaural Hearing Aid*

Same as the criteria for monaural hearing aid PLUS one of the following:

- Significant social, vocational or educational demands; OR,
- Previous user of binaural hearing aids; OR,
- Significant visual impairment

FM systems **are considered NOT medically necessary and are NOT a covered benefit.**

### **OHIO MEDICAID**

Hearing tests should, at a minimum, contain ALL of the following elements:

- At least four thresholds for air conducted stimuli of 500, 1000, 2000 and 4000 Hz; AND,
- Air conducted speech awareness, or speech reception threshold; AND,
- Most comfortable and uncomfortable listening level; AND,
- Bilateral tests should be performed (If a bilateral test cannot be performed a letter stating the reason should be included)

Hearing aids are considered medically necessary if the evaluation of test results indicate the following:

- A pure-tone average of 31 dBHL or greater at the Hz- levels stated above

### **FLORIDA MEDICAID**

Hearing aids **are considered medically necessary** if the following criteria are met;

- Hearing loss is bilateral; AND,
- An average hearing loss level of 40 dBHL or greater (ANSI standards) for 500, 1000, and 2000 Hz by pure tone air conduction, or the difference between level 1000 Hz and 2000 Hz is 20 dBHL or more, while the average of the air conduction level (ANSI standards) at 500 and 1000 Hz is 30 dBHL or greater.

### **ILLINOIS MEDICAID**

Monaural hearing aids **are considered medically necessary** if the following criteria are met:

*In an acoustically treated sound suite*

- Hearing loss must be 20 dBs or greater at any two of the following frequencies: 500, 1000, 2000, 4000, 8000 Hz; OR,
- Hearing loss must be 25 dB or greater at any one of the 500, 1000, 2000 Hz.

*In other than an acoustically treated sound suite*

- Hearing loss must be 30 dB or greater at any one of 500, 1000, 2000, 4000, 8000 Hz; OR,
- Hearing loss must be 35 dB or greater at any one of 500, 1000, 20000 Hz.

### **CODING**

**CPT®\* Codes** - No applicable codes

**ICD-9-CM Procedure Codes** - No applicable Codes

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**HCPCS ®\* Level II Codes**

<b>V5030</b>	Hearing aid, monaural; body worn, air conduction
<b>V5040</b>	Hearing aid, monaural; body worn, bone conduction
<b>V5050</b>	Hearing aid, monaural; in the ear
<b>V5060</b>	Hearing aid, monaural; behind the ear
<b>V5095</b>	Semi-implantable middle ear hearing prosthesis
<b>V5100</b>	Hearing aide, bilateral, body worn
<b>V5120</b>	Binaural; body
<b>V5130</b>	Binaural body; in the ear
<b>V5140</b>	Binaural body; behind the ear
<b>V5150</b>	Binaural, glasses
<b>V5170</b>	Hearing aid, CROS, in the ear
<b>V5180</b>	Hearing aid, CROS, behind the ear
<b>V5190</b>	Hearing aid, CROS; glasses
<b>V5210</b>	Hearing aid, BICROS, in the ear
<b>V5220</b>	Hearing aid, BICROS, behind the ear
<b>V5230</b>	Hearing aid, BICROS, glasses
<b>V5242</b>	Hearing aid, analog ,monaural, cic (completely in the ear canal)
<b>V5243</b>	Hearing aid, analog, monaural, itc (in the canal)
<b>V5244</b>	Hearing aid, digitally programmable analog, monaural, CIC
<b>V5245</b>	Hearing aid, digitally programmable, analog, monaural, ITC
<b>V5246</b>	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
<b>V5247</b>	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
<b>V5248</b>	Hearing aid, analog, binaural, CIC
<b>V5249</b>	Hearing aid, analog, binaural, ITC
<b>V5250</b>	Hearing aid, digitally programmable analog, binaural, CIC
<b>V5251</b>	Hearing aid, digitally programmable analog, binaural, ITC
<b>V5252</b>	Hearing aid, digitally programmable, binaural, ITE
<b>V5253</b>	Hearing aid, digitally programmable, binaural, BTE
<b>V5254</b>	Hearing aid, digital, monaural, CIC
<b>V5255</b>	Hearing aid, digital, monaural, ITC
<b>V5256</b>	Hearing aid, digital, monaural, ITE
<b>V5257</b>	Hearing aid, digital, monaural, BTE
<b>V5258</b>	Hearing aid, digital, binaural, CIC
<b>V5259</b>	Hearing aid, digital, binaural, ITC
<b>V5260</b>	Hearing aid, digital, binaural, ITE
<b>V5261</b>	Hearing aid, digital, binaural, BTE
<b>V5262</b>	Hearing aid, disposable, any type, monaural
<b>V5263</b>	Hearing aid, disposable, any type, binaural

**ICD-9-CM Diagnosis Codes**

**Medical Necessity for hearing aids is based on the state-specific Medicaid guidelines outlined above.**

<b>389.01</b>	Conductive Hearing Loss, External Ear
<b>389.02</b>	Conductive Hearing Loss, Tympanic Membrane
<b>389.03</b>	Conductive Hearing Loss, Middle Ear
<b>389.04</b>	Conductive Hearing Loss, Inner Ear
<b>389.05</b>	Conductive Hearing Loss, Unilateral
<b>389.06</b>	Conductive Hearing Loss, Bilateral

- 389.08** Conductive Hearing Loss of Combined Types
- 389.10** Sensorineural Hearing Loss, Unspecified
- 389.11** Sensory Hearing Loss, Bilateral
- 389.12** Neural Hearing Loss, Bilateral
- 389.13** Neural Hearing Loss, Unilateral
- 389.14** Central Hearing Loss
- 389.15** Sensorineural Hearing Loss, Unilateral
- 389.16** Sensorineural Hearing Loss, Asymmetrical
- 389.17** Sensory Hearing Loss, Unilateral
- 389.18** Sensorineural Hearing Loss, Bilateral
- 389.20** Mixed Hearing Loss [Mixed Conductive and Sensorineural], Unspecified
- 389.21** Mixed Hearing Loss [Mixed Conductive and Sensorineural], Unilateral
- 389.22** Mixed Hearing Loss [Mixed Conductive and Sensorineural], Bilateral
- 389.7** Deaf, Nonspeaking, Not Elsewhere Classifiable
- 389.8** Other Specified Forms of Hearing Loss
- 744.00** Unspecified Congenital Anomaly of Ear, Causing Impairment of Hearing
- 744.01** Congenital Absence of External Ear, Causing Impairment of Hearing
- 744.02** Other Congenital Anomaly of External Ear, Causing Impairment of Hearing
- 744.03** Congenital Anomaly of Middle Ear, except Ossicles, Causing Impairment of Hearing
- 744.04** Congenital Anomalies of Ear Ossicles, Causing Impairment of Hearing
- 744.05** Anomalies of Inner Ear, Causing Impairment of Hearing
- 744.09** Other Anomalies of Ear, Causing Impairment of Hearing
- 744.23** Microtia
- 744.3** Unspecified Anomaly of Ear [Congenital Anomaly or Congenital Deformity of Ear NOS]

**\*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©**

## **REFERENCES**

**Peer Reviewed - N/A**

**Government Agencies, Professional and Medical Organizations - N/A**

### **Other**

1. Florida Medicaid Hearing Services Coverage and Limitations Handbook. Agency for Health Care Administration. January, 2005.
2. Georgia Department of Community Health. Division of Medical Assistance. Part II: Policies and Procedures for Orthotics and Prosthetics and Part III: Hearing Services. January 1, 2010.
3. Handbook for Providers of Audiology Services. Chapter E-200: Policy and Procedures for Audiology Services. Illinois Department of Public Aid. March, 2003.
4. New York State Medicaid Program. Hearing Aid/Audiology Manual, Policy Guidelines. February 1, 2007.
5. Ohio Administrative Code, Division of Medical Assistance. 5101: 3-10-11 Hearing Aids. September 1, 2005.

## **HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
12/1/2011	• New template design approved by MPC.
3/18/2011	• Approved by MPC.