



**EFFECTIVE DATE:** 01 | 14 | 2014

**POLICY LAST REVIEWED:** 01 | 01 | 2026

### 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*.

Starting January 1, 2023, upon a plan's renewal, commercial plans will eliminate the distinction in hearing aid benefits by age.

### 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.

Starting January 1, 2026, for non-New England Health Plans, effective on plan's renewal after January 1, 2026, coverage is provided for one thousand seven hundred and fifty dollars (\$1,750) per individual hearing aid, per ear, for all people regardless of age.

Starting January 1, 2023, for non-New England Health Plans, effective on plan's renewal after January 1, 2023, coverage is provided for one thousand five hundred dollars (\$1,500) per individual hearing aid, per ear, per occurrence.

For New England Health Plans (NEHP) products, effective on plan's renewal after January 1, 2023, coverage is provided for two thousand hundred dollars (\$2,000) per individual hearing aid, per ear, per occurrence.

Dates prior to plan's renewal after January 1, 2023, 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

Starting January 1, 2026, upon a plan's renewal, BCBSRI commercial plans with hearing aid coverage eliminate the distinction in hearing aid benefits by age and raise the coverage for certain products. These changes differ from the Rhode Island Hearing Aid Mandate shown below.

### **R.I.G.L. §27-18-60. Hearing aids. –**

(a)(1) 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, 2026, shall provide coverage for one thousand seven hundred fifty dollars (\$1,750) per individual hearing aid, per ear, for all people regardless of age effective January 1, 2026.

(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, 2026, 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.

Starting January 1, 2023, upon a plan's renewal, BCBSRI commercial plans with hearing aid coverage eliminate the distinction in hearing aid benefits by age and raise the coverage for certain products. These changes differ from the Rhode Island Hearing Aid Mandate shown below.

**R.I.G.L. § 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.

Medicare Advantage offers coverage for some of these services. Please refer to the Evidence of Coverage for additional information.

- 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

- 92628 Evaluation for hearing aid candidacy...; first 30 minutes
- 92629 Evaluation for hearing aid candidacy...; each additional 15 minutes
- 92631 Hearing aid selection services...; discussion of device recommendations with report;  
first 30 minutes
- 92632 Hearing aid selection services...; each additional 15 minutes
- 92634 Hearing aid fitting services...; fitting services; first 60 minutes
- 92635 Hearing aid fitting services...; fitting services; each additional 15 minutes
- 92636 Hearing aid post-fitting follow-up services...; fitting services; first 30 minutes
- 92637 Hearing aid post-fitting follow-up services...; fitting services; each additional 15 minutes
- 92638 Behavioral verifications of amplification including aided thresholds... when performed
- 92639 Hearing-aid measurement, verification with probe-microphone
- 92641 Hearing device verification, electroacoustic analysis
- 92642 Hearing assistive device, supplemental technology fitting services

## RELATED POLICIES

Evaluation of Hearing Impairment/Loss

## PUBLISHED

Provider Update, February 2026  
 Provider Update, October 2025  
 Provider Update, April 2024  
 Provider Update, December 2023  
 Provider Update, May 2021  
 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>  
 Rhode Island State Mandate 2026: <https://webserver.rilegislature.gov//Statutes/TITLE27/27-18/27-18-60.htm>

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

