



**EFFECTIVE DATE:** 01|14|2014  
**POLICY LAST UPDATED:** 09|04|2018

## 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.

## 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.

### BlueCHiP for Medicare

Not applicable

## 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.

### BlueCHiP for Medicare

Rhode Island mandated benefits do not apply to BlueCHiP for Medicare plans, unless noted in Policy Section. Self-funded groups may or may not choose to follow state mandates.

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:

<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>V5070</b>	Glasses, air conduction
<b>V5080</b>	Glasses, bone conduction
<b>V5100</b>	Hearing aid, bilateral, body worn
<b>V5120</b>	Binaural, body
<b>V5130</b>	Binaural, in the ear
<b>V5140</b>	Binaural, 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)

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
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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 2018

Provider Update, January 2017

Provider Update, January 2016

Provider Update, November 2014

Provider Update, December 2013

## REFERENCES

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

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