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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5030</td>
<td>Hearing aid, monaural, body worn, air conduction</td>
</tr>
<tr>
<td>V5040</td>
<td>Hearing aid, monaural, body worn, bone conduction</td>
</tr>
<tr>
<td>V5050</td>
<td>Hearing aid, monaural, in the ear</td>
</tr>
<tr>
<td>V5060</td>
<td>Hearing aid, monaural, behind the ear</td>
</tr>
<tr>
<td>V5070</td>
<td>Glasses, air conduction</td>
</tr>
<tr>
<td>V5080</td>
<td>Glasses, bone conduction</td>
</tr>
<tr>
<td>V5100</td>
<td>Hearing aid, bilateral, body worn</td>
</tr>
<tr>
<td>V5120</td>
<td>Binaural, body</td>
</tr>
<tr>
<td>V5130</td>
<td>Binaural, in the ear</td>
</tr>
<tr>
<td>V5140</td>
<td>Binaural, behind the ear</td>
</tr>
<tr>
<td>V5150</td>
<td>Binaural, glasses</td>
</tr>
<tr>
<td>V5171</td>
<td>Hearing aid, contralateral routing device, monaural, in the ear (ite)</td>
</tr>
<tr>
<td>V5172</td>
<td>Hearing aid, contralateral routing device, monaural, in the canal (itec)</td>
</tr>
<tr>
<td>V5181</td>
<td>Hearing aid, contralateral routing device, monaural, behind the ear (bte)</td>
</tr>
<tr>
<td>V5190</td>
<td>Hearing aid, CROS, glasses</td>
</tr>
<tr>
<td>V5211</td>
<td>Hearing aid, contralateral routing system, binaural, ite/itec</td>
</tr>
<tr>
<td>V5212</td>
<td>Hearing aid, contralateral routing system, binaural, ite / itec</td>
</tr>
<tr>
<td>V5213</td>
<td>Hearing aid, contralateral routing system, binaural, ite / bte</td>
</tr>
<tr>
<td>V5214</td>
<td>Hearing aid, contralateral routing system, binaural, itc / itc</td>
</tr>
<tr>
<td>V5215</td>
<td>Hearing aid, contralateral routing system, binaural, itc / bte</td>
</tr>
<tr>
<td>V5221</td>
<td>Hearing aid, contralateral routing system, binaural, bte / bte</td>
</tr>
<tr>
<td>V5230</td>
<td>Hearing aid, BICROS, glasses</td>
</tr>
<tr>
<td>V5242</td>
<td>Hearing aid, analog, monaural, CIC (completely in the ear canal)</td>
</tr>
<tr>
<td>V5243</td>
<td>Hearing aid, analog, monaural, ITC (in the canal)</td>
</tr>
</tbody>
</table>
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
V5266  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
Assistive listening device, personal FM/DM, ear level receiver
Assistive listening device, personal FM/DM, direct audio input receiver
Assistive listening device, personal blue tooth FM/DM receiver
Assistive listening device, personal FM/DM receiver, not otherwise specified
Assistive listening device, personal FM/DM transmitter assistive listening device
Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
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.

Hearing aid examination and selection; monaural
Hearing aid examination and selection; binaural
Hearing aid check; monaural
Hearing aid check; binaural
Electroacoustic evaluation for hearing aid; monaural
Electroacoustic evaluation for hearing aid; binaural
Assessment for hearing aid
Fitting/orientation/checking of hearing aid
Repair/modification of a hearing aid
Conformity evaluation
Dispensing fee, bilateral
Dispensing fee, binaural
Dispensing fee, CROS
Dispensing fee, BICROS
Dispensing fee, monaural hearing aid, any type

RELATED POLICIES
Evaluation of Hearing Impairment/Loss

PUBLISHED
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