



**EFFECTIVE DATE:** 01 | 14 | 2014  
**POLICY LAST UPDATED:** 11 | 17 | 2015

## 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 aged 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 that 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 renew in 2014, most benefit plans will need 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 “b” 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

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 specified
V5299	Hearing aid, 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 supplies/accessories
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
V5282	Assistive listening device, personal fm/dm system binaural
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
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device
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, January 2016  
 Provider Update, November 2014  
 Provider Update, December 2013  
 Provider Update, April 2013  
 Provider Update, July 2012  
 Provider Update, March 2011  
 Policy Update, December 2009

## 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**

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.

