

Medical Coverage Policy | Hearing Aid Mandate



EFFECTIVE DATE: 01|14|2014
POLICY LAST UPDATED: 09|02|2014

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.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Commercial

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.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

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.

§ 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.

Please Note: It is not typically necessary to replace a hearing aid any more than once every three years.

COVERAGE

Commercial

Benefits may vary between groups/contracts. Please refer to the appropriate 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.

CODING

Commercial

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, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5170, V5180, V5190, V5210, V5220, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263

The following services are not covered as part of the mandate but are covered under the members DME benefit:

V5264, V5265, V5275

The following codes follow the unlisted code process and documentation must be submitted for review:

V5090, V5298, V5299

The following code is **not separately reimbursed**:

S0618

The following codes are **non-covered** as they are not considered part of the hearing benefit, mandate, or rider:

V5266, V5267, V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V5288, V5289, V5290

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, 92591, 92592, 92593, 92594, 92595, V5010, V5011, V5014, V5020, V5110, V5160, V5200, V5240, V5241

RELATED POLICIES

Evaluation of Hearing Impairment/Loss

PUBLISHED

| | |
|-----------------|----------|
| Provider Update | Nov 2014 |
| Provider Update | Dec 2013 |
| Provider Update | Apr 2013 |
| Provider Update | Jul 2012 |
| Provider Update | Mar 2011 |
| Policy Update | Dec 2009 |
| Policy Update | Nov 2008 |

REFERENCES

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

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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