



**EFFECTIVE DATE:** 01|14|2014  
**POLICY LAST UPDATED:** 10|18|2016

## 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:

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, January 2017  
Provider Update, January 2016  
Provider Update, November 2014  
Provider Update, December 2013  
Provider Update, April 2013  
Provider Update, July 2012  
Provider Update, March 2011

#### **REFERENCES**

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

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