Medical Coverage Policy

Hearing Aid Mandate

☐ Device/Equipment  ☐ Drug  ☐ Medical  ☐ Surgery  ☐ Test  ☐ Other

Effective Date: 6/1/2011  Policy Last Updated: 5/15/2012

☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☒ Prospective review is not required.

Description:

This is an administrative policy to document the following Rhode Island General Laws (RIGL) pertaining to hearing aid coverage: RIGL 27-20-46: Mandated Hearing Aid Coverage.

27-20-46. Hearing aids. [Effective January 1, 2006.] -- (a) (1) 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 July 14, 2006: coverage is provided for one thousand five hundred dollars ($1,500) per individual hearing aid, per ear, every three years for anyone under the age of nineteen (19) years, and 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.

As defined by the Mandate, "hearing aid is defined as 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."

Medical Criteria:

Not applicable.

Policy:

Covered under the hearing aid mandate are hearing aids. Only one hearing aid per ear up to the dollar limit, per 3-year timeframe.
Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member booklet/subscriber agreement/Rlte Care contract for applicable durable medical equipment (DME) benefits/coverage.

Rhode Island General Laws do not apply to the BlueCHiP for Medicare and Rlte Care products. For information on those products which may already contain a specific benefit for hearing aid services (such as BlueCHiP for Medicare or BlueCHiP for Rlte Care), please refer to coverage information in the member booklet.

Note: The three calendar years referenced in the mandate refers to three FULL years (36 months) from date of initial purchase.

Coding:

Please refer to the Implantable Bone Conduction Hearing Aid policy for coverage of CPT codes 69710, 69711, and HCPCS code V5095.

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 above guidelines are met:

- **V5030**: Hearing aid, monaural, body worn, air conduction
- **V5040**: Hearing aid, monaural, body worn, bone conduction
- **V5050**: Hearing aid, monaural, in the ear
- **V5060**: Hearing aid, monaural, behind the ear
- **V5070**: Glasses, air conduction
- **V5080**: Glasses, bone conduction
- **V5100**: Hearing aid, bilateral, body worn
- **V5120**: Binaural, body
- **V5130**: Binaural, in the ear
- **V5140**: Binaural, behind the ear
- **V5150**: Binaural, glasses
- **V5170**: Hearing aid, CROS, in the ear
- **V5180**: Hearing aid, CROS, behind the ear
- **V5190**: Hearing aid, CROS, glasses
- **V5210**: Hearing aid, BICROS, in the ear
- **V5220**: Hearing aid, BICROS, behind the ear
- **V5230**: 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

Osseointegrated auditory implant systems should be coded using L8699:
L8699  Prosthetic implant, not otherwise specified

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
Effective June 1, 2011, the following codes are noncovered for most BCBSRI products; BlueCHiP for Medicare offers coverage for some of these services. Please refer to the Evidence of Coverage for additional information.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5270</td>
<td>Assistive listening device, television amplifier, any type</td>
</tr>
<tr>
<td>V5271</td>
<td>Assistive listening device, television caption decoder</td>
</tr>
<tr>
<td>V5272</td>
<td>Assistive listening device, TDD</td>
</tr>
<tr>
<td>V5273</td>
<td>Assistive listening device, for use with cochlear implant</td>
</tr>
<tr>
<td>V5274</td>
<td>Assistive listening device, not otherwise specified</td>
</tr>
</tbody>
</table>

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

**Optional Hearing Aid Rider Guidelines for Persons 18 years of age and older:**

This optional hearing aid rider is available only to commercial groups who have more than 50 employees as mandated under RIGL 27-18.

Covered services under the hearing aid rider include hearing aid exams, hearing aid devices, and hearing aid fittings as follows:

1. The hearing aid rider will cover services in full up to the rider dollar-benefit maximum, per benefit period; and
2. The benefit period is once every three calendar years; and
3. There are two dollar-benefit maximums ($750 and $1,000). Please check the member booklet for information regarding the dollar-benefit maximum selected by the member's employer group. Coverage is provided once every three calendar years, in full up to the dollar-maximum sold to that group (i.e., there is no copay or coinsurance on these services).

**Also known as:**
Not applicable
Published:
Rhode Island State Mandate:
http://www.rilin.state.ri.us/Billtext/BillText05/HouseText05/H5742A.htm
Choices, Dec 2004
Policy Update, Apr 2005
Choices, Dec 2005
Policy Update, Dec 2005
Rhode Island State Mandate:
http://www.rilin.state.ri.us/billtext/billtext06/senatetext06/s2383aa.pdf
Policy Update, Oct 2006
Policy Update, Nov 2008
Policy Update, Dec 2009
Provider Update, Mar 2011
Provider Update, Jul 2012

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