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## **1.0 Description of the Procedure, Product, or Service**

A hearing aid is a personal electronic apparatus for a recipient with hearing impairment that is attached onto or behind the ear or is placed into the ear to amplify sound. [A hearing aid is different from a cochlear implant. This policy does not apply to cochlear implants nor does it apply to implantable bone conduction hearing aids (BAHA)].

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

To be eligible, NCHC recipients must be enrolled on the date of service.

## **3.0 When the Procedure, Product, or Service Is Covered**

### **3.1 General Criteria**

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### **3.2 Specific Criteria**

- a. Specific auditory diagnostic testing to determine auditory acuity is covered when provided by a licensed or certified audiologist, otolaryngologist (ear, nose and throat) or other hearing aid specialists approved by NC Health Choice.
- b. Hearing aids, accessories, ear molds, repairs, loaners and rental hearing aids are covered when provided by a licensed audiologist, otolaryngologist (ear, nose, and throat) or other hearing aid specialist approved by NC Health Choice, and are subject to prior approval.
- c. Benefits are provided for single- and multi-channel brands and models of non-programmable hearing aids that have unrestricted approval by the federal Food and Drug Administration. Programmable hearing aids and FM amplification systems are also eligible for coverage.

- d. A new hearing aid may be covered when at least one of the following occurs:
  - 1. Documented changes in hearing that prohibit current hearing aids from providing appropriate amplification;
  - 2. Current hearing aid is repaired more than two times in a twelve month period (except for problems associated with cerumen buildup), after the expiration of the manufacturer's new and repair warrant;
  - 3. Age of current hearing aid is three years old or older; OR
  - 4. Current hearing aid has been lost, stolen, or damaged beyond repair.
- e. Hearing aids are typically employed for non-correctable sensorineural hearing loss. If the hearing loss is conductive, or if the nature of the loss is indeterminate, hearing aids are approved only when advised by an otolaryngologist after appropriate diagnostic examination.
- f. Coverage for trial rental of hearing aid is limited to 30 consecutive days
- g. Coverage for hearing aid loaner is limited to 10 consecutive weeks.
- h. Only one hearing aid per ear will be covered each year, as needed, to replace a device that has been lost, stolen, or damaged beyond repair.

#### **4.0 When the Procedure, Product, or Service Is Not Covered**

##### **4.1 General Criteria**

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

##### **4.2 Specific Criteria**

- a. No coverage is provided for hearing aids that do not have full, unrestricted approval by the federal Food and Drug Administration.
- b. No coverage is provided for replacement of hearing aids that are damaged but can be repaired and used without compromising a recipient's ability to hear.
- c. No coverage is provided for a NEW hearing aid unless the one of the situations in **Subsection 3.2** has occurred.
- d. In-the-ear hearing aids are not covered for children under 12 years of age. Hearing aids that fit in the ear canal are not recommended for infants and young children due to rapid growth of the outer ear, less adaptability with FM systems, and safety concerns (more likely than behind the ear hearing aids to cause injury to the ear/canal with falls, or if the child is hit or struck in the ear, etc.).

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

- a. Prior approval is required for hearing aids, accessories, ear molds, repairs, loaners and rental hearing aids.
- b. FDA regulations require children to have medical clearance for amplification use, signed by a physician within the last six 6 months prior to the request
- c. The following documentation must be included:
  1. Recipient mailing address, NCHC ID and date of birth
  2. Recipient diagnosis
  3. Name, model, manufacturer and serial number of the hearing aid.
  4. Indication that the recipient's parent/primary caregiver is willing to assist or supervise the recipient with the hearing aid.
  5. Plans for orientation and follow-up assessment visits.
  6. Recipient's hearing acuity results provided by one of the following diagnostic measures:
    - (a) Unaided pure tone audiogram indicating hearing thresholds to be 25 dB or greater at any two frequencies between 500 Hz and 4000 Hz; OR
    - (b) Diagnostic auditory brainstem response (ABR) indicating hearing loss of 25 decibels (dB) or greater at any two frequencies between 500 Hz and 4000Hz.

Note - the evaluations must be performed within the last six months prior to submitting the request for prior approval.

### 5.2 Limitations

Initial hearing aid care/orientation kit (stethoscope, forced air blower, dry aid kit, and battery tester) is covered only once for each recipient.

## 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Note: A licensed or certified audiologist, otolaryngologist (ear, nose and throat) or other hearing aid specialists approved by NC Health Choice may bill for specific auditory diagnostic testing.

Note: A licensed audiologist, otolaryngologist (ear, nose, and throat) or other hearing aid specialist approved by NC Health Choice may bill for hearing aids, accessories, ear molds, repairs, loaners and rental hearing aids.

## 7.0 Additional Requirements

### 7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

### 7.2 Other

- a. This policy does not apply to cochlear implants.
- b. This policy does not apply to implantable bone conduction hearing aids (BAHA).

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

### Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
June 14, 2012	Throughout	Policy Termination

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

HCPCS Codes			
V5014	V5030-V5200	V5230	V5240
V5299			

**Note:** Services will receive a denial if there is no prior approval given.

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Inpatient Hospital, Outpatient Hospital, Comprehensive Outpatient Rehabilitation Facility, Home and Office

### G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

### H. Reimbursement

Providers must bill their usual and customary charges.