

North Carolina Health Choice Medical Policy

Hearing Aids

Policy Number: NCHCAH0300

Definition:

A hearing aid is a personal electronic apparatus for an individual 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)]

Coverage:

1. 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.
2. 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.
3. 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.
4. A new hearing aid may be covered when at least one of the following occurs.
 - a. Documented changes in hearing that prohibit current hearing aids from providing appropriate amplification.
 - b. 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 warranty.
 - c. Age of current hearing aid is three years old or older.
 - d. Current hearing aid has been lost, stolen, or damaged beyond repair.

Approval Procedures:

1. Prior approval is required for all hearing aids, accessories, ear molds, repairs, loaners and rental hearing aids.
2. FDA regulations require children to have medical clearance for amplification use, signed by a physician within the last 6 months.
3. The following documentation must be included:
 - a. Patient's identification number.
 - b. Patient's mailing address.
 - c. Patient's diagnosis.
 - d. Name, model, manufacturer and serial number of the hearing aid.
 - e. Indication that the patient's parent/primary caregiver is willing to assist or supervise the patient with the hearing aid.
 - f. Plans for orientation and follow up assessment visits.
 - g. Patient's hearing acuity results provided by one of the following diagnostic measures:
(Note - the evaluations must be performed within six months prior to submitting the request for prior approval.)
 - i. Unaided pure tone audiogram indicating hearing thresholds to be 25 dB or greater at any two frequencies between 500 Hz and 4000 Hz; or

- ii. Diagnostic auditory brainstem response (ABR) indicating hearing loss of 25 decibels (dB) or greater at any two frequencies between 500 Hz and 4000Hz.

Limitations and Exclusions:

1. Hearing aids that do not have full, unrestricted approval by the federal Food and Drug Administration are not covered.
2. Initial hearing aid care/orientation kit (stethoscope, forced air blower, dry aid kit, and battery tester) is covered only once for each patient.
3. Coverage for trial rental of hearing aid is limited to 30 consecutive days.
4. Coverage for hearing aid loaner is limited to 10 consecutive weeks.
5. No coverage is provided for replacement of hearing aids that are damaged but can be repaired and used without compromising a patient's ability to hear.
6. A new hearing aid is covered only if at least one of the following occurs:
 - a. Documented changes in hearing that prohibit current hearing aids from providing appropriate amplification.
 - b. 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 warranty.
 - c. Age of current hearing aid is three years old or older.
 - d. Current hearing aid has been lost, stolen, or damaged beyond repair.
7. 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.
8. 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.).
9. Auditory diagnostic testing, hearing aids, accessories, ear molds, repairs, loaners and rental hearing aids are only covered when provided by an -eligible provider as defined under Coverage 1. and 2. above.
10. 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.
11. This policy does not apply to cochlear implants. (See the following Claims Processing Contractor medical policy for cochlear implants: BCBSNC medical policy SUR6150, Cochlear Implant, available at www.bcbsnc.com.)
12. This policy does not apply to implantable bone conduction hearing aids (BAHA). (See the following Claims Processing Contractor medical policy for implantable bone conduction hearing aids: BCBSNC medical policy SUR6381, Implantable Bone Conduction Hearing Aids, available at www.bcbsnc.com.)

Authority:

- G.S. 135-42(b)
G.S. 108A-70.21(b)
G.S. 108A-70.21 (b) (3)
G.S. 135.40.1 (7.1) (statute effective through 06/30/2008 for Predecessor Plan)

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