



**EFFECTIVE DATE:** 01|14|2014  
**POLICY LAST UPDATED:** 09|04|2018

## 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** 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
- V5171** Hearing aid, contralateral routing device, monaural, in the ear (ite) (New Code Effective 1/1/2019)
- V5172** Hearing aid, contralateral routing device, monaural, in the canal (itc) (New Code Effective 1/1/2019)
- V5180** Hearing aid, CROS, behind the ear

- V5181 Hearing aid, contralateral routing device, monaural, behind the ear (bte) (New Code Effective 1/1/2019)
- V5190 Hearing aid, CROS, glasses
- V5210 Hearing aid, BICROS, in the ear
- V5211 Hearing aid, contralateral routing system, binaural, ite/ite (New Code Effective 1/1/2019)
- V5212 Hearing aid, contralateral routing system, binaural, ite/itc (New Code Effective 1/1/2019)
- V5213 Hearing aid, contralateral routing system, binaural, ite/bte (New Code Effective 1/1/2019)
- V5214 Hearing aid, contralateral routing system, binaural, itc/itc (New Code Effective 1/1/2019)
- V5215 Hearing aid, contralateral routing system, binaural, itc/bte (New Code Effective 1/1/2019)
- V5220 Hearing aid, BICROS, behind the ear
- V5221 Hearing aid, contralateral routing system, binaural, bte/bte (New Code Effective 1/1/2019)
- 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 classified
- V5299 Hearing service, miscellaneous

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 or assistive listening device/supplies/accessories, not otherwise specified
V5268	Assistive listening device, telephone amplifier, any type
V5269	Assistive listening device, alerting, any type
V5270	Assistive listening device, television amplifier, any type
V5271	Assistive listening device, television caption decoder
V5272	Assistive listening device, TDD
V5273	Assistive listening device, for use with cochlear implant
V5274	Assistive listening device, not otherwise specified
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type
V5282	Assistive listening device, personal FM/DM system binaural, (2 receivers, transmitter, microphone), any type
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver
V5284	Assistive listening device, personal FM/DM, ear level receiver
V5285	Assistive listening device, personal FM/DM, direct audio input receiver
V5286	Assistive listening device, personal blue tooth FM/DM receiver
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
V5290	Assistive listening device, transmitter microphone, any type

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	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

## RELATED POLICIES

Evaluation of Hearing Impairment/Loss

## PUBLISHED

Provider Update, November 2018  
 Provider Update, January 2017  
 Provider Update, January 2016  
 Provider Update, November 2014  
 Provider Update, December 2013

## REFERENCES

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

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