



ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1421.DC	
Subject:	Hearing Aid Coverage	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	10/01/2020	
Revision Effective Date(s):	07/22	
Review Effective Date(s):	07/23	
Responsible Parties:	Medical Director	
Responsible Department(s):	Clinical Operations	
Regulatory References:	Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/vision-and-hearing-screening-services-children-and-adolescents/index.html	
Approved:	Sharon Henry, RN Director, Clinical Operations	Raymond Tu, MD Senior Medical Director (CMO)

Purpose: To define the criteria and limitations established for the use of hearing aids in Enrollees with hearing loss.

Scope: MedStar Family Choice District of Columbia

Policy: It is the policy of MedStar Family Choice District of Columbia (MFC-DC) to authorize hearing aids when it is medically necessary, and the criteria outlined below is met. Requests that do not specifically meet the criteria may be submitted with supporting medical records, articles from literature, etc. and will be reviewed by a Medical Director for a medical exception.

A. Medical Description/Background:

1. Most hearing impairments can be helped with a modern hearing aid. Children and motivated independent adults whose hearing loss interferes with school or work are good candidates for hearing aids. Hearing loss may be classified into three types:
 - a. Sensorineural: involving the inner ear, cochlea, or the auditory nerve.
 - b. Conductive: involving any cause that in some way limits the amount of external sound from gaining access to the inner ear. Examples include cerumen impaction, middle ear fluid, or ossicular chain fixation (lack of movement of the small bones in the ear).
 - c. Mixed loss: a combination of conductive and sensorineural hearing loss.

B. Definitions:

1. Degree of hearing loss, as published by the American Speech-Language-Hearing Association: dB HL = decibels hearing level

Degree of hearing loss	Hearing loss range (dB HL)
Normal	-10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately severe	56 to 70
Severe	71 to 90
Profound	91+

Source: Clark, J. G. (1981). Uses and abuses of hearing loss classification. *Asha*, 23, 493-500.

2. Pure Tone Average (PTA): average of hearing threshold levels at a set of specified frequencies.
3. Statutory blindness: As defined in Sections 216(i)(1) and 1614(a)(2) of the Social Security Act, a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens.

C. Indications for Hearing Aids:

1. Children Under 21 Years of Age:
 - a. Bilateral or unilateral hearing aids when all of the following criteria are met:
 - i. The participant has a hearing loss of 25 dB HL or greater; and
 - ii. Hearing aid(s) recommended and fitted by an audiologist; and
 - iii. For initial hearing aid(s), written medical clearance is obtained from a physician who has performed a medical examination within the past 6 months.
2. Adults 21 Years of Age and Older:
 - a. Unilateral hearing aids when all of the following criteria is met:
 - i. The participant has a pure tone average threshold of 40 dB HL or greater at 500, 1,000, 2,000 and 3,000 Hz in the better ear; and

- ii. Documentation that patient is alert and able to utilize their aid appropriately; and
 - iii. Hearing aid is recommended and fitted by an audiologist; and
 - iv. For initial hearing aid, written medical clearance from a physician who has performed a medical examination within the past 6 months.
 - b. Bilateral hearing aids when criteria for unilateral hearing aids are met, and when one of the following criteria is met:
 - i. The participant has visual impairment meeting the definition of statutory blindness; or
 - ii. The participant is a previous successful bilateral hearing aid user as a child under 21 years of age and meaningful objective benefit to the participant over unilateral amplification can be documented; or
 - iii. The participant demonstrates significant hearing-related disability in educational or vocational settings with a unilateral aid and meaningful objective benefit from bilateral aids can be documented.
- 3. Auditory Osseointegrated Devices or Bone Integrated Hearing Aids (BAHA)-
 - a. Enrollee is 5 years of age or older,
 - i. Unilateral implant: Conductive or mixed hearing loss with a pure tone average bone conduction threshold at 500, 1000, 2000, and 3000 Hz that is less than or equal to 45 dB (BAHA Attract, BAHA Divino, BAHA BP100, Baha 4 and Sophono Alpha System), 55 dB (BAHA 5 Power, BAHA Intenso, Ponto Plus Power) or 65 dB (BAHA Cordelle II); or
 - ii. Bilateral implants: moderate-to-severe bilateral symmetric conductive or mixed hearing loss, meeting above-listed bone conduction thresholds in both ears; symmetric bone conduction threshold is defined as less than:
 - o 10 dB average difference between ears (measured at 500, 1000, 2000 and 4000 Hz) or less than 15 dB difference at individual frequencies (BAHA Divino, Ponto Plus, Ponto Plus Power, Ponto Pro, Sophono Alpha System); or
 - o 10 dB average difference between ears (measured at 500, 1000, 2000 and 3000 Hz), or less than a 15 dB difference at individual frequencies (BAHA Attract, BAHA BP100, BAHA 4, BAHA 5 Power, BAHA Cordelle II, BAHA Intenso);
 - b. Criteria for standard hearing aids (unilateral or bilateral) is met and one of the following:
 - i. Congenital atresia of the ear canal such that it does not exist or cannot accommodate a standard hearing aid (provided that the nerve is functional);
 - ii. Chronic infection of the middle or outer ear that is exacerbated by a standard hearing aid;
 - iii. Allergic reactions to standard hearing aids.
 - iv. Single-sided deafness as may occur after removal of a vestibular schwannoma (acoustic neuroma), from trauma, or from a viral or vascular insult.
 - v. Tumors of the external ear canal and/or tympanic cavity
 - vi. Other anatomic or medical conditions that contraindicate the use of an air conduction hearing aid.
- 4. Cochlear Implants:

- a. MFC follows separate InterQual Criteria for the device’s implantation procedures.

D. Acceptable Hearing Aids/devices and audiology services:

- 1. Hearing aids/devices of all types listed in District of Columbia Medicaid Fee schedule and FDA approved.
- 2. Audiology Services listed in District of Columbia Medicaid Fee Schedule

E. Limitations/Exclusions:

- 1. Replacement of hearing aids if the existing devices are functional, repairable, and appropriately correct or ameliorate the problem or condition.
- 2. Replacement of improperly fitted ear mold(s) unless the replacement service is administered by someone other than the original provider and the replacement service has not been claimed before.
- 3. Additional professional fees and overhead charges for a new hearing aid when a dispensing fee claim has been made to the program.
- 4. Loaner hearing aids.
- 5. Hearing aids that are not FDA approved will not be considered.
- 6. Hearing aids that are not on District of Columbia Medicaid Fee Schedule.
- 7. Audiology services that are not on District of Columbia Medicaid Fee Schedule.

F. Information Required for Hearing Aids Review:

- 1. Audiologist evaluation including audiogram.
- 2. For initial hearing aid, written medical clearance from a physician who has performed a medical examination within the past six months.

References:

Clark, J.G. (1981). Uses and abuses of hearing loss classification. *Asha*, 23, 493-500.

The Social Security Act, as defined in Sections 216(i)(1) and 1614(a)(2):

https://www.ssa.gov/OP_Home/ssact/ssact-toc.htm

Summary of Changes:	<p>07/23:</p> <ul style="list-style-type: none"> • No substantive changes. <p>07/22:</p> <ul style="list-style-type: none"> • Updated Responsible Parties. • Updated Approved. <p>10/20:</p> <ul style="list-style-type: none"> • New policy.
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