

Coverage for Hearing Aids

Policy ID:	HHO-DE-MP-1140
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	
Original Effective Date:	
Annual Approval Date:	
Last Revision Date:	
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary coverage for hearing aids.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

PROCEDURES

1. A prior authorization is required for supplies and equipment when billed charges of \$500 dollars or greater, a not otherwise classified code (NOC) code will be billed, or when a greater number of units per period requested or met. For all rental items, prior authorization is required when the monthly rental amount is \$40.00 or more.
2. Post-payment audit statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

3. Place of service: outpatient

CODING REQUIREMENTS

CPT Code	Description
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.
V5090	Dispensing fee, unspecified hearing aid.
V5095	Semi-implantable middle ear hearing prosthesis.
V5100	Hearing aid, bilateral, body worn.
V5120	Binaural, body.
V5130	Binaural, in the ear.
V5140	Binaural, behind the ear.
V5150	Binaural, glasses.
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE).
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC).
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE).
V5190	Hearing aid, contralateral routing, monaural, glasses.
V5230	Hearing aid, contralateral routing system, binaural, 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.

V5266	Battery for use in hearing device.
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified.
V5298	Hearing aid, not otherwise specified.
V5299	Hearing service, miscellaneous.
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid).

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

The Delaware Code. Title 18 DE § 3357 and § 3571A. October 2016.

POLICY UPDATE HISTORY

<Date>	<Event>
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REQUIRED APPROVAL SIGNATURES

Name	Signature	Date