

<b>Department:</b>	Utilization Management	<b>Original Approval:</b>	12/12/2018
<b>Policy #:</b>	MM168	<b>Last Approval:</b>	02/01/2019
<b>Title:</b>	Hearing Assist Devices (effective 1/1/2019)		
<b>Approved By:</b>	UM Committee		

## REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

Recent (within the past 3 months) chart notes from medical provider and from the audiologist, documenting the need for the hearing aid

Recent audiograms

Tympanograms

List of other devices tried and why they were not appropriate

## BACKGROUND

This policy is created to incorporate criteria for hearing aids for SNP members and AH members 21 and older.

New BAHAs and new cochlear implants are not covered for members 21 and older.

## DEFINITIONS

**BAHA:** A bone-anchored hearing aid is a type of hearing aid based on bone conduction. It is primarily suited for people who have conductive hearing losses, unilateral hearing loss, single-sided deafness and people with mixed hearing losses who cannot wear conventional hearing aids.

**Bone Conduction Hearing aids:** Bone Conduction Hearing Aids are designed for people with Conductive Hearing Loss or Mixed Hearing Loss or with unilateral hearing loss who get no benefit from wearing conventional Hearing Aids. A typical Bone Conduction Hearing Aid consists of a hearing aid worn behind the ear coupled with a bone conductor fitted to a headband which holds the vibrating bone conductor to the skull.

**Cochlear implant:** surgically implanted neuroprosthetic device that provides a sense of sound to a person with severe to profound sensorineural hearing loss. Cochlear implants bypass the normal acoustic hearing process; instead they replace it with electric hearing.

**Hearing Aids:** Wearable sound-amplifying devices that are intended to compensate for hearing loss. Hearing aids are described by where they are worn in the ear as in-the-ear (ITE), behind-the-ear (BTE), etc. Hearing aids can also be described by how they process the amplified signal. This would include analog conventional, analog programmable, digital conventional, and digital programmable.

## INDICATIONS/CRITERIA

**Medicare (non-SNP) Members:** Routine hearing exams, hearing aids, and hearing aid fittings are not covered by Medicare other than SNP.

**Medicare SNP Members:** the above services and hearing aids are covered up to \$1500 per year.

To be eligible for hearing aids and certain related services, SNP clients must:

- (a) Complete a hearing evaluation, including an audiogram or developmentally appropriate diagnostic physiologic test, that is administered by and the results interpreted by a hearing health care professional; and
- (b) Receive a recommendation by a licensed audiologist, hearing aid specialist, otolaryngologist, or otologist for a hearing aid.

**For WA Apple Health:**

**INDICATIONS/CRITERIA for Apple Health Members**

To be eligible for hearing aids and certain related services, clients must:

- (c) Complete a hearing evaluation, including an audiogram or developmentally appropriate diagnostic physiologic test, that is administered by and the results interpreted by a hearing health care professional; and
- (d) Receive a recommendation by a licensed audiologist, hearing aid specialist, otolaryngologist, or otologist for a hearing aid.

**Coverage:**

(1) **Nonrefurbished, monaural hearing aids:** One new nonrefurbished monaural hearing aid, which includes the ear mold, is covered every five years for members age twenty-one and older when the following criteria are met:

- (a) The client must have an average decibel loss of forty-five or greater in the better ear, based on a pure-tone audiometric evaluation by a licensed audiologist or a licensed hearing aid specialist at 1000, 3000, 3000, and 4000 Hertz (Hz) with effective masking as indicated; and
- (b) The hearing aid must meet the client's specific hearing needs and carry a manufacturer's warrant for a minimum of one year.

(2) **Second hearing aid:** A second hearing aid is only covered when the member meets specific clinical criteria. Providers may use the expedited prior authorization process when the member meets the following clinical criteria:

- (a) The client tries one hearing aid for a six-month period, but the hearing aid does not adequately meet the client's hearing need; and
- (b) One of the following is reasons is documented in the client's record:
  - I. Inability to hear has caused difficulty with job performance;
  - II. Inability to hear has caused difficulty in functioning in the school environment; or
  - III. Client is legally blind.

(3) **BAHA:** Criteria include all of the following:

- Age 5 years or older
- Bilateral or unilateral conductive or mixed hearing loss of greater than 20 dB
- Cortical bone thickness of 3 mm or more

- Middle or external ear pathology cannot be surgically repaired
- Pure-tone average bone conduction hearing threshold (measured at 0.5, 1, 2, and 3 kHz) less than or equal to level appropriate for model to be implanted
- Speech discrimination score greater than or equal to 60% in affected ear
- Trial of air conduction hearing aid failed or not appropriate, because of one of the following:
  - Anatomy will not allow for proper fitting of an in ear hearing aid.
  - inadequate improvement with air conduction hearing aid
  - Recurrent otitis externa or otitis media

**(4) Cochlear Implant:** Criteria include all of the following:

- Age 12 months or older
- Bilateral sensorineural hearing loss with unaided pure-tone average thresholds of 90 dB or greater
- Family support and motivation to participate in postimplant rehabilitation
- Minimal speech perception 30% or less or lack of developmentally appropriate auditory milestones measured using parent report scales
- Three-month to six-month trial of binaural hearing aids documents lack of or minimal improvement in auditory development.
- No evidence of central auditory dysfunction (such as, cortical deafness)
- No MRI evidence of cochleovestibular anomaly that would preclude implant (such as, cochlear aplasia, complete labyrinthine aplasia, lack of cochlear nerve), or acoustic neuroma excision planned and cochlear nerve preservation thought possible

**(5) Bilateral Cochlear implants:** Criteria include all of the following:

[HCA Health Technology Assessment: 20130517A – Cochlear Implants: Bilateral versus Unilateral](#)

- Age 12 months or older;
- Bilateral severe to profound sensorineural hearing loss;
- Limited or no benefit from hearing aids;
- Cognitive ability and willingness to participate in an extensive auditory rehabilitation program;
- Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system;
- No other contraindications for surgery; and
- Device used in accordance with the FDA approved labeling.

**(6) Replacements**

The following replacements are covered as long as the need for replacements is not due to the client's carelessness, negligence, recklessness, or misuse in accordance with WAC 182-501-0050(8):

- (a) Hearing aid(s), which includes the ear mold, when all warranties are expired and the hearing aid(s) are one of the following: Lost, Beyond repair or Not sufficient for the client's hearing loss
- (b) Ear mold(s) when the client's existing ear mold is damaged or no longer fits the client's ear.
- (c) Batteries with a valid prescription from an audiologist.

**(7) Repair of hearing aids.** CHPW pays for:

- (a) Two repairs, per hearing aid, per year, when the cost of the repair is less than fifty percent of the cost of a new hearing aid; and
- (b) To receive payment, all of the following must be met:
  - i) All warranties are expired; and
  - ii) The repair is under warranty for a minimum of ninety days.

**(8) Repair or replacement of external parts of cochlear devices and bone-anchored hearing aids (BAHAs).**

- (a) If the client has bilateral cochlear devices, both devices are eligible for repair and replacement of external parts.
- (b) Repair or replacement of external parts of bone-anchored hearing aids (BAHAs), whether implanted or worn with a headband. If the client has bilateral BAHAs, both devices are eligible for repair and replacement of external parts.
- (c) New BAHAs and new cochlear implants are not covered for members 21 and older.

**(9) Rental of hearing aids.**

- (a) Rental hearing aid(s) are covered for up to two months while the client's own hearing aid(s) is being repaired. For rental hearing aid(s) only, the agency pays separately for an ear mold(s).

## **SPECIAL CONSIDERATIONS**

None

## **LIMITATIONS/EXCLUSIONS**

Please refer to a product line's certificate of coverage for updated benefit limitations and exclusions for these services:



PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	<a href="http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides">http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides</a>
WASHINGTON APPLE HEALTH	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>
INTEGRATED MANAGED CARE	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>

### Citations & References

CFR	
WAC	WAC 284-43-2050
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	

### Revision History

Revision Date	Revision Description	Revision Made By
09/17/2018	CCC creation to incorporate new coverage for SNP and AH members 21 and older. Needs to be removed from the DME policy on 1/1/19.	LuAnn Chen, MD
09/26/2018	Approved	UM Committee
12/07/2018	Removal age less than 21 criterion for Cochlear Implant and of reference to uncovered devices, in accordance with the new HCA requirement to provide medical necessity review for all DME requests for Apple Health Members.	LuAnn Chen, MD
12/12/2018	Approval	UM Committee
01/29/2019	Removed section about policy not being active until 1/1/19 but left it in the title	LuAnn Chen, MD
02/01/2019	Approval	02/01/2019