

Department:	Medical Management	Original Approval:	09/26/2018
Policy No:	MM168	Last Approval:	04/09/2025
Policy Title:	Hearing Assist Devices Clinical Coverage Criteria		
Approved By:	UM Medical Subcommittee		
Applicable Line(s) of Business:	<input checked="" type="checkbox"/> Washington Apple Health (Medicaid) <input type="checkbox"/> Behavioral Health Services Only <input checked="" type="checkbox"/> Apple Health Expansion <input type="checkbox"/> State Medicaid Agency Contract (SMAC) <input type="checkbox"/> Health Homes <input type="checkbox"/> Medicare Advantage/Special Needs Plan <input checked="" type="checkbox"/> Cascade Select		

Required Clinical Documentation for Review

1. Recent (within the past 6 months) chart notes from medical provider and from the audiologist, documenting the need for the hearing aid that is requested
2. Details of any specific needs related to risk, trauma, or cultural concerns, specifically to address health equity concerns
3. Recent audiograms
4. Tympanograms
5. List of other devices tried and why they were not appropriate
6. Information submitted must include a table showing the dB hearing loss at 1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz in each ear. The average hearing loss for each ear must be calculated by adding the dB hearing loss at each frequency and dividing by 4.

Hz	dB Hearing Loss Right Ear	dB Hearing Loss Left Ear
1000	a	a
2000	b	b
3000	c	c
4000	d	d
Total	a+b+c+d=	a+b+c+d=
Divide by 4	(a+b+c+d)/4= Must be 45 or greater	(a+b+c+d)/4= Must be 45 or greater

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Background

This policy is created to clarify criteria for hearing assist devices for AH members and Individual & Family (Cascade Select) Members.

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 implantation: surgically implanted neuro-prosthetic 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

Indications/Criteria for AH, MA, and Cascade Select Members:

Medical Equipment Criteria:

1. Is prescribed by a provider
2. The order contains the prescriber's signature or electronic signature, from within the past year (not a stamp); and
3. Is primarily and customarily (traditionally) used to serve a medical purpose; and
4. Generally, is not useful for a person in the absence of illness or injury; and
5. Can withstand repeated use; and
6. Can be reusable or removable; and

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7. Is suitable for use in any setting where normal life activities take place

Medical Necessity Criteria:

1. Consistent with standards of good medical practice and supported by evidence-based medicine;
2. Medically Necessary: "reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the enrollee that endanger life, or cause suffering of pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the enrollee requesting the service. For the purpose of this section, 'course of treatment' may include mere observation or, where appropriate, no medical treatment at all." (WAC 182-500-0070);
3. Consistent with the symptoms, diagnosis, treatment, and plan of care of the member's condition;
4. Not solely for the convenience of the enrollee, the member's family, or the provider of service; and,
5. Delivered in the least intensive and most appropriate delivery setting.
6. CHPW consider one item of equipment medically necessary (can be a pair if appropriate) if criteria are met for the equipment. Second items are considered a convenience.
7. Medical Equipment that duplicates equipment that the member already has is not medically necessary per WAC 182-543-7100.
8. If the provider believes the purchase, rental, or repair of medical equipment is not duplicative, the provider must request prior authorization and submit medical records showing the following:
 - a. Why the existing equipment no longer meets the member's medical needs; or
 - b. Why the existing equipment could not be repaired or modified to meet the member's medical needs.
 - c. How the member's condition meets the criteria for Medical Necessity for the Medical Equipment.
9. For use of an unlisted code: if the request is for a DME item, include the name of the item, description, the manufacturer, product number, a copy of the invoice (include pricing), and documented evidence that there is no comparable standard code available.

Repair of Medical Equipment

1. Repair of any Medical Equipment must meet relevant criteria for medical necessity, including prior authorization if required for similar new equipment.
2. Repair is considered only for member-owned equipment after expiration of warranty period.
3. It is the expectation of CHPW that the provider will have checked for warranty coverage before submitting a request for a Medical Equipment repair. Warranty coverage will be reviewed, along with repair cost, at the time of assessment for prior authorization.
4. Repairs do not require a face-to-face evaluation with the physician but do require a physician signature on the order.
5. CHPW does not pay for the repair of equipment, devices, or supplies which have been broken, destroyed, or stolen as a result of the client's carelessness, negligence, recklessness, deliberate intent, or misuse unless:
 - a. Extenuating circumstances exist that result in a damage or destruction of equipment, devices, or supplies, through no fault of the client that occurred while the client was exercising reasonable care under the circumstances; or
 - b. Otherwise allowed under specific HCA program rules.

Replacement of Medical Equipment

1. Replacement of any Medical Equipment must meet relevant criteria for medical necessity, including prior authorization if required for similar new equipment.
2. Any requests for Medical Equipment replacement must include documentation of a current (within 6 months) face-to-face evaluation by the treating physician and therapist, as applicable, showing medical need for the device by the member.
3. The equipment is not under warranty
4. CHPW does not pay for replacement of equipment that is functioning appropriately or that can reasonably be repaired.
5. CHPW does not pay for the replacement of equipment, devices, or supplies which have been sold, gifted, lost, broken, destroyed, or stolen as a result of the client's carelessness, negligence, recklessness, deliberate intent, or misuse unless:
 - a. Extenuating circumstances exist that result in a loss or destruction of equipment, devices, or supplies, through no fault of the client that occurred while the client was exercising reasonable care under the circumstances; or
 - b. Otherwise allowed under specific HCA or CMS program rules.

For CHPW Apple Health Integrated Managed Care (AH-IMC) Members:

Indications/Criteria For AH-IMC Members Ages 20 Years And Younger (EPSDT Members)

- 1. Air Conduction Monaural or Binaural Hearing Aids**
 - a. The hearing aids have been prescribed by a licensed audiologist
 - b. The hearing aids have at least a 1-year warranty
- 2. Bone Conduction Monaural or Binaural Hearing Aid(s) (Also called Softband BAHA)**
 - a. Bilateral or unilateral conductive or mixed hearing loss of greater than 20 dB
 - b. The hearing aids have been prescribed by a licensed audiologist
 - c. The hearing aids have at least a 1-year warranty
 - d. Trial of air conduction hearing aid has failed or is not appropriate, due to one of the following criteria:
 - i. Anatomy will not allow for proper fitting
 - ii. Lack of substantial audiologic improvement with air conduction hearing aid
 - iii. Patient develops significant otitis externa, suppurative otitis media, recurrent ear canal infections, or dermatitis which preclude long-term use
- 3. BAHA: Criteria require all the following:**
 - a. Age 5 years or older
 - b. Bilateral or unilateral conductive or mixed hearing loss of greater than 20 dB
 - c. Cortical bone thickness of 3 mm or more
 - d. Middle or external ear pathology cannot be surgically repaired
 - e. Pure-tone average bone conduction hearing threshold less than or equal to level appropriate for BAHA model to be implanted
 - f. Speech discrimination score greater than or equal to 60% in affected ear
 - g. Trial of air conduction hearing aid failed or not appropriate, because of one of the following:
 - i. Anatomy will not allow for proper fitting of an in-ear hearing aid.
 - ii. inadequate improvement with air conduction hearing aid
 - iii. Recurrent otitis externa or otitis media
- 4. Cochlear Implantation: Criteria include all the following:**
 - a. Age 9 months or older
 - b. Severe sensorineural hearing loss
 - i. For unilateral implant: Sensorineural hearing loss with unaided pure-tone average thresholds of 90 dB or greater
 - ii. For bilateral implant: Sensorineural hearing loss with unaided pure-tone average thresholds of 70 dB or greater in both ears
 - c. Family support and motivation to participate in postimplant rehabilitation

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- d. Minimal speech perception 30% or less or lack of developmentally appropriate auditory milestones measured using parent report scales
- e. Three-month to six-month trial of binaural hearing aids documents lack of or minimal improvement in auditory development.
- f. No evidence of central auditory dysfunction (such as, cortical deafness)
- g. 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 is planned, and cochlear nerve preservation is thought possible
- h. Device used in accordance with the FDA approved labeling.

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

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

- a. If the member 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.

Indications/Criteria and Coverage For AH-IMC Members Ages 21 Years And Older

1. **Non-refurbished, monaural hearing aids:** One new non-refurbished monaural hearing aid, which includes the ear mold, is covered every five years for members aged twenty-one and older when the following criteria are met:
 - a. The client must have an average decibel loss of 45 or greater in the better ear, based on a pure-tone audiometric evaluation by a licensed audiologist or a licensed hearing aid specialist. The better ear is defined as the ear with the lowest average dB hearing loss. This means that the average hearing loss must be at least 45 in each ear. The average dB hearing loss is calculated by adding the dB hearing loss shown on the Audiogram at 1000, 2000, 3000, and 4000 Hertz (Hz), then dividing by 4. (This is not the same as the all-frequency average hearing loss that might be reported on the audiometry report)
 - b. The hearing aid must meet the client's specific hearing needs and carry a manufacturer's warranty for at least one year.
2. **Second hearing aid for AH Members aged 21 or older:** A second hearing aid is only covered when the member meets specific clinical criteria:

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- a. The client tries one hearing aid for a 90-day period, but the hearing aid does not adequately meet the client's hearing need; and
- b. One of the following reasons is documented in the client's record:
 - i. Inability to hear has caused difficulty with conducting job duties or with finding a job; or
 - ii. Inability to hear has caused difficulty in functioning in the school environment; or
 - iii. Unable to live safely in the community with only one hearing aid; or
 - iv. Client is legally blind.

1. BAHA

- a. New BAHAs are not covered for members 21 and older.

2. Cochlear Implantation for AH Members aged 21 or older:

- a. Severe sensorineural hearing loss
 - i. For unilateral implant: Sensorineural hearing loss with unaided pure-tone average thresholds of 90 dB or greater and at least 45 dB hearing loss in the better ear
 - ii. For bilateral implants: Bilateral sensorineural hearing loss of greater than 70 dB with limited speech perception benefit from hearing aids
- b. Speech cognition 60% or less with hearing aids
- c. Three-month to six-month trial of binaural hearing aids with documentation of lack of or minimal improvement
- d. No evidence of central auditory dysfunction (such as, cortical deafness)
- e. 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 is planned, and cochlear nerve preservation is thought possible
- f. Device used in accordance with the FDA approved labeling.

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

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

- a. If the client has unilateral or bilateral cochlear devices, the devices are eligible for repair and replacement of external parts if medically necessary.
- 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 are not covered for members 21 and older.
- d. See above under Repair and of Medical Equipment and Replacement of Medical Equipment.

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Indications/Criteria for CHPW AH-IMC Members Of All Ages For Repair And Replacements Of Air Conduction Hearing Aids

1. Replacement of air conduction hearing aids

The following replacements are covered if the need for replacement 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.

2. Repair of air conduction hearing aids. CHPW covers:

- 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 the following must be met:
 - i. All warranties are expired; and
 - ii. The repair is under warranty for a minimum of ninety days.
- c. See above under Repair and of Medical Equipment and Replacement of Medical Equipment.

3. 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.
- b. For rental hearing aid(s) only, the agency pays separately for an ear mold(s).

Indications/Criteria for Cascade Select Members:

1. Monaural or binaural hearing aids and BAHA:

- a. Routine hearing examinations and programs or treatment for hearing loss including externally worn or surgically implanted hearing aids, and the surgery and services necessary to implant them are **not covered** for Cascade Select.

2. Cochlear Implantation for Cascade Select Members under age 21

- a. Age 9 months or older
- b. Severe sensorineural hearing loss
 - i. For unilateral implant: Sensorineural hearing loss with unaided pure-tone average thresholds of 90 dB or greater

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- ii. For bilateral implant: Sensorineural hearing loss with unaided pure-tone average thresholds of 70 dB or greater in both ears
- c. Family support and motivation to participate in postimplant rehabilitation
- d. Minimal speech perception 30% or less or lack of developmentally appropriate auditory milestones measured using parent report scales
- e. Three-month to six-month trial of binaural hearing aids documents lack of or minimal improvement in auditory development.
- f. No evidence of central auditory dysfunction (such as, cortical deafness)
- g. 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 is planned, and cochlear nerve preservation is thought possible
- h. Device used in accordance with the FDA approved labeling.

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

3. Cochlear Implantation for Cascade Select Members aged 21 or older:

- a. Severe sensorineural hearing loss
 - i. For unilateral implant: Sensorineural hearing loss with unaided pure-tone average thresholds of 90 dB or greater and at least 45 dB hearing loss in the better ear
 - ii. For bilateral implants: Bilateral sensorineural hearing loss of greater than 70 dB with limited speech perception benefit from hearing aids
- b. Impaired speech cognition 60% or less with hearing aids
- c. Three-month to six-month trial of binaural hearing aids with documentation of lack of or minimal improvement
- d. No evidence of central auditory dysfunction (such as, cortical deafness)
- e. 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 is planned, and cochlear nerve preservation is thought possible
- f. Device used in accordance with the FDA approved labeling.

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Special Considerations

None

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Limitations/Exclusions

Please see link to member coverage documents below:

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	https://medicare.chpw.org/ Select the appropriate plan from the “Plans” drop down on the top navigation bar.
Apple Health	https://www.chpw.org/for-members/benefits-and-coverage-imc/
Individual & Family (Cascade Select)	https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/

List of Appendices

None.

Citations & References

CFR		
WAC	WAC 284-43-2050; WAC 182-547-0800; WAC 182-547-0850; WAC 182-531-0375; WAC 284-43-5642; WAC 182-501-0050	
RCW		
LOB & Contract Citation	<input checked="" type="checkbox"/> WAHIMC	IMC Section 1.191: Medically Necessary; IMC Section 11.1: Utilization Management General Requirements; IMC Section 11.3: Medical Necessity Determination; IMC Section 17.1.23: Medical Equipment and Supplies; IMC Section 17.1.31: EPSDT benefit; IMC Section 17.1.32: Monaural and binaural hearing aids; IMC Section 17.1.33: Bilateral Cochlear Implants, for Enrollees age 20 and younger; IMC Section 17.1.34: Bone-Anchored Hearing Aids (BAHA), for Enrollees age 20 and younger
	<input type="checkbox"/> BHSO	
	<input type="checkbox"/> Wraparound	
	<input type="checkbox"/> SMAC	
	<input type="checkbox"/> HH	
	<input type="checkbox"/> AHE	
	<input checked="" type="checkbox"/> MA/DSNP	P&P supports all LOB requirements

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	<input checked="" type="checkbox"/> CS	P&P supports all LOB requirements
Other Requirements	Medicare Claims Processing Manual Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	
NCQA Elements	UM2, UM5	
References	National Coverage Determination (NCD) for COCHLEAR IMPLANTATION (50.3) HCA Health Technology Assessment: 20130517A – Cochlear Implants: Bilateral versus Unilateral	

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
05/13/2019	Changed face to face provider and SLP requirement to 6 months.	LuAnn Chen, MD
05/13/2019	Approved	UM Medical Subcommittee
07/06/2019	Added links to WAC 182-547-0800 WSR 19-14-123	LuAnn Chen, MD
07/25/2019	Clarified criteria/coverage for Apple Health Members 20 and under and 21 and older	LuAnn Chen, MD
08/09/2019	Approval	UM Medical Subcommittee
10/04/2019	Clarified definition of average decibel hearing loss as per the HCA Hearing Hardware Billing Guide. Added table to be completed by referring provider, showing calculation of average decibel hearing loss to required documentation.	LuAnn Chen, MD

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10/17/2019	Approval	UM Medical Subcommittee
10/22/2019	Added information regarding cochlear implantation for Medicare members	LuAnn Chen, MD
11/01/2019	Approval	UM Medical Subcommittee
12/31/2019	Corrected the waiting period for an adult to try one hearing aid before a second can be approved to 90 days. Inability to function safely is a new criterion. Added reference to WAC 182-547-0850.	LuAnn Chen, MD
12/31/2019	Approval	UM Medical Subcommittee
02/12/2020	WAH-IMC and MA Contract Citations updated	LuAnn Chen, MD
09/09/2020	Changed age for cochlear implantation as per recommendation from HCA which anticipates edits to the HTA. Added criteria and coverage information for CHNW Cascade Select. Clarified that cochlear implant must be used in accordance with FDA labeling.	LuAnn Chen, MD
09/14/2020	Approval	UM Medical Subcommittee
11/05/2020	Added WAC 182-501-0050	LuAnn Chen, MD
03/01/2021	Added BAHA criteria for MA members.	LuAnn Chen, MD
03/11/2021	Approval	UM Medical Subcommittee
06/23/2021	Added criteria for bone conduction hearing aids for EPSDT members.	LuAnn Chen, MD
09/07/2021	Formatting correction. Citations updated.	LuAnn Chen, MD
09/09/2021	Approval	UM Medical Subcommittee
08/05/2022	Minor edits, correction of citations.	LuAnn Chen, MD
08/11/2022	Approval	UM Medical Subcommittee
06/06/2023	Added Medical Necessity, Repair and Replacement Criteria. Updated citations.	LuAnn Chen, MD
06/08/2023	Approval	UM Medical Subcommittee
12/22/2023	Linked NCD for Cochlear implants for Medicare members. Clarified criteria for unilateral vs bilateral	LuAnn Chen, MD

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	cochlear implants. Added criteria for cochlear implants for AH adults (covered benefit as of 1/1/24).	
12/29/2023	Approval	UM Medical Subcommittee
04/25/2024	Corrected criteria for BAHA for EPSDT members to include hearing loss of at least 20 dB. Corrected citations.	LuAnn Chen, MD
05/08/2024	Approval	UM Criteria Subcommittee
04/08/2025	Reviewed with minor changes and removing Medicare, adding AHE, updating citations	LuAnn Chen, MD
04/09/2025	Approval	UM Criteria Subcommittee