REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

- 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
- Details of any specific needs related to risk/trauma/cultural etc.
- Recent audiograms
- Tympanograms
- List of other devices tried and why they were not appropriate
- 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.

<table>
<thead>
<tr>
<th>Hz</th>
<th>dB Hearing Loss Right Ear</th>
<th>dB Hearing Loss Left Ear</th>
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<tr>
<td>1000</td>
<td>a</td>
<td>a</td>
</tr>
<tr>
<td>2000</td>
<td>b</td>
<td>b</td>
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<tr>
<td>3000</td>
<td>c</td>
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<tr>
<td>4000</td>
<td>d</td>
<td>d</td>
</tr>
<tr>
<td>Total</td>
<td>a+b+c+d=</td>
<td>a+b+c+d=</td>
</tr>
<tr>
<td>Divide by 4</td>
<td>(a+b+c+d)/4=</td>
<td>(a+b+c+d)/4=</td>
</tr>
<tr>
<td></td>
<td>Must be 45 or greater</td>
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BACKGROUND
This policy is created to clarify criteria for hearing assist devices for CHPW Medicare SNP members, CHPW AH-IMC members 21 and older, and CHNW 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 implant**: 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 CHPW MEDICARE MEMBERS**: Hearing Aids for Medicare Members:

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

**Medicare SNP (Dual Eligible) Members**: See benefit grid for amount covered.

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

1. 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
2. Receive a recommendation by a licensed audiologist, hearing aid specialist, otolaryngologist, or otologist for a hearing aid.

**Replacement of air conduction hearing aids for Medicare SNP (Dual Eligible) members**

1. 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):
   1. 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
   2. Ear mold(s) when the client's existing ear mold is damaged or no longer fits the client's ear.
   3. Batteries with a valid prescription from an audiologist.

**Bone Anchored and Bone Conduction Hearing Aids for Medicare Members** requires all the following criteria:

- Bilateral or unilateral conductive or mixed hearing loss of greater than 20 dB
- Middle or external ear pathology cannot be surgically repaired
- Pure-tone average bone conduction hearing threshold less than or equal to level appropriate for Baha 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
Cochlear Implantation Criteria for Medicare Members:
Member must meet criteria in either 1 or 2 below:

1. Cochlear Implantation requires bilateral pre- or post-linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification. Limited benefit from amplification is defined by test scores of less than or equal to 40% correct in the best-aided listening condition on tape-recorded tests of open-set sentence cognition. Medicare coverage is provided only for those patients who meet all of the following selection guidelines.
   • Diagnosis of bilateral moderate-to-profound sensorineural hearing impairment with limited benefit from appropriate hearing (or vibrotactile) aids;
   • Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation;
   • 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 contraindications to surgery; and
   • The device must be used in accordance with Food and Drug Administration (FDA)-approved labeling.

2. Effective for services performed on or after April 4, 2005, Cochlear Implantation may be covered for individuals meeting the selection guidelines above and with hearing test scores of greater than 40% and less than or equal to 60% only when the provider is participating in, and patients are enrolled in, either an FDA-approved category B investigational device exemption clinical trial as defined at 42 CFR 405.201, a trial under the Centers for Medicare & Medicaid (CMS) Clinical Trial Policy as defined at section 310.1 of the National Coverage Determinations Manual, or a prospective, controlled comparative trial approved by CMS as consistent with the evidentiary requirements for National Coverage Analyses and meeting specific quality standards.

Repair or replacement of external parts of cochlear devices and bone-anchored hearing aids (BAHAs) for Medicare Members.
   • If the client has bilateral cochlear devices, both devices are eligible for repair and replacement of external parts.
   • 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.
   • See below under Special Considerations.

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
   • The hearing aids have been prescribed by a licensed audiologist
   • The hearing aids have at least a 1-year warranty
2. Bone Conduction Monaural or Binaural Hearing Aid(s) (Also called Softband BAHA)
   - The hearing aids have been prescribed by a licensed audiologist
   - The hearing aids have at least a 1-year warranty
   - Trial of air conduction hearing aid has failed or is not appropriate, due to one of the following criteria:
     - Anatomy will not allow for proper fitting
     - Lack of substantial audiologic improvement with air conduction hearing aid
     - 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:
   - 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 less than or equal to level appropriate for BAHA 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 the following:
   - Age 9 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 is planned, and cochlear nerve preservation is thought possible
   - Device used in accordance with the FDA approved labeling.

4. Bilateral Cochlear Implants: Criteria include all the following:
   [HCA Health Technology Assessment: 20130517A – Cochlear Implants: Bilateral versus Unilateral]
• Age 9 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.

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

- If the member has bilateral cochlear devices, both devices are eligible for repair and replacement of external parts.
- 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 age twenty-one and older when the following criteria are met:

- 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)

- 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-IMC Members age 21 or older: A second hearing aid is only covered when the member meets specific clinical criteria:

- 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
- One of the following reasons is documented in the client’s record:
  - Inability to hear has caused difficulty with conducting job duties or with finding a job; or
  - Inability to hear has caused difficulty in functioning in the school environment; or
  - Unable to live safely in the community with only one hearing aid; or
  - Client is legally blind.

3. BAHA or Cochlear Implants

- New BAHAs and new cochlear implants are not covered for members 21 and older.
3. Repair or replacement of external parts of cochlear devices and bone-anchored hearing aids (BAHAs).
   - If the client has bilateral cochlear devices, both devices are eligible for repair and replacement of external parts.
   - 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.
   - New BAHAs and new cochlear implants are not covered for members 21 and older.
   - See below under Special Considerations.

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):
   - 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
   - Ear mold(s) when the client's existing ear mold is damaged or no longer fits the client's ear.
   - Batteries with a valid prescription from an audiologist.

2. Repair of air conduction hearing aids. CHPW covers:
   - 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
   - To receive payment, all the following must be met:
     - All warranties are expired; and
     - The repair is under warranty for a minimum of ninety days.
   - See below under Special Considerations.

3. Rental of hearing aids.
   - 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).

INDICATIONS/CRITERIA FOR CHNW CASCADE SELECT MEMBERS:
1. Monaural or binaural hearing aids and Baha:
   - 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 CHNW Cascade Select.

2. Cochlear Implantation for CHNW Cascade Select: Criteria require all the following:
   - Age 9 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 is planned, and cochlear nerve preservation is thought possible
• Device used in accordance with the FDA approved labeling.

3. Bilateral Cochlear implants: Criteria include all the following:

   HCA Health Technology Assessment: 20130517A – Cochlear Implants: Bilateral versus Unilateral
   • Age 9 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.

SPECIAL CONSIDERATIONS
In accordance with WAC 182-501-0050, CHPW/CHNW 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:

• 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
• Otherwise allowed under specific HCA or CMS program rules.

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

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<thead>
<tr>
<th>PRODUCT LINE</th>
<th>LINK TO CERTIFICATE OF COVERAGE</th>
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Citations & References

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<tr>
<td>WAC</td>
<td><strong>WAC 284-43-2050; WAC 182-547-0800; WAC 182-547-0850; WAC 182-531-0375; WAC 284-43-5642; WAC 182-501-0050</strong></td>
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<td>Contract Citation</td>
<td><strong>WAH - IMC</strong> 1.175: Medical Equipment definition; 1.177: Medically Necessary Services; 7.15.3: Clinical practice guidelines; 11.1: Utilization Management General Requirements; 11.4: Medical Necessity Determination; 17.1.21: Medical Equipment and Supplies; 17.1.30.2 EPSDT benefit; 17.1.31: Monaural and binaural hearing aids; 17.1.32: Bilateral Cochlear Implants, for Enrollees age 20 and younger; 17.1.33: Bone-Anchored Hearing Aids (BAHA), for Enrollees age 20 and younger</td>
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<td>Cascade Select</td>
<td>WAC 284-43-5642 - Essential health benefit categories</td>
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Citations & References

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<td>NCQA Elements</td>
<td>UM2, UM5</td>
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References

- National Coverage Determination (NCD) for COCHLEAR IMPLANTATION (50.3)

Revision History

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<th>Revision Made By</th>
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<tr>
<td>09/17/2018</td>
<td>CCC creation to incorporate new coverage for SNP and AH members 21 and older.</td>
<td>LuAnn Chen, MD</td>
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DATA CONTAINED IN THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND PROPRIETARY INFORMATION AND ITS DUPLICATION USE OR DISCLOSURE IS PROHIBITED WITHOUT PRIOR APPROVAL OF COMMUNITY HEALTH PLAN OF WASHINGTON.
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<tr>
<td>09/26/2018</td>
<td>Needs to be removed from the DME policy on 1/1/19.</td>
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<tr>
<td>12/07/2018</td>
<td>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.</td>
<td>卢安·陈，MD</td>
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<tr>
<td>12/12/2018</td>
<td>Approval</td>
<td>UM委员会</td>
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<tr>
<td>01/29/2019</td>
<td>Removed section about policy not being active until 1/1/19 but left it in the title</td>
<td>卢安·陈，MD</td>
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<td>05/13/2019</td>
<td>Changed face to face provider and SLP requirement to 6 months.</td>
<td>卢安·陈，MD</td>
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<tr>
<td>07/06/2019</td>
<td>Added links to WAC 182-547-0800 WSR 19-14-123</td>
<td>卢安·陈，MD</td>
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<td>07/25/2019</td>
<td>Clarified criteria/coverage for Apple Health Members 20 and under and 21 and older</td>
<td>卢安·陈，MD</td>
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<td>08/09/2019</td>
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<td>UM委员会</td>
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<td>10/04/2019</td>
<td>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.</td>
<td>卢安·陈，MD</td>
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<td>10/17/2019</td>
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<td>UM委员会</td>
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<tr>
<td>10/22/2019</td>
<td>Added information regarding cochlear implantation for Medicare members</td>
<td>卢安·陈，MD</td>
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<td>11/01/2019</td>
<td>Approval</td>
<td>UM委员会</td>
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<td>12/31/2019</td>
<td>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.</td>
<td>卢安·陈，MD</td>
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<td>02/12/2020</td>
<td>WAH-IMC and MA Contract Citations updated</td>
<td>卢安·陈，MD</td>
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<td>09/09/2020</td>
<td>Changed age for cochlear implantation as per recommendation from HCA which anticipates edits to the HTA. Added criteria</td>
<td>卢安·陈，MD</td>
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and coverage information for CHNW Cascade Select. Clarified that cochlear implant must be used in accordance with FDA labeling.

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<td>UM Medical Subcommittee</td>
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<td>Added WAC 182-501-0050</td>
<td>LuAnn Chen, MD</td>
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<td>03/01/2021</td>
<td>Added BAHA criteria for MA members.</td>
<td>LuAnn Chen, MD</td>
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<td>03/11/2021</td>
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<td>06/23/2021</td>
<td>Added criteria for bone conduction hearing aids for EPSDT members.</td>
<td>LuAnn Chen, MD</td>
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<td>09/07/2021</td>
<td>Formatting correction. Citations updated.</td>
<td>LuAnn Chen, MD</td>
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<td>CMO Cabinet</td>
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