

## Hearing Aids

[For the list of services and procedures that need preauthorization, please refer to [www.mcs.com.pr](http://www.mcs.com.pr). Go to “Comunicados a Proveedores”, and click “Cartas Circulares”.]

**Medical Policy:** MP-DME-01-20  
**Original Effective Date:** December 08, 2020  
**Revised:** September 28, 2023  
**Next Revision:** September, 2024

This policy applies to products subscribed by the following corporations, MCS Life Insurance Company (Commercial), and MCS Advantage, Inc. (Classicare) and Medical Card System, Inc., provider’s contract; unless specific contract limitations, exclusions or exceptions apply. Please refer to the member’s benefit certification language for benefit availability. Managed care guidelines related to referral authorization, and precertification of inpatient hospitalization, home health, home infusion and hospice services apply subject to the aforementioned exceptions.

### DESCRIPTION

Hearing aids are amplifying devices that compensate for impaired hearing. Hearing aids include air conduction devices that provide acoustic energy to the cochlea via stimulation of the tympanic membrane with amplified sound. They also include bone conduction devices that provide mechanical energy to the cochlea via stimulation of the scalp with amplified mechanical vibration or by direct contact with the tympanic membrane or middle ear ossicles.

Certain devices called prosthetic devices produce perception of sound by replacing the function of the middle ear, cochlea or auditory nerve. These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss or surgery.

FDA regulations define a hearing aid as “any wearable instrument or device designed for, offered for the purpose of, or represented as aiding persons with or compensating for, impaired hearing” Hearing aids are regulated by the FDA as Class I or Class II medical devices and are only available from licensed providers. Hearing aids may be recommended for individuals with mild to profound hearing loss and can be customized by the provider.

According to the American Speech-Language-Hearing Association (ASHA) the degree of hearing loss refers to the severity of the loss. The table below shows one of the more commonly used classification systems. The numbers are representative of the patient’s hearing loss range in decibels (dB HL).

Degree of Hearing Loss	Range (dbHL = decibels in hearing level)
Mild Loss	26 to 40 dBHL
Moderate Loss	41 to 55 dBHL
Moderately Severe Loss	56 to 70 dBHL
Severe Loss	71 to 90 dBHL
Profound Loss	91 dBHL or more

(ASHA, Type, Degree and Configuration of Hearing Loss; Clark, 1981)

## COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate member certificate and subscriber agreement contract for applicable diagnostic imaging, DME, laboratory, machine tests, benefits and coverage.

## INDICATIONS

- I. **Medical Card System, Inc., (MCS)** will consider the following information when deciding if a patient would be a suitable candidate for hearing aid use:
  1. Patient's age.
  2. Patient's daily routine: whether patient works, does voluntary work, etc.
  3. Patient's diagnostic results:
    - a. Audiometry - graphic of patient's auditive responses per frequency
    - b. Speech Reception Threshold (SRT) - lowest level in which a patient understands the spoken word.
    - c. Percentage of speech auditory discrimination - patient's capability of understanding what is heard.
  4. Patient's Medical History - basic information of medical conditions which may affect the amplification process.
- II. **Medical Card System, Inc., (MCS)** will consider **medically necessary** the hearing aids after the evaluation of the information mentioned above and when **One** of the following criteria are met:
  1. Hearing thresholds 40 decibels (dB) HL or greater at 500, 1000, 2000, 3000, or 4000 hertz (Hz);  
or
  2. Hearing thresholds 26 dB HL or greater at three of these frequencies; or
  3. Speech recognition less than 94 percent.
- III. **Medical Card System, Inc., (MCS)** will considers the FDA-cleared hearing aids available over the counter at the Pharmacy, **Only** with prescription when they has been recommended for individuals with mild to profound hearing loss by the physician or provider licensed to prescribe hearing aids as medically necessary and equally effective to other alternatives customized by the provider.

**Note:** A prescription from a licensed physician or audiologist, with documentation of communication need and a statement that the member can utilize the device properly.

## LIMITATIONS

1. Medical Card System, Inc., (MCS) will not consider the following scenarios as medically necessary:
  - a. If hearing loss is too deep - Patients with responses greater than 100 dB are not recommended to amplify and any process is strictly at the discretion of the audiologist.
  - b. When the percentage of discrimination is too low - Patients with results below 30% would not be recommended to amplify. Patients with results between 35% and 55% remain at the discretion of the audiologist.
  - c. When the patient suffers from recruitment problems - When the difference between the most comfortable ear threshold and the most annoying auditory threshold is less than 10 dB in intensity.
2. Medical Card System, Inc., (MCS) considers implantable hearing aids and semi-implantable hearing aids experimental and investigational for all other indications because its effectiveness for indications other than the ones listed above has not been established.

## RATIONALE

There are many causes of hearing loss, including heredity, disease, trauma, long-term exposure to damaging levels of noise, or ototoxic medications. Hearing loss occurs as a result of damage to the outer and middle ears (the conductive component of hearing) and/or damage to the inner ear (the sensory and/or neural component of hearing). It can range from mild to total loss of hearing. Hearing aids are particularly useful in improving the hearing and speech understanding of patients with hearing loss.

Sensory decline among older adults when left untreated is associated with a host of other issues, including difficulty communicating, feelings of social isolation, loneliness and depression. Untreated hearing loss can also impact patient's physical health and safety and may contribute to balance issues. Hearing aids, would alleviate hearing loss by evaluating, diagnosing, and treating this condition and symptoms. MCS considers the use of hearing aids in the affected individuals medically necessary according to the specific group of criteria in this policy.

## CODING INFORMATION

**CPT® Codes (List may not be all inclusive)**

CPT CODES	DESCRIPTION
<b>Fitting and Testing of Hearing Aids</b>	
<b>92590</b>	Hearing aid examination and selection; monaural

92591	Hearing aid examination and selection; binaural
92592	Hearing aid check; monaural
92593	Hearing aid check; binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electroacoustic evaluation for hearing aid; binaural

2023 Current Procedural Terminology (CPT®) Professional Edition® American Medical Association: Chicago, IL.

**HCPCS® CODES (List may not be all inclusive)**

HCPCS CODES	DESCRIPTION
<b>Fitting and Testing of Hearing Aids</b>	
S0618*	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
V5010*	Assessment for hearing aid
V5011*	Fitting/orientation/checking of hearing aid
V5014*	Repair/modification of a hearing aid
V5020*	Conformity Evaluation
V5264*	Ear mold/insert, not disposable, any type
V5265*	Ear mold/insert, disposable, any type
V5275*	Ear impression, each
<b>Wearable Hearing Aids</b>	
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
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

V5211*	Hearing aid, contralateral routing system, binaural, ITE/ITE
V5212*	Hearing aid, contralateral routing system, binaural, ITE/ITC
V5213*	Hearing aid, contralateral routing system, binaural, ITE/BTE
V5214*	Hearing aid, contralateral routing system, binaural, ITC/ITC
V5215*	Hearing aid, contralateral routing system, binaural, ITC/BTE
V5221*	Hearing aid, contralateral routing system, binaural, BTE/BTE
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
V5267*	Hearing Aid or assistive listening device/supplies/accessories, not otherwise specified
V5298*	Hearing aid, not otherwise classified

2023 HCPCS LEVEL II Professional Edition® (American Medical Association)

**Note\*:** These Codes are not covered by Medicare

**ICD-10 CM® Diagnoses Codes (List may not be all inclusive)**

ICD-10 CM® CODES	DESCRIPTION
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.5	Unspecified sensorineural hearing loss
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.8	Mixed conductive and sensorineural hearing loss, unspecified
H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
Q16.1	Congenital absence, atresia and stricture of auditory canal (external)

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## POLICY HISTORY

DATE	ACTION	COMMENT
December 8, 2020	Origination of the Policy	
December 30, 2020	Revised	<p><b>The following note was added to the Code Section according to the information suggested by the Clinical Operation Area:</b></p> <p><b>Note*: This Codes are not covered by Medicare.</b></p> <p><b>Information suggested by the Clinical Operational Area:</b></p> <ol style="list-style-type: none"> <li>1. HCPCS Codes "V" / "S" contains indicator "N"; <u>N</u> - <b>Non-covered Services</b>. These services are not covered by Medicare.</li> <li>2. HCPCS Code L8692 have Indicator "N"; <u>N</u> - <b>Non-covered Services</b>. These services are not covered by Medicare.</li> </ol>
December 13, 2021	Revised	<p><b>To the Description Section:</b> New Range was added from ASHA, Hearing Loss in Adults, 2021 to the Fourth Paragraph: Slight - 16 to 25 dBHL.</p> <p><b>To the Coding Information Section:</b></p> <ul style="list-style-type: none"> <li>• <b>To the CPT Codes Section:</b> New CPT Code 69399 was added to this Policy.</li> <li>• <b>To the HCPCS Codes Section:</b> <ul style="list-style-type: none"> <li>○ HCPCS Code V5268 was deleted from this Policy.</li> <li>○ New HCPCS Code V5298 was added to this Policy.</li> </ul> </li> </ul>
December 21, 2022	Revised	<p><b>To the Coding Information Section:</b></p> <p><b>To the CPT Code Section:</b></p> <ul style="list-style-type: none"> <li>• <b>The following CPT Codes were added:</b> 69716, 69719, 69726, and 69727.</li> <li>• <b>The following CPT Codes were deleted:</b> 69715 and 69718.</li> </ul>



		<p><b>To the References Section:</b></p> <ul style="list-style-type: none"> <li><b>The following References were added to the Policy:</b> 6, 9, 10, 11, and 12.</li> </ul>
September 28, 2023	Revised	<p><b>To the Description Section:</b> <b>To the Degree of Hearing Loss Box:</b> Degree of Hearing Loss from Normal hearing and Slight were deleted according to the discussion with the Consultant Audiologist Dr to unified them with the range of Mild loss. - Lcdo. Julio Soto, audiólogo consultor de MCS.</p> <p><b>To the Indications Section:</b></p> <ul style="list-style-type: none"> <li><b>To the Section II:</b> Word “Or” was added to the Indications #1 and 2.</li> <li><b>To the Section III:</b> Section III was deleted according to the discussion with the Lcdo. Julio Soto, audiólogo consultor de MCS related to Medical Procedures that included surgery of the Patient for Implanted Ear Bone Hearing Aids Devices.</li> <li><b>To the New Section III (Originally Section IV):</b> Rephrase Indication IV from the language included in this Medical Policy: only available from licensed providers. Hearing aids may be recommended for individuals with mild to profound hearing loss and can be customized by the provider. New Note was added in the rephrase.</li> </ul> <p><b>To the Coding Information Section:</b></p> <ul style="list-style-type: none"> <li><b>To the CPT Codes Section:</b> The following CPT Codes were deleted: 69710, 69711, 69714, 69716, 69717, 69719, 69726, 69727, 69399, and 69799.</li> <li><b>To the HCPCS Codes Section:</b> The following HCPCS Codes were deleted: S2230, V5095, L8690, L8691, L8692, L8693, and L8694.</li> <li><b>To the ICD-10 Codes Section:</b> The following ICD-10 Codes were added: H90.A21, H90.A22, H90.A31, and H90.A32.</li> </ul> <p><b>To the References Section:</b></p> <ul style="list-style-type: none"> <li><b>The following References were added to the Policy:</b> #8.</li> </ul>
April 11, 2024	UMC Approval	

*This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect as of the date services are rendered. Medical Card System, Inc., (MCS) medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Medical Card System, Inc., (MCS) reserves the right to review and update its medical policies at its discretion. Medical Card System, Inc. (MCS) medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.*