

Subject: Hearing Aid Policy

Effective Date: 01/2016

Revision Date: 07/2018

DESCRIPTION

Coverage is provided for hearing aids and ear molds that are required to improve pure tone hearing ability for causes other than injury to the ear. The total maximum benefit is \$1,200 every four plan years. If acute hearing loss is the result of an injury to the ear, then the initial hearing aid and ear mold are covered as part of the prosthetic appliance benefit. For dependents up to age 12, replacement ear molds that are medically necessary due to growth are covered and are not subject to the \$1,200 maximum benefit. There are no network provider restrictions. Prior authorization is not required.

Hearing tests (audiometry) are covered per guidelines under the Pediatric Preventive Health Care Guidelines and Adult Preventive Health Care Guidelines and as medically necessary for suspected hearing loss. These guidelines can be found at <https://osuhealthplan.com/sites/all/themes/osuhealthplan/pdf/preventive-health-guidelines/OSU-HealthPlan-Health-Guide-2018.pdf>

EXCLUSIONS

Bone-Anchored Hearing Aids:

Bone-anchored hearing aids (BAHA) are not subject to the hearing aid benefit limit of \$1,200. Network restrictions may apply for BAHA services according to the member's plan. Prior authorization is required.

Auditory Brainstem Implant:

Auditory brainstem implants (ABI) are not subject to the hearing aid benefit limit of \$1,200. Network restrictions may apply for ABI services according to the member's plan. Prior authorization is required.

Cochlear Implant:

Cochlear implantation is not subject to the hearing aid benefit limit of \$1,200. Network restrictions may apply according to the member's plan. Prior authorization is required.

PRIOR AUTHORIZATION INSTRUCTIONS

Prior authorization is required for BAHA, ABI and cochlear implantation only.

CODES

HCPCS Code	Description
V5010	Assessment for hearing aid
V5011	Fitting / orientation / checking of hearing aid
V5014	Repair / modification of a hearing aid

V5020	Conformity evaluation
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
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5150	Binaural, glasses
V5160	Dispensing fee, binaural
V5170	Hearing aid, CROS, in the ear
V5180	Hearing aid, CROS, behind the ear
V5190	Hearing aid, CROS, glasses
V5200	Dispensing fee, CROS
V5210	Hearing aid, BICROS, in the ear
V5220	Hearing aid, BICROS, behind the ear
V5230	Hearing aid, BICROS, glasses
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
V5243	Hearing aid, analog, monaural, ITC (in the ear canal)
V5244	Hearing aid, digitally programmable analog, monaural, CIC
V5245	Hearing aid, digitally programmable, analog, monaural, ITC
V5246	Hearing aid, digitally programmable, 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, 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
V5264	Ear mold/ insert, not disposable, any type
V5265	Ear mold/ insert, disposable, any type
V5266	Battery for use in hearing device
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5275	Ear impression, each
V5298	Hearing aid, not otherwise classified

REFERENCES

"Faculty and Staff Health Plans Specific Plan Details Document." The Ohio State University Office of Human Resources, 31 Dec, 2017. Web. <https://hr.osu.edu/wp-content/uploads/medical-sp.pdf>.