



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Hearing Aids (Excludes Implantable Devices)

A separate criteria document exists for the following devices:

[Cochlear Implant](#)

[Bone Anchored Hearing System \(BAHA\) criteria](#)

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	Medicare Benefit Policy Manual, chapter 16, 100 – Hearing Aids and Auditory Implants
National Coverage Determinations (NCD)	This service is not covered per Medicare Criteria
Local Coverage Determinations (LCD)	Non-Covered Service defer to Kaiser Permanente Medical Policy
Local Coverage Article (LCA)	None
Kaiser Permanente Medical	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, <i>“Hearing Aids (Excludes Implantable Devices)”</i> for medical necessity determinations. Refer to the Non-Medicare criteria below.

For Non-Medicare Members

Please note that individual riders/contracts may vary in benefit design either excluding or waiving criteria for some services. **The member's rider/contract should be reviewed before making a final coverage determination and supersedes clinical review criteria.**

Equipment	Medical Necessity
Prescription Hearing Aids Hearing Aid devices include: <ul style="list-style-type: none"> Air conduction devices Bone conduction devices 	Hearing aids that are FDA-approved and dispensed by a prescription may be considered medically necessary when the following criteria are met: For adult patients (19 or older): <ol style="list-style-type: none"> Hearing thresholds 30 dB HL or greater at TWO or more of the following frequencies: 500, 1000, 2000, 3000, or 4000 hertz (Hz) For pediatric patients: <ol style="list-style-type: none"> Patient is under 18 years old or younger and has been evaluated by otolaryngologist; AND Hearing aids have been prescribed by an audiologist or otolaryngologist.

Hearing Hardware covered under Hearing Services Benefit	<p>To receive your hearing hardware benefit</p> <ul style="list-style-type: none"> You must be examined by a licensed physician (MD or DO) or audiologist (CCC-A or CCCMSPA) before obtaining hearing aids You must purchase a hearing aid device <p>Benefits are then provided for the following:</p> <ul style="list-style-type: none"> Hearing aids (monaural or binaural) prescribed as a result of an exam The hearing aid instruments Hearing aid rental while the primary unit is being repaired The initial batteries, cords and other necessary ancillary equipment A warranty, when provided by the manufacturer A follow-up consultation within 30 days following delivery of the hearing aids with either the prescribing physician or audiologist Repairs, servicing, and alteration of hearing aid equipment purchased under this benefit
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Equipment	Investigational
Hearing Aids	Non-implantable intraoral (in the mouth) bone conduction hearing aids (eg, SoundBite™, Hearing System)

Equipment	Non-Covered
Over the Counter (OTC) Hearing Aids	<p>Over the Counter (OTC) hearing assistive listening devices (ALDs)/personal sound amplification products (PSAPs), Wireless Hearing aid Accessories, and Hearables available without a prescription are not covered. These include but are not limited to the following:</p> <ul style="list-style-type: none"> Cyberscience Amplifier NewEar™ Eargo BeHear Magic Ear Pocketalker® TV Ears® Ear buds or headphones
Hearing Hardware Not covered under the Hearing Services Benefit	Batteries or other ancillary equipment other than that obtained upon purchase of the hearing aids

If requesting this service (or these services), please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Traditional hearing aids are externally worn microphones that amplify sound to the ear through an ear mold that fits in the ear canal.

Selection of the hearing aid is based on the results from a complete work-up performed by a hearing professional that includes skilled hearing tests and assessment along with fitting the chosen device. The hearing aid dispensed should meet the hearing requirements of the member in the environments and under the conditions where enhanced hearing is needed.

Effective January 1, 2024, Washington state law has provisions for the coverage of hearing instruments. [House Bill 1222](#) require that large group plan carriers shall provide coverage for hearing instruments.

Resources

American Speech-Language-Hearing Association. Hearing Aids. 2023a American Speech-LanguageHearing Association. Accessed Sep 01, 2023. Available at URL address: <https://www.asha.org/public/hearing/hearing-aids/>

American Speech-Language-Hearing Association. The audiogram. 2023b American Speech-LanguageHearing Association. Accessed Sep 01, 2023. Available at URL address: <https://www.asha.org/public/hearing/Audiogram/>

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCDs) alphabetical index. Accessed Mar 23, 2023. Available at URL address: <https://www.cms.gov/medicarecoverage-database/indexes/lcd-alphabetical-index.aspx>

Centers for Medicare and Medicaid (CMS). Medicare benefit policy manual. Chapter 16 General Exclusions From Coverage. 100 Hearing aids and auditory implants. Revised 11/06/14. Accessed Sep 01, 2023. Available at URL address: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-loms-Items/Cms012673.html>

Ferguson, M. A., Kitterick, P. T., Chong, L. Y., Edmondson-Jones, M., Barker, F., & Hoare, D. J. (2017). Hearing aids for mild to moderate hearing loss in adults. Cochrane Database of Systematic Reviews, 2017 (9). DOI: 10.1002/14651858.CD012023.pub2.

Washington State Legislature. Hearing Instruments—Group Health Plan Coverage. July 23, 2023. Accessed on Sept 01, 2023. Available at URL address: <https://lawfilesext.leg.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/House/1222-S.SL.pdf?q=20230917191930>

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPCS Codes	Description
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

V5100	Hearing aid, bilateral, body worn
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
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)
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
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
V5264	Ear mold/insert, not disposable, any type
V5265	Ear mold/insert, disposable, any type
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5275	Ear impression, each
V5298	Hearing aid, not otherwise classified
V5070	Glasses, air conduction
V5080	Glasses, bone conduction
V5150	Binaural, glasses
V5190	Hearing aid, contralateral routing, monaural, glasses
V5230	Hearing aid, contralateral routing system, binaural, glasses

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

****To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
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09/05/2023	09/05/2023 ^{MPC} , 02/13/2024 ^{MPC} , 02/04/2025 ^{MPC}	09/05/2023
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^{MPC} Medical Policy Committee

Revision History	Description
09/05/2023	MPC approved medical necessity coverage indications for Prescription Hearing Aids. Requires 60-day notice. Effective date 2/01/2024.