

## HEARING AIDS

Service Authorization Required -Yes

CMN Required: [581](#)

## DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA POLICY

EFFECTIVE: MARCH 2007

REVISED: December 2023

## HEARING AIDS

### Indications and limitations of coverage and medical appropriateness:

#### Under 21 years of age:

- Hearing loss averaging of 30 dB or greater at frequencies 500, 1000, and 2000 Hz (Avg. of 30 dB) in the ear with best hearing acuity for all members less than 21 years of age, **and**
- Binaural hearing aids (includes Bi-Cros) will be considered if documentation supports the medical necessity and meets hearing loss criteria.

#### 21 years of age or older:

- Hearing loss of 40 dB or greater at frequencies 500, 1000, and 2000 Hz (Avg. of 40 dB) in the ear with best hearing acuity for all members 21 years of age or older, **and**
- Monaural hearing aid only.

### Hearing Aid Purchase Includes:

- The hearing aid and standard accessories/options required for the proper operation of the hearing aid(s).
- Proper fitting and instruction in the use, care, and maintenance of hearing aid(s).
- An initial one-year warranty against loss or damage.
- Maintenance, cleaning, and servicing to be provided for the first year of ownership.
- Provision of a written copy of the purchase agreement.



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### Dispensing fee to include:

- Adjusting the hearing aid to the member including necessary programming on digital and digitally programmable hearing aid(s). Limited to 3 visits to the dispenser's office.
- Instruction and counseling the member/caregiver on use, care, and maintenance of hearing aid(s).
- Fitting and modifications of the hearing aid(s).
- Freight, postage, delivery of the hearing aid(s).
- A dispensing fee can only be billed once per hearing aid(s) for the operational lifetime of that hearing aid(s).

### Hearing Aid Repairs:

- All warranties and insurance must have expired.
- A practitioner signature is not necessary for repairs that are medically necessary.
- Damage due to maltreatment, misuse and/or tampering by the member/caregiver, is the responsibility of the member.
- The repair service provider must include a written warranty against all defects for a minimum of six months at no extra charge to ND Medicaid.
- Minor repairs that can be completed in the dispenser's office with an acquisition cost of \$250 or less does not require a service authorization.
- Major repairs that require the hearing aid(s) to be "sent out" to a repair service provider for repair with an acquisition cost greater than \$250 requires a service authorization.
- A second repair within six months of a previous repair requires a service authorization, **regardless** of the cost of the repair.



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- A copy of the repair service provider invoice or manufacturer invoice must accompany the service authorization and/or claim. A quote will be accepted for service authorization request only and will be manually priced at \$00.01. Once the provider receives the purchase invoice it must be attached to the approved service authorization and an email sent the DME Administrator requesting the previously approved \$00.01 be revised based on the attached invoice.
- Repairs are reimbursed at 20% above the invoice acquisition cost minus any taxes, shipping, and handling fees.

### Hearing Aid Replacement

- Hearing aids are replaced only if medically necessary.
- Hearing aids are not replaced before five years from purchase date.
- Replacements may be allowed more frequently for members under 21 years of age if circumstances are documented justifying the medical necessity.
- Hearing aids lost when a member is in a facility is the facility's responsibility to replace and cannot bill the member or ND Medicaid.
- Adults who were supplied with binaural hearing aids as a child and need replacement as an adult will need to fit the criteria for age 21 and older to qualify for replacement.
- Ear molds for behind the ear/BTE hearing aids are covered.

### Documentation Requirements:

- CMN.
- This physician/practitioner note/exam is required within 90 days of the service authorization request's start date to rule out other medical reasons that may be causing issues that can decrease hearing.
- Prescription/order from prescribing physician/practitioner for the hearing aid(s).

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- Audiogram must be performed by an audiologist or licensed hearing aid dispenser and must accompany the service authorization form. When medically necessary a diagnostic evaluation may be sent with the prior in place of the audiogram along with supporting narrative (e.g., when an audiogram is unattainable).
- Audiologist's notes.

### Additional Documentation Needed for Replacement Requests:

- Change in the member's hearing status.
- Purchase date of the existing hearing aid(s).
- Condition of existing hearing aid(s), and why no longer able to meet the member's current hearing needs.

### **Billing Guidance:**

- Providers are required to bill their usual and customary charges for the purchase and dispensing of a hearing aid(s). The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients.
- Service request and claims must use the purchase modifier NU and the appropriate laterality modifier(s) LT (left) and RT (right). The LT/RT modifiers should not be used when requesting the dispensing fee or hearing aid batteries HCPC codes V5160, V5241, V5090, V5110 and V5266.
- Use of procedure code V5299 – hearing service miscellaneous – is limited to those instances when there is no other code to describe a specific hearing instrument or supply. Misc. codes require a service authorization along with an itemized invoice for manually pricing.
- Monaural users are allowed four batteries per month. Binaural users are allowed eight batteries per month. Batteries **DO NOT** require a service authorization.



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### Non-covered:

- Self-referrals to the audiologist.
- Binaural hearing aid for members **over** the age of 21. When a member has a hearing aid prior to becoming eligible for ND Medicaid and it is functional, ND Medicaid will not cover another hearing aid regardless of payor source.
- Hearing aids lost when a member is in a facility is the facility's responsibility to replace and cannot bill the member or ND Medicaid.
- Lost hearing aids will not be replaced until the allowed replacement time of five years.



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Date Revised	Revisions
June 2017	Reformatted and revised. Added clarification for required documents/documentation.
November 27, 2019	<p>Deleted from Hearing aid purchase to include section, at the fourth bullet - "Providing the member with" and replaced with "provision of"</p> <p>Deleted under Major Repairs section at the first bullet "with an" and replace with "when the".</p> <p>Added under Major Repairs at the second bullet "however the actual invoice must be kept in the member's file by the DME provider and be able to be produced in the event of an audit".</p>
September 1, 2022	<p>Reformatted and revised. Under 21 years of age section added bullet 2 "Binaural hearing aids (includes Bi-Cros) will be considered if documentation supports the medical necessity and meets hearing loss criteria." Hearing Aid Purchase Includes section added bullet 4 "Maintenance, cleaning, and servicing to be provided for the first year of ownership."</p> <p>Merged Major and Minor repairs under Hearing Aid Repairs. Hearing Aid Repairs section added bullet 8 "A copy of the repair service provider invoice or manufacturer invoice must accompany the service authorization and/or claim. A quote will be accepted for service authorization request only and will be manually priced at \$00.01. Once the provider receives the purchase invoice it must be attached to the approved service authorization and an email sent the DME Administrator requesting the previously approved \$00.01 be revised based on the attached invoice." Hearing Aid Replacement section added bullet 4 "Hearing aids lost when a member is in a facility is the facility's responsibility to replace and cannot bill the member or ND Medicaid." Documentation Requirements section bullet 2 replaced "60 with "90". Billing Guidance section added bullet 2 "Service request and claims must use the purchase modifier NU and the appropriate laterality modifier(s) LT (left) and RT (right). The LT/RT modifiers should not be used when requesting the dispensing fee HCPC codes V5160, V5241, V5090 and V5110." Non-covered section added bullet 2 "Binaural hearing aid for members over the age of 21. When a member has a hearing aid prior to becoming eligible for ND Medicaid and it is functional, ND Medicaid will not cover another hearing aid regardless of payor source." Non-covered section added bullet 3 "Hearing aids lost</p>

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	when a member is in a facility is the facility’s responsibility to replace and cannot bill the member or ND Medicaid.”	
12-22-2022	Updated with new logo.	
10-23-2023	Added to Billing Guidance Section, bullet two hearing aid batteries V5266 RT/LT not required.	
12-12-2023	Reviewed and reformatted. No changes made	