

TITLE:	HEARING AIDS POLICY
POLICY #:	MM-PNP-034
VERSION #:	01
DEPARTMENT:	UTILIZATION REVIEW
ORIGINAL EFFECTIVE DATE:	12/01/2023
CURRENT REVISION DATE:	N/A

1. PURPOSE

This policy provides guidance on the review and approval of hearing aid requests.

2. SCOPE

For use by the Medical UM Department.

3. DEFINITIONS

N/A

4. RESPONSIBILITIES

N/A

5. POLICY

Provides guidelines regarding the coverage, medical necessity criteria, and benefit limitations of hearing aids.

Medical Necessity

Curative considers the following medically necessary:

- The Bose Hearing Aid and other FDA-cleared hearing aids available over the counter without a prescription as equally effective alternatives to hearing aids available only by prescription for persons whose hearing has been evaluated and meet medical necessity criteria for air conduction hearing aids, and the member has a prescription for the hearing aid from a physician or provider licensed to prescribe hearing aids.
- Air conduction hearing aids when the following criteria are met:
 - Hearing thresholds 40 decibels (dB) HL or greater at 500, 1000, 2000, 3000, or 4000 hertz (Hz); *or*
 - Hearing thresholds 26 dB HL or greater at three of these frequencies; *or*
 - Speech recognition less than 94 percent.
- Implantable hearing aids (e.g., the Esteem implantable hearing system and the Carina prosthesis) and semi-implantable hearing aids (e.g., the Maxum system and the Vibrant Soundbridge) for members who have moderate-to-severe sensorineural hearing impairment and cannot tolerate an ear mold because of medical conditions (such as auricular atresia or severe chronic otitis externa);

Policy Limitations and Exclusions

Tier Information:

- Tier 1 - Basic

- Tier 2 - Entry
- Tier 3 – Active - covers a multitude of options and would meet the standards for most activities of daily living.
- Tier 4 – Premium, defined as a deluxe / upgrade option. There are no huge differences between tier 3 from tier 4 with exception of servicing and warranty additions.

Benefit Language

Curative covers therapy due to the loss or impairment of hearing. Coverage includes both routine care (one exam per year) and for medical conditions or accidents. Hearing aids are limited to 1 Binaural Hearing Aid or 2 Monaural Hearing Aids every 36 months, **excluding add-ons, deluxe/upgrade options, batteries, etc.**

Cochlear Implants and related services and supplies, including fitting and dispensing services and the provision of ear molds as necessary to maintain optimal fit of hearing aids, are eligible for Members 18 years old and younger when determined to be medically necessary. Coverage includes treatment for habilitation and rehabilitation, an external speech processor and controller with necessary components and replacement every three years.

OTC and prescription hearing aids are eligible for coverage if they are cleared by the FDA and prescribed by a qualified healthcare provider and medical necessity criteria for hearing aids above are met.

Experimental and Investigational

Curative considers the following procedures experimental and investigational because the effectiveness of these approaches has not been established:

- Air conduction hearing aids for improvement of balance
- Hearing aids and semi-implantable hearing aids for all other indications (including for improvement of depression and cognitive decline in the elderly)
- Use of free-floating piezoelectric microphone in an implantable hearing aid.

6. PROCEDURE

N/A

7. TRAINING REQUIREMENT

- All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal, and equitable remedies may apply.

9. DOCUMENTATION

N/A

10. REFERENCE DOCUMENTS AND MATERIALS

N/A

11. COLLABORATING DEPARTMENTS

- Medical and Pharmacy UM Departments

12. DOCUMENT CONTROL

APPROVED BY:		
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A: