

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	HEARING SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses hearing screening services, hearing examinations, audiologist diagnostic testing and evaluation, cochlear implant, and hearing aids.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p><b>Essential Health Benefits for Individual and Small Group (Only EHB for NM, TX, WA &amp; WI)</b></p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>CALIFORNIA:</b></p> <p style="text-align: center;"><a href="#">California Health and Safety Code § 124116.5: Newborn and Infant Hearing Screening, Tracking and Intervention Act</a></p>

[California Code of Regulations: § 1300.67\(f\)\(4\) Scope of Basic Health Care Services](#)

**ILLINOIS:**

[215 ILCS 5/356z.30](#): Coverage for hearing aids for individuals under the age of 18

215 ILCS 5/356z.30a:

"Hearing care professional" means a person who is a licensed hearing instrument dispenser, licensed audiologist, or licensed physician.

"Hearing instrument" or "hearing aid" means any wearable non-disposable, non-experimental instrument or device designed to aid or compensate for impaired human hearing and any parts, attachments, or accessories for the instrument or device, including an ear mold but excluding batteries and cords.

**KENTUCKY:**

[KRS 304.17A-132](#): Coverage of Hearing Aids

[KRS 304.17A-131](#): Coverage of Cochlear Implants

**NEW MEXICO:**

[NMSA 59A-22-34.5](#); [NMSA 59A-23-7.8](#); [NMSA 59A-46-38.5](#)- Hearing Aid Coverage for Children

**TEXAS:**

Texas Insurance Code §1367 Coverage of Children, Subchapter C.  
Hearing Test:

[Sec. 1367.101. Applicability of Subchapter](#)

Texas Insurance Code 1365.003-.004: Loss Or Impairment Of Speech Or Hearing:

[Sec. 1365.003. OFFER OF COVERAGE REQUIRED](#)

[28 TAC Section 11.508 \(a\)\(1\)\(H\)\(vii\) Mandatory Benefit Standards: Group, Individual and Conversion Agreements](#)

Section 1. Chapter 1367, Insurance Code, is amended by adding Subchapter F to read as follows:

[Subchapter F. Hearing Aids and Cochlear Implants](#)

[Sec. 1367.251. Applicability of Subchapter](#)

CHAPTER 1367; SUBCHAPTER F. HEARING AIDS AND COCHLEAR IMPLANTS; [TIC §§1367.251 - 1367.253](#)

[TIC Chapter 1367](#), Subchapter C- Children - Hearing Screening, If Eligible For Coverage Under The Policy Or Plan

**WISCONSIN:**

[632.895 \(16\)](#)

**B. STATE MARKET PLAN ENHANCEMENTS**

Hearing Screenings for Children are covered for all states.

<https://www.healthcare.gov/preventive-care-children/>

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**HEARING SERVICES**

Requires Prior Authorization

**CALIFORNIA:**

Routine hearing screenings that are Preventive Care Services. Audiology and hearing tests.

**FLORIDA:**

Routine hearing screenings that are Preventive Care Services

**IDAHO:**

**Hearing Services:** Molina does not cover hearing aids (other than internally-implanted devices as described in the “Prosthetic and Orthotic Devices” Policy).

Molina does cover routine hearing screenings that are Preventive Care Services at no charge.

Congenital or acquired hearing loss that without intervention may result in cognitive or speech development deficits of a covered dependent child, covering not less than one (1) device every thirty-six (36) months per ear with

loss and not less than forty-five (45) language/speech therapy visits during the first twelve (12) months after delivery of the covered device

**ILLINOIS:**

**Hearing Services:** Molina covers medically necessary hearing instruments and related services for members when a hearing care professional prescribes a hearing instrument to augment communication as follows:

- Members under age 18
  - Hearing aids and hearing exams are covered when prescribed by a Participating Provider Physician or licensed audiologist;
  - New hearing aids are covered one per ear in a 24-month period.
  - Hearing aids must be obtained from a Participating Provider.
  - Reconditioning and repair of existing aids is covered when Medically Necessary.
  - Related services such as selection, fitting, and adjustment of ear molds to maintain optimal fit is covered when Medically Necessary.
- Members age 18 and older:
  - Hearing aids, including necessary parts, attachments, or accessories, and an ear mold obtained from a Participating Provider Physician, licensed audiologist, or licensed hearing aid dispenser.
  - Related services necessary to assess, select, and adjust or fit the hearing aid, including the audiological exam, replacement ear molds, and repairs.
  - Benefit is limited to \$2,500 per aid every 24 months, for the aid and all related services.
- Bone anchored hearing aids (osseointegrated auditory implants).
- External cochlear devices and systems. Benefits for cochlear implantation are provided under the applicable medical/surgical benefit categories

**Non-Covered Services:**

- Expenses for hearing aids and related services for Members 18 years of age or older that exceed \$2,500 per aid every 24 months.
- Hearing aids for Members under age 18 if more than one per ear in any 24-month period.

**KENTUCKY:**

Covers Hearing aids under Prosthetic, Orthotic, Internal Implanted and External Devices Benefit in the Benefit Interpretation Policy titled DME, Prosthetics and Medical Supplies

For adults age 18 or older, limited to \$2800 in eligible expenses per year. Benefit are limited to a single purchase (including repair/replacement) per hearing impaired ear every three years.  
Clinical on 6/3/2021: Adults should require PA  
Team agreed on 6/7/2021 that it is \$2800 per impaired ear for adults every 3 years.

For Enrolled Dependent children under the age of 18, this limit will be one hearing aid, per hearing impaired ear, every 36 months (3 years) as required by Kentucky insurance law. Mandate is “one (1) hearing aid per hearing-impaired ear up to one thousand four hundred dollars (\$1,400) every thirty-six (36) months for hearing aids for insured individuals under eighteen (18) years of age” Therefore, it is \$1400 per impaired ear for dependents under 18 every 3 years.

Routine hearing screenings that are Preventive Care Services are covered (Team Agreed on 5/13/2021)

On 06/23/2021, the team agreed to request the modifier RT and LT in order to meet with the requirements for KY Hearing Aids

**MICHIGAN:**

Routine hearing screenings that are Preventive Care Services

**MISSISSIPPI:**

Routine hearing screenings that are Preventive Care Services

**NEW MEXICO:**

**Hearing Aids:** Molina covers hearing aids and certain related services; coverage includes one hearing aid prescribed by a participating provider every 36 months of coverage under this EOC. **Services can be accessed by a non-participating provider if prior authorized by Molina.** The Member will pay the Cost-Share indicated on the SBC under Durable Medical Equipment.

Hearing aid coverage includes fitting and dispensing services. This includes providing ear molds as necessary to maintain optimal fit. Services must be provided by a Participating Provider audiologist, hearing aid dispenser, or physician.

**Hearing Screenings:** Molina covers routine hearing screenings for Members age 18 or younger when performed by a licensed, qualified Participating Provider. These services are provided at no charge.

Routine hearing screenings that are Preventive Care Services. Audiology and hearing tests.

**OHIO:**

Routine hearing screenings that are Preventive Care Services

**SOUTH CAROLINA:**

Routine hearing screenings that are Preventive Care Services at no charge

**TEXAS:**

We cover hearing aids which is limited to one hearing aid for each ear every three years, including fitting and dispensing services. Additionally, coverage also includes the provision of ear molds as necessary to maintain optimal fit of hearing aids; related treatments including habilitation and rehabilitation necessary for educational gain. We also cover internally implanted devices as described in the “Prosthetic and Orthotic Devices” section. Please see the Schedule of Benefits for Copayment amount.

There is no age restriction for hearing aids

We do cover the following:

- Routine hearing screenings that are Preventive Care Services: no charge which includes a screening test for hearing loss from birth through the date the child is 30 days of age, as provided by Chapter 47, Health and Safety Code

Necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months of age: Cost Share applies.

RPM confirmed on 6/17/2021: Audiology and hearing tests are a covered outpatient physician service.

2021 BBRD-Per clarification on the 5/29/19: There is no limit on the number of fittings. (RPM Confirmed on 6/17/2021, correct)

Batteries for Hearing Aids are no longer covered. Effective 1/1/2022

**UTAH:**

Routine hearing screenings that are Preventive Care Services

**WASHINGTON:**

Molina does not cover hearing aids (other than internally-implanted devices as described in the “Prosthetic and Orthotic Devices” section). Molina does cover routine hearing screenings that are Preventive Care Services at no charge.

Cochlear Implants must be covered as they are covered by the state base benchmark plan.

**WISCONSIN:**

**Hearing Aids:** Molina covers hearing aids for a Member of any age if the hearing aid is required for the correction of a hearing impairment (a reduction in the ability to perceive sound that may range from slight to complete deafness).

Hearing aids are electronic amplifying devices designed to bring sound more effectively into the ear. A hearing aid consists of a microphone, amplifier and receiver.

Benefits are available for a hearing aid that is purchased as a result of a written recommendation by a physician. Benefits are provided for the hearing aid and for charges for associated fitting and testing.

Bone anchored hearing aids are medical/surgical Covered Services under the EOC only for Members who have either of the following:

- Craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or
- Hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.

Routine hearing screenings that are Preventive Care Services.

Covered Services for hearing services are limited to one hearing aid per ear every three years.

Benefits under this section also include hearing aids for Dependent children under 18 years of age, to the extent required under Wisconsin insurance law.

**MORE INFORMATION**

**CALIFORNIA, FLORIDA, KENTUCKY, ILLINOIS, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN EXCEPT IDAHO (Cochlear Implants are not covered for Idaho):**

Cochlear implants are separate from hearing aids. Refer to DME, Prosthetics and Medical Supplies for additional information.

**OHIO:** Cochlear implants are covered as durable medical equipment.

Hearing Aid Batteries are not covered for states that do cover hearing aids (LISTED IN THE NOT COVERED SECTION)



Refer to Benefit Interpretation Policies titled **DME, Prosthetics and Medical Supplies** and **Preventive Care Services**

**D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**HEARING AIDS**

**CALIFORNIA, FLORIDA, IDAHO, MICHIGAN, MISSISSIPPI, OHIO, SOUTH CAROLINA, UTAH, WASHINGTON:**

Hearing Aids are **NOT** a covered benefit

**IDAHO:**

**Hearing Aids:** The following are not covered: hearing aids, auditory osseo integrated (bone conduction) devices, cochlear implants and examination for or fitting of them, except for congenital or acquired hearing loss that without intervention may result in cognitive or speech development deficits of a covered dependent child, covering not less than one (1) device every thirty-six (36) months per ear with loss and not less than forty-five (45) language/speech therapy visits during the first twelve (12) months after delivery of the covered device

We only cover services for children with related hearing loss. All adults should be listed as NC. For any Bone anchored hearing device or cochlear implant, we require PA, and the list of codes were provided during the BI Meeting on 9/13/2021. We do not as a standard require PA for all the additional adaptive components. The codes provided should have hard limits of 1/36 month.

**ILLINOIS:**

Expenses for hearing aids and related services for Members 18 years of age or older that exceed \$2,500 per aid every 24 months. Hearing aids for Members under age 18 if more than one per ear in any 24-month period.

**HEARING AID BATTERIES**

**ILLINOIS, KENTUCKY, NEW MEXICO, TEXAS, WISCONSIN:**

Molina and Passport do not cover batteries for Hearing Aids

**E. DEFINITIONS**

[See Glossary](#)



	<p><b>F. REFERENCES</b></p> <p>American Disabilities Act <a href="http://www.ada.gov/pubs/ada.htm">http://www.ada.gov/pubs/ada.htm</a></p> <p><b>G. POLICY HISTORY/REVISION INFORMATION</b></p> <table border="1" data-bbox="467 489 1360 852"> <thead> <tr> <th data-bbox="467 489 914 527">Date</th> <th data-bbox="914 489 1360 527">Action/Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 527 914 632">4/15/2021</td> <td data-bbox="914 527 1360 632"> <ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul> </td> </tr> <tr> <td data-bbox="467 632 914 747">5/14/2021</td> <td data-bbox="914 632 1360 747"> <ul style="list-style-type: none"> <li>Added IL 2022 Drafted Language</li> </ul> </td> </tr> <tr> <td data-bbox="467 747 914 852">6/29/2021</td> <td data-bbox="914 747 1360 852"> <ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul> </td> </tr> </tbody> </table>	Date	Action/Description	4/15/2021	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>	5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 Drafted Language</li> </ul>	6/29/2021	<ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul>
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<p>Procedure Codes (Internal Use Only)</p>	<p>BI Policy Configuration Hearing Services</p> <p>The DME HEARING AIDS benefit <u>to have an age restriction for under 21</u> and it appears that benefit is meant for a facility claim.</p> <p>On 06/23/2021, the team agreed to request the modifier RT and LT in order to meet with the requirements for KY Hearing Aids</p> <p><b>Coding Disclaimer:</b> Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT<sup>®</sup>), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>								
<p>Prior Authorization</p>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> <li>Covered and No PA Required</li> <li>Not Covered</li> </ol> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p>								

	<a href="#">PA Lookup Tool</a>			
Approval	Departments	Product	CIM	Clinical Management
	Date	1/12/2021	1/22/2021	4/7/2021
	Revised (for 1/1/2022)	11/2/2021	3/16/2022	11/5/2021
	Revised (for 1/1/2023)	11/18/2022		11/10/2022