# FEP UM Guideline 005. Hearing Aids

**Effective Date:** April 1, 2023

**Related FEP Medical Policies:**
**7**.01.03 Implantable Bone-Conduction and Bone-Anchored Hearing Aids
7.01.05 Cochlear Implant
7.01.84 Semi-Implantable and Fully Implantable Middle Ear hearing Aids

# Hearing Aids

## DESCRIPTION

A hearing aid is a small electronic device that is worn in or behind the ear. It makes some sounds louder so that a person with hearing loss can listen, communicate, and participate more fully in daily activities.

A hearing aid has three basic parts: a microphone, amplifier, and speaker. The hearing aid receives sound through a microphone, which converts the sound waves to electrical signals and sends them to an amplifier. The amplifier increases the power of the signals and then sends them to the ear through a speaker. Hearing aids also require a battery as a power source.

Hearing aids are primarily useful in improving the hearing and speech comprehension of people who have hearing loss that results from damage to the small sensory cells in the inner ear, called hair cells. This type of hearing loss is called sensorineural hearing loss. The damage can occur as a result of disease, aging, or injury from noise or certain medicines.

A hearing aid magnifies sound vibrations entering the ear. Surviving hair cells detect the larger vibrations and convert them into neural signals that are passed along to the brain. The greater the damage to a person's hair cells, the more severe the hearing loss, and the greater the hearing aid amplification needed to make up the difference. However, there are practical limits to the amount of amplification a hearing aid can provide. In addition, if the inner ear is too damaged, even large vibrations will not be converted into neural signals. In this situation, a hearing aid would be ineffective.[1]

Hearing loss is measured on a scale based on the threshold of hearing. Audiometric testing is used to measure the frequency and hearing level. Usually frequencies of 250-8000Hz are used in testing. The American Speech - Language - Hearing Association (ASHA) has defined the degree of hearing loss based on pure-tone average (PTA). The PTA is the average hearing sensitivity at 500, 1000, and 2000 Hz. Testing may be performed with headphones, insert earphones or sound fields. Sound fields are testing signals presented via speakers and are usually used with infants, toddlers or individuals with special needs in which earphones would be problematic.[2,7]

Air-conduction testing determines the degree and configuration of hearing loss while bone-conduction testing determines the type of hearing loss present by comparing air- and bone-conduction thresholds. A significant difference between air- and bone-conduction scores would suggest a conductive hearing loss. A speech recognition threshold (SRT) is the lowest level at which 50% of two-syllable words (e.g., baseball) can be identified correctly. Like pure tone thresholds, speech reception thresholds are measured in decibels (dB HL) and should correspond closely to the pure tone average (PTA). Word recognition testing is performed in order to obtain a measure of one's ability to identify monosyllabic words (e.g., yard) presented in a quiet environment. The word recognition score is based on the percentage of words correctly understood. The above tests are considered to be part of the *minimum* recommended test battery. [3]

A hearing loss of up to 20 decibels below the hearing threshold is still considered to be normal hearing. More severe hearing loss can be described according to severity, as follows:

- Mild hearing loss: Hearing loss of 20 to 40 decibels.
- Moderate hearing loss: Hearing loss of 41 to 60 decibels.

- Severe hearing loss: Hearing loss of 61 to 80 decibels.
- Profound hearing loss or deafness: Hearing loss of more than 81 decibels.[4]

A hearing loss of more than 40 decibels is considered to be a hearing impairment.[5]

Most manufacturers allow a trial/adjustment period during which hearing aids can be returned for a refund.[6]

## OBJECTIVE

This objective of this guideline is to facilitate the use of medically necessary hearing aids.

This guideline only addresses air conduction hearing aid devices for adults. These include:

- Behind the ear (BTE) device
- In the ear (ITE) device
- In the ear canal (CIC) device
- Contralateral routing of signal (CROS)

**This guideline does not address medical necessity for the initial hearing aids, hearing aids purchased 5 years or more from the previous hearing aid claim date of service, hearing aids for children (up to age 22), or bone anchored, bone-conduction, semi or fully implantable middle ear hearing aids or cochlear implants. See the related applicable Federal Employee Program (FEP) Medical Policy and brochure coverage.**

## CLINICAL REVIEW

**Hearing aids are subject to the benefit provisions and limitations as outlined in the Blue Cross® and Blue Shield® Service Benefit Plan Basic and Standard Option and Blue Cross and Blue Shield Service Benefit Plan FEP® Blue Focus brochures [8,9] and must be medically necessary. The maximum benefit amount will always apply.**

**This guideline specifically addresses the medical necessity clinical review for air conduction hearing aid devices when replacement hearing aid(s) are requested more than 3 years and less than 5 years from the previous hearing aid claim.**

***Medical Necessity* requirements for hearing aids:***

1. Must be FDA-approved
2. Dispensed by prescription from a licensed healthcare provider
    a. Hearing aid purchase within 6 months of the date of prescription
3. Hearing loss determined and documented by audiometric testing (hearing test) completed in the 6 months prior to hearing aid purchase
4. Moderate hearing loss of 40 dB or greater (based on pure tone average tone-conduction detection threshold) for:
    a. conductive hearing loss unresponsive to medical or surgical interventions

b. sensorineural hearing loss

c. mixed hearing loss (combination of conduction hearing loss and sensorineural hearing loss)

5. Hearing Aid replacement:
    a. Documentation of medical necessity for replacement hearing aid to include:
        i. Member's past history of hearing aid use
        ii. Pertinent medical history, description of functional status, relevant prior treatment
        iii. Comprehensive audiometric testing: date, type of testing and results that demonstrates the hearing loss and need for a replacement hearing aid
        iv. The currently used device is no longer functioning adequately and has been determined to be non-repairable and is not under warranty, OR
        v. Significant change in the person's hearing that requires a different hearing aid (at least a 15 dB change in at least one frequency between 500 and 4000 Hz)
        vi. Recommendation for type of replacement device
        vii. Follow-up plan for assessing effectiveness/outcome of use of the replacement hearing aid
            1. Trial period
            2. Warranty information

***Not Covered:***

1. Accessories which are for convenience and not medically necessary
    a. While many hearing aids are now Bluetooth compatible, below are examples of additional tools that are considered not medically necessary (this list is not all inclusive)
        i. Streamer remote/TV adapter (for connection to multiple audio sources such as a home theater system or smartphone)
        ii. Phone clip (allow hearing aid to become a wireless stereo headset)
        iii. Remote control (change volume/programs and control other accessories)
        iv. Remote microphone
        v. Apps
2. Hearing aids that have been returned for a refund during the trial/adjustment period
3. Repair of hearing aid performed under warranty
4. Repair or replacement of hearing aids due to loss, misuse or abuse
5. Over-the-counter hearing aids/ hearing assistive devices/ personal sound amplification products (PSAPs) available without a prescription.

***** "**Medical necessity** shall mean healthcare services that a physician, hospital, or other covered professional or facility provider, exercising prudent clinical judgment, would provide to a patient for the

purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice in the United States; and
- Clinically appropriate, in terms of type, frequency, extent, site, and duration; and considered effective for the patient's illness, injury, disease, or its symptoms; and
- Not primarily for the convenience of the patient, physician, or other healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results for the diagnosis or treatment of that patient's illness, injury, or disease, or its symptoms; and
- Not part of or associated with scholastic education or vocational training of the patient; and
- In the case of inpatient care, able to be provided safely only in the inpatient setting.[8,9]

## References

1. National Institute on Deafness and Other Communication disorder (NIDCD). Available at: https://www.nidcd.nih.gov/health/hearing-aids Accessed February 2023.
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4. Hearing Health Foundation. Degrees of Hearing Loss. Available at: https://hearinghealthfoundation.org/degrees-of-hearing-loss. Accessed February 2023.
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6. U.S. Food and Drug Administration. How to Get Hearing Aids. (Updated 2022, Nov 18) Available at: https://www.fda.gov/medical-devices/hearing-aids/how-get-hearing-aids Accessed February 2023.
7. Kutz, J., Audiology Pure-tone Testing, August 2018; https://emedicine.medscape.com/article/1822962-overview#:~:text=Usually%20frequencies%20of%20250%E2%80%938000,can%20detect%20even%20higher%20frequencies.&text=Pure%2Dtone%20average%20(PTA),500%2C%201000%2C%20and%202000. Accessed February 2023
8. 2023 Blue Cross ® and Blue Shield ® Service Benefit Plan brochure (RI 71-005)
9. 2023 Blue Cross ® and Blue Shield ® Service Benefit Plan FEP ® Blue Focus brochure (RI 71-017)

## HISTORY – This policy was approved by the FEP® Pharmacy and Medical Policy Committee according to the history below:

| Date | Action | Description |
|---|---|---|
| September 2020 | New guideline | UM Guideline for Hearing Aids |
| March 2021 | Update | Information added about testing frequencies, Guideline unchanged. References updated. |
| March 2022 | Update | Moderate hearing loss range changed to 41-55 decibels; severe range changed to 61-90; profound to more than 90 decibels. Medical |

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| | necessity requirements unchanged. Reference 4 added. References updated. |
| March 2023 | Moderate hearing loss range changed to 41-60 decibels; severe range changed to 61-80; profound to more than 81 decibels. Medical necessity requirements unchanged. References updated. |