

## Hearing Assistive Technology

Date of Origin: 12/2018

Last Review Date: 12/2020

Effective Date: 01/01/2021

Dates Reviewed: 12/2018, 12/2019, 12/2020

Developed By: Medical Necessity Criteria Committee

### I. Description

People with hearing loss have difficulty hearing and understanding speech. Despite significant advances in hearing aids and cochlear implants, these devices are frequently not enough to enable users to hear and understand what is being communicated in different settings.

Hearing assistive technology can dramatically improve the lives of people with hearing loss. Assistive listening systems and devices bridge the gap between the person and the sound source by eliminating the effects of distance, background noise, and reverberation. They can bypass challenging acoustics—sending sound directly to users' ears.

Hearing assistive technology systems (HATS) are devices used with or without hearing aids or cochlear implants to improve the ability of a user with hearing loss to hear in various listening situations, such as being located a distance from a speaker, in an environment with competing background noise or in a room with poor acoustics or reverberation.

### II. Criteria: CWQI HCS-0053

- A. Moda Health will provide coverage for a hearing assistive technology system for children (younger than 19 years of age) once every 36 months when one of the following criteria are met:
  - a. Moda Health will provide coverage for FM receivers for use in school or home when it is determined to be medically necessary and **ALL** of the following criteria are met:
    - i. The member is younger than 19 years of age;
    - ii. The member's ability to comprehend and learn will likely be improved with the use of this device;
    - iii. Documentation is provided that the device is:
      1. Necessary to improve the ability of a user with hearing loss to hear in various listening situations; or
      2. For appropriate amplification of the hearing loss.
  - b. Moda Health will provide coverage for other requested devices when it is determined to be medically necessary and **ALL** of the following criteria are met:
    - i. The member is younger than 19 years of age;
    - ii. Without use of the device, the member's quality of life to include ability to function in environment, learn, or maintain an occupation will be significantly impacted;

- iii. Documentation is provided that the device is:-
  1. Necessary to improve the ability of a user with hearing loss to hear in various listening situations; or
  2. For appropriate amplification of the hearing loss

### III. Information Submitted with the Prior Authorization Request:

1. Medical records from the requesting specialist
2. Assessment by an audiologist or otolaryngologist

### IV. CPT or HCPC codes covered when criteria requirements are met:

Codes	Description
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5268	Assistive listening device, telephone amplifier, any type
V5269	Assistive listening device, alerting, any type
V5270	Assistive listening device, television amplifier, any type
V5271	Assistive listening device, television caption decoder
V5272	Assistive listening device, tdd
V5273	Assistive listening device, for use with cochlear implant
V5274	Assistive listening device, not otherwise specified
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver
V5284	Assistive listening device, personal fm/dm, ear level receiver
V5285	Assistive listening device, personal fm/dm, direct audio input receiver
V5286	Assistive listening device, personal blue tooth fm/dm receiver
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type
V5290	Assistive listening device, transmitter microphone, any type
E1399	Durable medical equipment, miscellaneous

### V. CPT or HCPC codes NOT covered:

Codes	Description
N/A	N/A

## VI. Annual Review History

Review Date	Revisions	Effective Date
12/2018	New Medical Necessity Criteria	01/01/2019
12/2019	Annual Review: No changes	01/01/2020
1/2020	Update: Code E1399 added to the covered list	01/27/2020
12/2020	Annual Review: No changes	01/01/2021

## VII. References

- Chapter 9; Section 2 Oregon Laws  
[https://www.oregonlegislature.gov/bills\\_laws/lawsstatutes/2018orlaw0009.pdf](https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2018orlaw0009.pdf)
- 79<sup>th</sup> Oregon Legislative Assembly – 2018. Enrolled House Bill 4104.
- Dammeyer J, et al. Use of technological aids and interpretation services among children and adults with hearing loss. *Int J Audiol.* 2017 Oct;56(10):740-748.
- Zanin J, et al. Functional hearing in the classroom: assistive listening devices for students with hearing impairment in a mainstream school setting. *Int J Audiol.* 2016 Dec;55(12):723-729.
- Thibodeau L. Comparison of speech recognition with adaptive digital and FM remote microphone hearing assistance technology by listeners who use hearing aids. *Am J Audiol.* 2014 Jun;23(2):201-10.
- Rekkedal AM. Assistive hearing technologies among students with hearing impairment: factors that promote satisfaction. *J Deaf Stud Deaf Educ.* 2012 Fall;17(4):499-517.
- Hearing Loss Association of America. Understanding Hearing Assistive Technology (HAT). Available at: <https://www.hearingloss.org/hearing-help/technology/hat>. Accessed on 12/3/18.

## Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
N/A	

NCD/LCD Document (s):
N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC