



Hearing Aids for Community Care Members 21 Years of Age and Younger Clinical Coverage Criteria

Description

Chapter 233 of the Acts of 2012 (The Children's Hearing Aid Bill) provides coverage for one hearing aid, as defined in Section 196 of Chapter 112 of the Massachusetts General Laws (MGL), per hearing impaired ear for children 21 years of age or younger covered under an insurance policy issued under Chapter 175 of the MGL or HMO policy issued under Chapter 176G of the MGL. Coverage is limited to \$2,000 per hearing aid, every 36 months. The Children's Hearing Aid Bill also provides coverage for related services, including the initial evaluation, fitting and adjustments, and related supplies prescribed by a licensed audiologist or hearing instrument specialist (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws).

A "Hearing aid" is defined as a wearable aid or device, not including surgical implants, which is inserted directly into the ear or worn with an ear mold and air conduction receiver or bone oscillator attachment and any part, attachment or accessory but excluding batteries, cords and accessories thereto, designed for or offered for the purpose of aiding or compensating for hearing loss.

Fallon Health maintains a separate Clinical Coverage Criteria for Bone Anchored Hearing Aids and Cochlear Implants.

Policy

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- MassHealth ACO
- NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
- PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- Community Care

Prior authorization is not required for hearing aids covered under the terms of this policy, with the exception of hearing aids billed using unlisted/not otherwise classified/miscellaneous codes.

Fallon Health Clinical Coverage Criteria

Fallon Health covers one (1) hearing aid (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws) per hearing impaired ear, up to \$2,000 for each hearing aid, every 36 months, for Community Care members 21 years of age or younger (up to the 22nd birthday) covered under an insurance policy issued under Chapter 175 of the MGL or HMO policy issued under Chapter 176G of the MGL, upon a written statement from the plan member's treating physician that the hearing aid(s) is medically necessary. The treating physician is the plan member's pediatrician, primary care provider (PCP) or an otolaryngologist (a practitioner specialized in diagnosing and treating diseases of the head and neck, especially those involving the ears, nose, and throat).

Plan members may choose a higher priced hearing aid and may pay the difference in cost above the \$2,000 benefit limit.

Cost-sharing for hearing aids and related services and supplies is subject to the terms and conditions of the plan member's Evidence of Coverage/Member Handbook.

Hearing aids and related accessories are covered under the durable medical equipment/prosthetics and orthotics benefit and as such are subject to durable medical equipment/prosthetics and orthotics cost-sharing as described in the Schedule of Benefits.

Dispensing requirements for hearing aids:

1. The plan member must have medical clearance. Medical clearance is a signed statement from the treating physician that concludes that the plan member has been examined and that the physician has determined that the plan member is a candidate for a hearing aid and that there are no medical conditions to contraindicate the use of a hearing aid. The written statement must include the date of the medical examination, and whether or not the plan member, at the time of the medical examination, owns or uses a hearing aid for the designated ear. The medical examination by the physician must have been performed no more than six months prior to the date of dispensing of the hearing aid(s).
2. The plan member must have had a hearing aid evaluation no more than six months prior to the date of dispensing of the hearing aid(s). A hearing aid evaluation is a written statement from a licensed audiologist, based on testing conducted by that audiologist that includes the following information: the ear or ears to be fitted and the date of the testing. For plan members' age 18 through 21 years of age, the hearing aid evaluation may also be performed by a licensed hearing instrument specialist.

A hearing aid purchase includes:

1. The hearing aid and standard accessories and options required for the proper operation of the hearing aid;
2. The proper fitting and instruction in the use, care, and maintenance of the hearing aid;
3. Maintenance, minor repair, and servicing provided during the operational lifetime of the hearing aid;
4. The initial one-year manufacturer's warranty and/or insurance against loss or damage, and
5. The loan of a hearing aid in the event that repairs are required that cannot be performed on-site and while the member is present in the provider's office.

Fallon Health covers the following related services and supplies:

- Candidacy evaluation. When the results of the comprehensive audiometry threshold evaluation (CPT 92557) indicate the audiometric need for air conduction hearing devices, audiologists proceed with the candidacy evaluation. The candidacy codes (CPT 92628-92629) describe evaluation of hearing aid appropriateness, including but not limited to review of audiologic results, speech-in-noise testing, suprathreshold measures, counseling, and assessment of cognitive-communication status when performed along with candidacy evaluation. A patient may or may not pursue amplification on the same day during the candidacy evaluation.
- Hearing aid selection. The selection codes (CPT 92631, 92632) may be reported when the patient elects to move forward with a hearing device. This service may occur on the same date of service, during the same encounter as hearing assessment and candidacy evaluation, or on a different date of service. Candidacy and selection codes cannot be billed on the same date of service if performed within the same 30 minutes.
- Hearing aid fitting. The hearing aid fitting codes (CPT 92634-92635) represent the comprehensive encounter in which hearing aids are analyzed, programmed, and verified, and the patient is oriented and counseled on device use. Pre-fitting activities, such as device ordering or pre-programming, are considered part of practice administrative burden, not separately billable under a CPT code.
- Hearing aid post-fitting follow-up services. The hearing aid post-fitting follow-up codes (CPT 92636-92637) include activities such as device verification, adjustment, validation of benefit, and counseling. When follow-up visits extend beyond 38 minutes, the additional 15-minute add-on code may be added. Post-fitting services are provided on a separate date when the patient returns after the initial hearing aid selection and fitting services have been completed.

- Hearing aid dispensing fee. A dispensing fee is a one-time only fee for dispensing a hearing aid (as defined in Section 196 of Chapter 112 of the Massachusetts General Laws). Dispensing includes the prescription of the hearing aid, its modification, its fitting, orientation to its use, and any adjustments required within the manufacturer's warranty period.
- One earmold impression (HCPCS code V5275) and one custom earmold (HCPCS code V5264) per covered BTE hearing aid. If a custom earmold is included in the manufacturer's price of the hearing aid, an earmold will not be covered/reimbursed separately.
- Replacement custom earmolds when the earmold is irreparably damaged, lost or stolen, or because of a change in the plan member's condition, for example, it is not uncommon for young children to need a new earmold every 6-12 months or so because as the child grows, the earmold doesn't fit tightly any longer.
- Refitting when the hearing aid was dispensed more than two years prior to the date of service of the refitting service. These professional services must include a face-to-face encounter with the plan member, refitting of the hearing aid, orientation to its use, and similar services (HCPCS code V5011).

Repairs and replacements of covered hearing aids:

- Major repairs are covered (after the manufacturer's warranty and/or insurance expires) to the extent that the benefit limit for the hearing aid has not been exhausted. Major repairs must be made at a repair facility other than the hearing aid dispenser's place of business. The repair service must include a written warranty against all defects for a minimum of six months. All major repairs are billed with HCPCS code V5014 and must include invoice documentation.
- Replacement of a damaged, lost or stolen hearing aid (after the manufacturer's warranty and/or insurance expires) to the extent that the benefit limit for the hearing aid has not been exhausted.
- Replacement of a hearing aid due to a change in hearing aid prescription to the extent that the benefit limit for the hearing aid has not been exhausted.

Medicare Variation

Not applicable.

MassHealth Variation

Not applicable.

Exclusions

- Disposable hearing aids (V5262, V5263), any type, are not covered.
- Disposable earmolds/inserts (V5265), any type, are not covered. or semi-implantable hearing aids/hearing systems (middle ear implants) (HCPCS codes V5095, S2230).
- Frequency modulated (FM) systems.
- Hearing aids/hearing systems when any part thereof is surgically implanted, such as bone-anchored hearing aids (see related medical policy for Bone-Anchored Hearing Aids).
- Accessories, such as carrying cases, and other nonessential items are not covered.

Summary of Evidence

Background

The Individuals with Disabilities Education Act (IDEA), includes hearing impairment and deafness as two of the categories under which children with disabilities may be eligible for special education and related services programming. While the term hearing impairment is often used generically to describe a wide range of hearing losses, including deafness, the regulations for IDEA define hearing impairment and deafness separately. Hearing impairment is defined by IDEA as "an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance." Deafness is defined as "a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without

amplification." Thus, deafness may be viewed as a condition that prevents an individual from receiving sound in all or most of its forms.

There are two main types of hearing impairment: sensorineural hearing impairment (also known as sensorineural hearing loss) and conductive hearing impairment (also known as conductive hearing loss).

- Sensorineural hearing loss occurs when there is damage to the nerves in the inner ear (cochlea) or to the or to the nerve pathways from the cochlea to the brain (auditory nerve). Sensorineural hearing loss is by far the most common type of hearing loss, representing 80% to 85% of all hearing loss. Sensorineural hearing loss can be acquired or congenital. Excessive noise (noise-induced hearing loss) is the most common acquired cause of sensorineural hearing loss. Deterioration of hearing is characteristic of aging, but the reasons why this occurs are unknown. This form of sensorineural hearing loss is referred to as presbycusis.
- Conductive hearing loss occurs when the conduction (transmission) of sound from the outer ear to the inner ear is disrupted. Conductive hearing loss can be caused by many conditions including middle ear infections (otitis media), obstructions of the ear canal, and malformations of the outer ear, ear canal, or middle ear. Some causes of conductive hearing loss can be treated medically or surgically.

The level of hearing impairment can be defined as mild, moderate, severe or profound. The level of hearing impairment in an individual is determined by performing a hearing test to discover the quietest sound which that person can hear.

Hearing impairment is treated in many different ways depending on the type of hearing impairment and the level of hearing impairment. Hearing aids are primarily useful in improving the hearing and speech comprehension of people who have a hearing impairment that results from sensorineural hearing loss. Air conduction hearing aids amplify sounds and present the louder sounds to the inner ear. Air conduction hearing aids may be worn behind-the-ear (BTE), in-the-ear (ITE) or in-the-canal (ITC). BTE hearing aids use ear molds which fit snugly into the ear canal. Tubing runs from the BTE hearing aid to the ear mold and sound travels through the tubing from the BTE hearing aid through the ear mold and into the inner ear.

Innovation continues rapidly in hearing aid design, and we can expect continued research and development in different kinds of hearing aids. While hearing aids can be helpful for most people with hearing loss, there are some people for whom hearing aids either do not help or help insufficiently. In such cases, implantable hearing aids/hearing systems may be helpful. Implantable hearing aids/hearing systems include cochlear implants, devices that provide useful sound experiences for people with profound or severe-to-profound hearing losses, middle ear implants, devices designed for people with moderate to severe sensorineural hearing loss and a normally functioning middle ear, and auditory brain stem implants, devices designed to provide a sense of sound to a person who is profoundly deaf, due to sensorineural hearing impairment (due to illness or injury damaging the cochlea or auditory nerve, and so precluding the use of a cochlear implant).

Technological innovation has also blurred the line between hearing aids and implantable hearing aids/hearing systems. One such innovation is the bone-anchored hearing aid (BAHA). BAHAs are surgically implantable systems for treatment of hearing loss that work through direct bone conduction. The BAHA system transmits sound vibrations through the skull bone via the titanium implant, bypassing the middle ear to reach the auditory nerve of the cochlea directly. BAHAs are suitable for people with conductive or mixed hearing loss who cannot benefit fully from conventional aid conduction hearing aids.

Analysis of Evidence (Rationale for Determination)

Not applicable.

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Use the code that most closely describes the hearing aid.

CPT codes 92590–92595 were retired on January 1, 2026. The introduction of the new CPT codes does not change or eliminate existing HCPCS Level II codes that describe devices and some services not captured in the CPT code set (e.g., V codes). These V codes remain in use for billing devices and associated fees, such as ear impressions or dispensing. For example, V5160 (dispensing fee, binaural) continues to apply when billing for physical devices. A clinician may report the V codes in conjunction with CPT codes to report for hearing aids and other products. However, if audiologists choose to report a service using a V code, which could be reported under the CPT codes, then the time spent performing that service reported under the V code may not be counted towards the CPT code. For example, ear mold impression may be reported using V code (V5275) or under CPT 92631/92632. However, when earmold impressions are reported separately using the V code (V5275), the time spent performing the earmold impression should not be counted toward timed code CPT 92631/92632.

If the hearing device services encounter does not meet the minimum threshold to report a timed CPT code (half of the time on the code descriptor +1 minute or the 51% rule), or if the services provided does not meet the CPT code service description, then a clinician could use the V code to report the services performed.

CPT code 92628/92629 cannot be reported on the same date of service as V5010, CPT 92631/92632 cannot be reported on the same date of service as V5011.

Candidacy and selection codes cannot be billed on the same date of service if performed within the same 30 minutes. If both candidacy and selection services were performed during the same encounter, both codes may be reported only if the minimum time requirement for each code is met and the services are not performed with the same 30 minutes. In such cases, the total documented time must support both candidacy evaluation and selection services billed.

Hearing aid fitting services (CPT 92634–92635) should not be reported in conjunction with post-fitting follow-up services (CPT 92636–92637), as the follow-up codes are intended to be reported during separate encounters that occur after the initial fitting service.

For CROS/BiCROS and bone conduction devices, the appropriate V code may be used to report hearing device selection-related CPT codes for CROS/BiCROs devices.

The following codes are covered under the durable medical equipment/prosthetics and orthotics benefit and subject to a \$2,000 benefit limit per hearing aid per hearing impaired ear.

Code	Code Description
V5030	Hearing aid, monaural, body worn, air conduction
V5040	Hearing aid, monaural, body worn, bone conduction
V5050	Hearing aid, monaural, in the ear (ITE)
V5060	Hearing aid, monaural, behind the ear (BTE)
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE

V5230	Hearing aid, contralateral routing system, binaural, glasses
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
V5243	Hearing aid, digitally programmable analog, monaural, ITC
V5244	Hearing aid, digitally programmable analog, monaural, CIC
V5245	Hearing aid, digitally programmable, analog, monaural, ITC
V5246	Hearing aid, digitally programmable analog, monaural, ITE
V5247	Hearing aid, digitally programmable analog, monaural, BTE
V5248	Hearing aid, analog, binaural, CIC
V5249	Hearing aid, analog, binaural, ITC
V5250	Hearing aid, digitally programmable analog, binaural, CIC
V5251	Hearing aid, digitally programmable analog, binaural, ITC
V5252	Hearing aid, digitally programmable, binaural, ITE
V5253	Hearing aid, digitally programmable, binaural, BTE
V5254	Hearing aid, digital, monaural, CIC
V5255	Hearing aid, digital, monaural, ITC
V5256	Hearing aid, digital, monaural, ITE
V5257	Hearing aid, digital, monaural, BTE
V5258	Hearing aid, digital, binaural, CIC
V5259	Hearing aid, digital, binaural, ITC
V5260	Hearing aid, digital, binaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5262	Hearing aid, disposable, any type, monaural
V5263	Hearing aid, disposable, any type, binaural

The following codes are not subject to the \$2,000 hearing aid benefit limit.

Code	Code Description
92628	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; first 30 minutes
92629	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; each additional 15 minutes (List separately in addition to code for primary procedure)
92631	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; first 30 minutes
92632	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; Each additional 15 minutes (List separately in addition to code for primary procedure)
92634	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes

92635	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)
92636	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment[s], device connection[s], and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; first 30 minutes
92637	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment[s], device connection[s], and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 30 minutes (List separately in addition to code for primary procedure)
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech in noise, when performed (List separately in addition to code for primary procedure)
92639	Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure)
92641	Hearing device verification, electroacoustic analysis
92642	Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)
V5010	Assessment for hearing aid
V5011	Fitting/orientation/checking of hearing aid
V5014	Repair/modification of a hearing aid
V5020	Conformity evaluation
V5070	Glasses, air conduction
V5080	Glasses, bone conduction
V5090	Dispensing Fee, unspecified hearing aid
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural, body
V5150	Binaural, glasses
V5160	Dispensing fee, binaural
V5190	Hearing aid, contralateral routine , monaural, glasses
V5200	Dispensing fee, CROS
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type
V5264	Earmold/insert, not disposable, any type
V5265	Earmold/insert, disposable, any type
V5266	Battery for use in hearing device
V5275	Ear impression, each
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5298	Hearing aid, not otherwise classified
V5299	Hearing service, miscellaneous

References

1. U.S. Department of Health and Human Services Food and Drug Administration. Regulatory Requirements for Hearing Devices and Personal Sound Amplification Products. Issued November 7, 2013.
2. Massachusetts General Laws: Chapter 112, Section 196 Definitions.
<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section196>.
3. Massachusetts Session Laws. An Act to Provide Hearing Aids for Children
<http://www.malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter233>.
4. American Academy of Audiology. Pediatric Amplification Protocol 2013.inflammatory bowel diseases: systematic review and economic evaluation. *Health Technol Assess.* 2013 Nov;17(55):xv-xix, 1-211.

Policy history

Origination date: 01/01/2013
Review/Approval Dates: Benefit Oversight Committee: 01/09/2013, 10/08/2014 (added V5090 as covered, updated template, references) 11/11/2015 (annual review no changes) 11/09/2016 (annual review, no changes) 01/09/2018 (annual review, no updates), 12/11/2018 (removed termed codes, added new 2019 HCPCS codes) 12/10/2019 (updated exclusions), 04/28/2026 (annual review; updated Coding section). Utilization Management Committee: 04/15/2025 (annual review; approved with no changes to coverage criteria), 05/19/2026 (annual review; approved with no changes to coverage criteria, Coding section updates).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health generally follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follows CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.