IEHP UM Subcommittee Approved Authorization Guidelines

Binaural (Analog or Digital) Hearing Aids

**Policy:**

Benefit coverage is limited to one hearing aid assessment in any twelve (12) month period. Initial hearing aid batteries are supplied with the initial hearing aid only. Subsequent hearing aid batteries are the patient responsibility.

Eyeglass hearing aids are covered when the requirements of §51319 and §51317 are met simultaneously.

Binaural (analog or digital) hearing aids, with any of the following conditions:

A. The hearing loss is associated with legal blindness.
B. For patients 20 years of age or under, tests of each ear reveal a hearing loss level of 30 dB or greater (ANSI, 1969) for 500, 1,000 and 2,000 Hz by pure tone air conduction. Cases shall be referred to CCS for evaluation, consultation or case management for CCS eligible patients.
C. For patients over 21 years of age, tests of each ear reveal a hearing loss level of 35 dB or greater (ANSI, 1969) for 500, 1,000 or 2,000 Hz by pure tone air conduction. Where provision of a binaural (analog or digital) hearing aid is the basis for employment, patients with the above hearing loss shall be referred to the Department of Rehabilitation for evaluation, consultation and case management.
D. The difference between the level of 1000 Hz and 2000 Hz is 20 dB or more, the average of the air conduction threshold at 500, 1000 and 2000 Hz need only be 30 dB hearing level (ANSI, 1969); and
E. Speech communication is effectively improved and auditory contact is necessary for sound awareness (personal safety) in the environment in which the patient exists.

**Replacement**

Replacement of a hearing aid may be authorized only if the prior hearing aid has been lost, stolen or irreparably damaged due to circumstances beyond the beneficiary’s control. The request shall include each of the following:
1. A statement describing the circumstances of the loss, theft or destruction of the hearing aid, signed by the beneficiary and the otolaryngologist or the attending physician if there is no otolaryngologist available in the community; and

2. An audiological evaluation, if other than a duplicate of the prior hearing aid is required.

A. The hearing impairment of the patient requires amplification or correction not within the capabilities of the patient’s present hearing aid.

**Medicare Guidelines:**

In general, Medicare does not cover “hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids.” (42 CFR 411.15(d)) However, Medicare will cover, “auditory osseointegrated (code L8699) devices and auditory brainstem (code L8614) devices” as prosthetic devices under certain specified conditions.

**Medi-Cal Regulation § 51319:**

Medi-Cal Regulation § 51319 states that authorization for hearing aids should be granted only when:

- Tests of the better ear, after treatment of any condition contributing to the hearing loss, reveal an average hearing loss level of 35 decibels (dB) or greater, American National Standards Institute (ANSI, 1969) for 500, 1000, and 2000 Hz by pure tone air conduction; or

- The difference between the level of 1000 Hz and 2000 Hz is 20 dB or more, the average of the air conduction threshold at 500, 1000 and 2000 Hz need only be 30 dB hearing level (ANSI, 1969); and

- Speech communication is effectively improved and auditory contact is necessary for sound awareness (personal safety) in the environment in which the patient exists. Children less than 21 years of age receiving hearing aids must be referred to California Children’s Services (CCS).

**Effective Date:** *February 28, 2008*  
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Bibliography:
1. 22 CA ADC § 51319 (2007).

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