PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

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(previously MCUG3019, UG100319)</td><td colspan="3">Lead Department: Health Services
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<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 03/12/2025</td></tr>
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I. RELATED POLICIES:

MCUP3041 – Treatment Authorization Request (TAR) Review Process

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. ASHA: American Speech-Language-Hearing Association
B. Medically necessary: Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
C. Partnership Advantage: Effective January 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Members will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.

IV. ATTACHMENTS:

A. Documentation for Authorization of Hearing Aids

V. PURPOSE:

To describe the process by which Partnership HealthPlan of California authorizes medically necessary hearing aids for Partnership-eligible Members.

VI. GUIDELINE / PROCEDURE:

A. General Hearing Aid Guidelines
   1. A Treatment Authorization Request (TAR) is required (see policy MCUP3041 TAR Review Process.)
      a. Routine authorization will be for one hearing aid only.
   2. Hearing aids are a covered benefit of Partnership when supplied by a hearing aid dispenser with a

prescription from an otolaryngologist or, for Members age 17 and older, t he Member's primary care provider (PCP) (in consultation with the evaluating otolaryngologist if possible), when no otolaryngologist is available in the community.

a. An audiological evaluation, including a hearing aid evaluation, must be performed by, or under the supervision of, the above provider or by a licensed audiologist.
b. If pure conductive hearing loss or any concerning symptoms or "red flags" (e.g., visible deformity; evidence of fluid, pus, or blood; sudden or fluctuating hearing loss; feeling of canal blockage; pain) are observed during the audiological evaluation, a complete ear, nose, and throat examination by an otolaryngologist or the Member's PCP is required. The patient should be evaluated by a licensed healthcare provider that specializes in ear disease (i.e., otologist, otolaryngologist) prior to proceeding with the hearing aid evaluation.
c. Hearing loss criteria considered during the authorization review process is specified in VI.A.4 and 5. below.

3. Medi-Cal recipients younger than 21 years of age must be referred to California Children's Services (CCS) for determination of eligibility for CCS hearing services. (Reference CCS Numbered Letters noted in sections VII.I. – M. of this policy.) For children younger than 17 years of age, the prescribing physician must be an otolaryngologist.
4. Generally, authorization for hearing aids may be granted only when:
   a. Tests of the better ear, after treatment of any condition contributing to the hearing loss, reveal an average hearing loss level of 25 dB or greater, American National Standards Institute (ANSI), 1969, for 500, 1000, 2000, and 4000 Hertz (Hz) by pure tone air conduction, or
   b. Speech communication is effectively improved or auditory contact is necessary for sound awareness (personal safety) in the environment in which the recipient exists.
   c. Specialized hearing aids for Members with an unusual pattern of hearing loss must be authorized for medical necessity as a CCS-eligible condition for children under age 21 or by the Chief Medical Officer or physician designee for adults. Digital hearing aids may be authorized if the Treatment Authorization Request (TAR) is submitted with a standard code (V5050 or V5060). Aids requested with an unlisted code require approval by the Chief Medical Officer or physician designee.
5. Binaural hearing aids may be authorized under the following conditions:
   a. For Medi-Cal recipients 20 years of age or under, under either of the following conditions:
      1) Tests of each ear reveal a hearing loss level of 25 dB or greater, ANSI, 1969, for 500, 1000, 2000, and 4000 Hz by pure tone air conduction.
      2) The hearing loss is associated with legal blindness
   b. For Medi-Cal recipients 21 years of age or over:
      1) Tests of each ear reveal a hearing loss level of 25 dB or greater, ANSI, 1969, for 500, 1000, 2000, and 4000 Hz by pure tone air conduction and
         a) The hearing loss is associated with legal blindness
         b) There is documentation that binaural aids are medically necessary for the safety of the Member, or
         c) Using standard audiometric procedures and recorded work lists, if word discrimination scores are significantly improved in the binaural condition over the monaural condition in either quiet or noise, then a binaural fitting may be authorized, or
         d) Where the provision of a binaural hearing aid is the basis for employment, recipients with the above hearing loss shall be referred to the California Department of Rehabilitation for evaluation, consultation, and case management (Title 22 Section 51014.)
6. Documentation for hearing aid requests shall be presented to Partnership in a format acceptable per

Title 22 CCR Section 51319(e). Providers must submit documentation containing the following information:

a. For the purchase of new hearing aids: Attachment A, a signed prescription from an otolaryngologist or from the Member's PCP submitted with the following:
   1) Appropriately signed and completed ear, nose, and throat examination
   2) Appropriately signed and completed audiological evaluation including a hearing aid evaluation performed by or under the supervision of the above physician or by a licensed audiologist. This examination report must include the results of the following tests:
      a) Pure tone air conduction threshold and bone conduction tests of each ear at 500, 1,000, 2,000, 3,000 and 4,000 Hz with effective masking as indicated.
      b) Speech tests, aided and unaided, shall include the following:
         i. Speech Reception Threshold (SRT) using Spondee words.
         ii. A Word Discrimination Score (WDS) derived from testing at 40 dB above the SRT or at the Most Comfortable Loudness (MCL) using standard discrimination word lists (such as PB or W22) utilizing either recorded or live voice.
         iii. Sound Field Aided and Unaided Speech Scores (SRT or WDS) shall be established.
         iv. For the non-English speaking client, the provider must submit a description of alternative testing and the results of such testing.
         v. The ear to be fitted must be specified.

b. For the replacement of lost, stolen, or irreparably damaged hearing aids, the following is required:
   1) A statement describing the circumstances of the loss, theft, or destruction of the hearing aid, signed by the recipient and the otolaryngologist or the PCP.
   2) A completed audiometric report dated within the last 12 months is required unless the request is for the replacement of a recently purchased hearing aid within the last three months. [

c. For the replacement of a hearing aid that no longer meets the needs of the recipient whose hearing impairment requires amplification or correction not within the capabilities of the recipient's present hearing aid, the provider must submit documentation consistent with that required for the purchase of new hearing aids as detailed above.

d. For hearing aid repairs that exceed the cost of $50.00 per repair service, the provider shall submit all of the following:
   1) Description of the problem requiring repair.
   2) Hearing aid manufacturer's name, unit, model designation, date of purchase, and serial number.
   3) Ear to which the aid is fitted.

8. An authorization for a hearing aid takes into account the needs of individual Member and the characteristics of the local delivery system.
9. Partnership may consult an independent otolaryngologist on an as-needed basis to assist with the review of a hearing aid request for a Member.

B. External Hearing Aids
1. Total hearing aid cost is limited to $1510.00 per fiscal year (July 1 through June 30 of the following year) per Member, including sales tax as per Welfare and Institutions Code Section 14131.05. The following are excluded from the $1510 maximum benefit cap:
   a. Pregnancy-related benefits and benefits for the treatment of other conditions that might complicate the pregnancy.
   b. Recipients under the Early and Periodic Screening Diagnosis and Treatment Program.
   c. Recipients who are receiving long-term care in a licensed skilled nursing facility or intermediate

care facility (NF-A and NF-B). Recipients who are receiving long-term care in a licensed intermediate care facility for the developmentally disabled (ICF/DD), including ICF/DD Habilitative and ICF/DD Nursing.

d. Recipients in the Program for All-Inclusive Care for the Elderly (PACE).

e. Replacement of hearing aids that are lost, stolen or irreparably damaged due to circumstance beyond the recipient's control.

2. Prior authorization is required for the trial period of a hearing aid and for hearing aid repairs which exceed a cost of $50.00 per item (an item is defined as all related components of a given device) or service repair. Hearing aid cords, receivers, ear molds, and hearing aid garments do not require prior authorization.
3. Binaural external hearing aids must be authorized and billed using the appropriate Healthcare Common Procedure Coding System (HCPCS) codes (V5120 – V5150) and a quantity of "1" not "2". V5298 quantity 1 = 1 set hearing aids
4. All external hearing aids shall be guaranteed for at least one year exclusive of ear piece, cord and batteries. The guarantee is to cover the repair or replacement of any or all defective parts and labor on a new hearing aid (out-of-guarantee repairs are to have a minimum guarantee of at least six months). A separate charge is payable for postage and handling during the guarantee period.
5. Hearing aid maximum allowances are for new instruments and include up to six post-sale visits for training, adjustments and fitting, a cord, receiver, and other components normally required to use the instrument. An additional allowance is included for one standard package of batteries.
6. Hearing aid replacement may be authorized only if:
   a. The prior hearing aid has been lost, stolen, or irreparably damaged due to circumstances beyond the recipient's control.
   b. The hearing impairment of the recipient requires amplification or correction not within the capabilities of the recipient's present hearing aid. The new aid shall be prescribed and authorized in accordance with the above guidelines described for the purchase of a new hearing aid.
7. Initial hearing aid batteries supplied with the hearing aid are covered by Partnership when supplied with a hearing aid that has been prior authorized. Replacement batteries are not covered under Partnership except for children under age 21 as noted below.
   a. Under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, per Title 22 CCR Section 51340.1(c)(2), children under the age of 21 years may receive one package of batteries, size 675, 13, 312, or 10A, on a quarterly basis without prior authorization. Batteries in sizes other than those listed, and hearing aid batteries provided at more frequent intervals, may be obtained with prior authorization.

C. Cochlear Implants
1. Cochlear implant candidates must meet all of the following criteria:
   a. Diagnosis of bilateral sensorineural deafness, established by audiologic and medical evaluation
   b. If recipient is a child, age appropriateness, as per current Food and Drug Administration (FDA) recommendations, up to age 20
   c. Post-lingual deafness (if recipient is 21 years or older)
   d. For post-lingual candidates, a score of less than 30 percent on an open-set sentence recognition test (tape-recorded speech comprehension) as well as indications of cognitive ability to use auditory cues.
   e. An accessible cochlear lumen structurally suited to implantation, with no lesions in the auditory nerve and acoustic areas of the central nervous system, as demonstrated by a computerized tomography (CT) scan or other appropriate radiologic evaluation
   f. No infection or other active disease of the middle ear

g. No contraindications to anesthesia/surgery
h. Cognitive ability to use auditory clues
i. Motivation of candidate, and/or commitment of family/care-giver(s), to undergo a program of prosthetic fitting, training and long-term rehabilitation
j. Realistic expectations of candidate, and/or family/caregiver(s), for post-implant educational/vocational rehabilitation, as appropriate
k. Reasonable anticipation by treating providers that cochlear implant will confer awareness of speech at conversational levels

2. Cochlear implant in the contralateral ear (that is, a second implant) is not a Medi-Cal benefit.
3. Batteries and accessories for cochlear implants require a TAR and may be supplied as noted below:
   a. L8615 Headset/headpiece for use with cochlear implant device, replacement. (Frequency Limit: May be supplied up to two times in a rolling 12-month period)
   b. L8616 Microphone for use with cochlear implant device, replacement. (Frequency Limit: May be supplied up to two times in a rolling 12-month period)
   c. L8617 Transmitting coil for use with cochlear implant device, replacement (Frequency Limit: May be supplied up to two times in a rolling 12-month period)
   d. L8618 Transmitter cable for use with cochlear implant or auditory osseointegrated device, replacement. (Frequency Limit: May be supplied up to eight times in a rolling 12-month period)
   e. L8619 Cochlear implant external speech processor and controller, integrated system, replacement. (Frequency Limit: 1 replacement every 5 years is covered)
   f. L8621 Zinc air replacement battery, disposable/single use battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement. (Frequency Limit: Up to 900 batteries may be supplied in a rolling 12-month period)
   g. L8622 Alkaline battery for use with cochlear implant device, any size, replacement, each. (Frequency: Up to 900 batteries may be supplied in a rolling 12-month period)
   h. L8623 Lithium ion battery - rechargeable. For use with cochlear implant device speech processor, other than ear level, replacement, each. (Frequency: May be supplied up to four times in a rolling 12-month period)
   i. L8624 Lithium ion battery - rechargeable. For use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each. (Frequency: May be supplied up to four times for each device/side in a rolling 12-month period)
   j. L8625 External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each. Modifiers LT or RT are required when billing this code. (Frequency: May be supplied one time in a rolling 12-month period)
   k. L8627 Cochlear implant; external speech processor, component, replacement
   l. L8628 Cochlear implant; external controller component, replacement
   m. L8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement
   n. L9900 Orthotic and prosthetic supply, accessory, and/or service component of another L Code. Specifically, cochlear implant accessories such as ear hooks, ear bands, harnesses and magnets. (Frequency: May be supplied up to three times in a rolling 12-month period)

D. Bone Anchored Hearing Aids
   1. Bone Anchored Hearing Aids (BAHA) may be covered for individuals with moderate to severe conductive or mixed hearing loss if there is a medical reason involving the external or middle ear such that air conducted hearing aids and/or contralateral routing of signal (CROS) devices cannot be used.
   2. Binaural BAHA may be considered for individuals who have moderate to severe conductive or

mixed hearing loss in both ears if bone conduction thresholds are symmetrical and do not exceed 10 dB average difference at 0.5, 1, 2, and 3 kHz. Binaural hearing aid criteria as stated earlier in section VI.A.5 of this policy also applies.

3. BAHA Covered Conditions:
   a. Congenital or surgically induced middle ear malformation of the external or middle ear
   b. Otosclerosis in patients who cannot undergo stapedectomy
   c. Severe chronic otitis externa precluding use of air conducted hearing aids
   d. Chronic otitis media with drainage that precluding use of air conducted hearing aids
   e. Tumors of the external ear canal or tympanic cavity
   f. Other anatomic or medical condition that contraindicates use of an air conduction hearing aid
   g. Unilateral sensorineural hearing loss (single sided deafness) is a covered condition for CCS Members.
4. BAHA Coverage Exclusions:
   a. Children younger than 5 years of age
   b. Bilateral sensorineural hearing loss
   c. Pure tone average bone conduction threshold exceeds 65 dB at 0.5, 1, 2, and 3 kHz.
5. BAHA Replacement:
   a. Component is no longer functional and cannot be repaired.
   b. The replacement is not solely for better technology or improved aesthetics.
   c. It has been at least five years since implantation and the processor is not functional.
   d. The original processor was being used daily until it became non-functional.

VII. REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines: Audiological Services (*audio*); Hearing Aids (*hear aid*)
B. Title 22 California Code of Regulations (CCR) Section 51014
C. Title 22 California Code of Regulations (CCR) Section 51319(e)
D. Title 22 California Code of Regulations (CCR) Section 51340.1(b)(2)
E. Welfare and Institutions Code (W&I Code), Section 14131.05
F. Clark, J. G. (1981). Uses and abuses of hearing loss classification. ASHA, 23, 493–500.
G. InterQual® criteria
H. Chandrasekhar, Sujana,S. MD and Kohan, Darius, MD. *Implantable Auditory Devices.* Otolaryngologic Clinics of North America Volume 52, Number 2 April 2019.
I. California Children's Services (CCS) Numbered Letter (NL) 11-0807 Hearing Aid Supplies and Maintenance 08/30/2007
J. CCS NL 07-1011 Hearing Aids 10/17/2011
K. CCS NL 12-0818 Cochlear Implant Updated Candidacy Criteria and Authorization Procedure 08/24/2018
L. CCS NL 01-0616 Cochlear Implant Batteries and Parts 06/28/2016
M. CCS NL 12-1120 Bone Conduction Hearing Devices 11/19/2020
N. U.S. Food and Drug Administration (FDA) recommendations for Cochlear Implants
O. Medicare National Coverage Determinations (NCD) Manual 100-03: Chapter 1, Part 1, Section 50.3 Cochlear Implantation

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

Guideline/Procedure Number: MPUG3019 (previously MCUG3019, UG100319)			**Lead Department: Health Services** **Business Unit: Utilization Management**
Guideline/Procedure Title: Hearing Aid Guidelines			☒**External Policy** ☐**Internal Policy**
Original Date: 01/19/1995		**Next Review Date: 03/12/2026** **Last Review Date: 03/12/2025**	
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☒ **Partnership Advantage**

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 09/07/95; 03/08/00; 11/28/01 vs. 11/21; 10/16/02; 04/21/04; 02/16/05; 08/16/06; 08/20/08; 01/18/12; 08/20/14; 01/20/16; 04/20/16; 08/17/16; 08/16/17; *09/12/18; 03/13/19; 02/12/20; 02/10/21; 03/09/22; 03/08/23; 03/13/24; **MPUG** 03/12/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.