



An Independent Licensee of the Blue Cross Blue Shield Association

**EVIDENCE-BASED CRITERIA  
SECTION: DURABLE MEDICAL EQUIPMENT**

**ORIGINAL EFFECTIVE DATE: 12/14/23  
LAST REVIEW DATE: 12/03/24  
CURRENT EFFECTIVE DATE: 12/03/24  
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ARCHIVE DATE:**

**NEXT ANNUAL REVIEW DATE: 4TH QTR 2025**

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## **HEARING AIDS**

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**Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.**

**Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.**

**This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.**

**The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.**

**The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.**

**State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.**

**Evidence-Based Criteria are subject to change as new information becomes available.**

**For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.**

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## **HEARING AIDS**

### **Description:**

Hearing aids are sound-amplifying devices designed to help individuals who have hearing loss. The electronic components of a hearing aid consist of a microphone, amplifier, receiver, and battery. Hearing aids are customized to fit the individual's ears and degree of hearing loss. Hearing aids vary in style and technology. They can be analog or digital and may offer features that help in different communication settings such as directional microphone, noise reduction, wireless connectivity and software applications.

### **Styles of Hearing Aids**

Hearing aid styles and features are based on several factors, including the type and degree of hearing loss, individual needs (such as communication requirements, lifestyle, and manual dexterity), and medical and audiological history. Hearing aid styles are broadly classified as "behind-the-ear" and "in-the-ear."

- Behind-the-ear (BTE) hearing aids are designed to fit most ears but may require some customization of the earpiece to fit securely. Most of the hearing aid sits on top of the ear, with a thin wire or tube that sits in the ear canal.
- In-the-ear (ITE) hearing aids are custom-molded to the shape of the ear. The entire hearing aid sits inside of the ear canal and bowl of the ear. Custom ITE hearing aids come in various sizes, depending on individual needs and interests in certain features, like directional microphones, which help with conversations in noisy places, or cell phone streaming.

### **Types of Hearing Loss**

- Sensorineural - Hearing loss that usually develops from damage to the small sensory cells in the inner ear (hair cells). This damage can occur from disease, illness, age, injury from exposure to noise or certain medicines, or from a genetic disorder.
- Conductive - Hearing loss that occurs when sound waves cannot transmit through the outer or middle ear or both. This can be caused by earwax, fluid in the middle ear space, or a punctured eardrum. Medical or surgical treatment can often restore hearing in individuals with a conductive hearing loss.
- Mixed - Combination of sensorineural and conductive hearing loss.

### **Degree of Hearing Loss**

The degree of hearing loss is measured in decibels. It is based on how loud sounds need to be for an individual to hear them. The American Speech-Language-Hearing Association defines degree of hearing loss as the following:



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Degree of hearing loss	Hearing loss range (dB HL)
Normal	-10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately Severe	56 to 70
Severe	71 to 90
Profound	91+

Several medically prescribed air-conduction hearing aids have been approved by the U.S. Food and Drug Administration (FDA) through the 510(k) process.

### Criteria:

- **If benefit coverage for hearing aids is available**, a hearing aid for the treatment of hearing loss is considered **medically necessary** with documentation of **ALL** of the following:
  1. Hearing aid is prescribed by an appropriately licensed professional
  2. Hearing loss  $\geq$  26 dB HL
  3. Type of hearing loss is due to **ONE** of the following:
    - Sensorineural hearing loss
    - Conductive hearing loss unresponsive to medical or surgical treatment
    - Mixed hearing loss
- **If benefit coverage for hearing aids is available**, repair and replacement of a hearing aid no longer under warranty is considered **medically necessary**.
- **If benefit for hearing aids is not available** or if above criteria not met, hearing aids are considered a **benefit plan exclusion** and **not eligible for coverage**.

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### Resources:

**Literature reviewed 12/03/24. We do not include marketing materials, poster boards and non-published literature in our review.**

1. American Academy of Audiology. Hearing Aids. 2023. Accessed November 11, 2024. <https://www.audiology.org/consumers-and-patients/managing-hearing-loss/hearing-aids/>
2. American Academy of Audiology. Guide to Adult Hearing Care. 2023. Updated 2018. Accessed November 11, 2024. <https://www.audiology.org/wp-content/uploads/2022/04/Guide2AdultHearingCare-FINAL.pdf>
3. American Speech-Language-Hearing Association. Degree of Hearing Loss. 2023. Accessed November 11, 2024. <https://www.asha.org/public/hearing/degree-of-hearing-loss>
4. Au A, Blakeley JM, Dowell RC, Rance G. Wireless binaural hearing aid technology for telephone use and listening in wind noise. *Int J Audiol.* Apr 2019;58(4):193-199. doi:10.1080/14992027.2018.1538573
5. AZ Rev Stat, §36-1907. Accessed November 14, 2024.
6. Blevins NH. Presbycusis. In: Hussain Z, ed. *UpToDate*. UpToDate; 2024. Accessed November 11, 2024. <https://www.uptodate.com/contents/presbycusis>
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8. Gazia F, Portelli D, Lo Vano M, et al. Extended wear hearing aids: a comparative, pilot study. *Eur Arch Otorhinolaryngol.* Nov 2022;279(11):5415-5422. doi:10.1007/s00405-022-07445-0
9. Govender SM, De Jongh M. Identifying hearing impairment and the associated impact on the quality of life among the elderly residing in retirement homes in Pretoria, South Africa. *S Afr J Commun Disord.* Mar 1 2021;68(1):e1-e9. doi:10.4102/sajcd.v68i1.788
10. Hooper E, Brown LJE, Cross H, Dawes P, Leroi I, Armitage CJ. Systematic Review of Factors Associated With Hearing Aid Use in People Living in the Community With Dementia and Age-Related Hearing Loss. *J Am Med Dir Assoc.* Oct 2022;23(10):1669-1675.e16. doi:10.1016/j.jamda.2022.07.011
11. Husstedt H, Schönweiler R. [(Air-conduction) Hearing aids-indication, designs and applications : Signal processing and importance of individual fitting]. *Hno.* Aug 2022;70(8):635-644. (Luftleitungs-)Hörsysteme – Indikation, Bauformen und Einsatzmöglichkeiten : Signalverarbeitung und die Bedeutung der individuellen Anpassung. doi:10.1007/s00106-022-01196-4



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12. Kuschke S, le Roux T, Swanepoel W. Outcomes of children with sensorineural hearing loss fitted with binaural hearing aids at a pediatric public hospital in South Africa. *Int J Pediatr Otorhinolaryngol*. Jan 2022;152:110977. doi:10.1016/j.ijporl.2021.110977
13. Mealings K, Valderrama JT, Mejia J, Yeend I, Beach EF, Edwards B. Hearing Aids Reduce Self-Perceived Difficulties in Noise for Listeners With Normal Audiograms. *Ear Hear*. Aug 9 2023;doi:10.1097/aud.0000000000001412
14. Seong J, Yang SK, Jang P, Lee SY, Carandang M, Choi BY. Clinical Factors Influencing the Trial and Purchase of Bilateral Microphones with Contralateral Routing of Signal in Patients with Asymmetric Sensorineural Hearing Loss. *J Audiol Otol*. Jan 2020;24(1):29-34. doi:10.7874/jao.2019.00409
15. Smith RJ, Gooi A. Hearing loss in children: Treatment. In: Armsby C, ed. *UpToDate*. UpToDate; 2024. Accessed November 11, 2024. <https://www.uptodate.com/contents/hearing-loss-in-children-treatment>
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17. U.S. Department of Health and Human Services. National Institute on Deafness and Other Communication Disorders. NIDCD Fact Sheet Hearing Aids. 2023. Updated October 11, 2022. Accessed November 11, 2024. <https://www.nidcd.nih.gov/sites/default/files/hearing-aids.pdf>
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19. Weber PC. Hearing amplification in adults. In: Hussain Z, ed. *UpToDate*. UpToDate; 2024. Accessed November 11, 2024. <https://www.uptodate.com/contents/hearing-amplification-in-adults>
20. Zavdy O, Fostick L, Fink N, et al. The Effect of Hearing Aids on Sound Localization in Mild Unilateral Conductive Hearing Loss. *J Am Acad Audiol*. Dec 30 2022;doi:10.1055/a-1889-6578

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### **Coding:**

HCPCS: L8692, V5030, V5050, V5060, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5267, V5298

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<u>History:</u>	<u>Date:</u>	<u>Activity:</u>
Medical Policy Panel	12/03/24	Review with revisions
Legal Division	11/14/24	Review with revisions
Medical Director (Dr. Raja)	10/24/24	Review with revisions
Pediatric Subspecialty Advisory Sub-Committee	08/15/24	Review with no revisions
Medical Policy Panel (ad hoc)	12/14/23	Approved guideline
Medical Director (Dr. Raja)	12/08/23	Development
Legal Division	12/08/23	Development
Medical Director (Dr. Raja)	11/30/23	Development

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### Policy Revisions:

12/03/24	Added:	HCPCS codes: V5120, V5130, V5140
12/03/24	Updated:	Resources section



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### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idílkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

