

# Hearing Services

**Policy Number:** BIP073.M  
**Effective Date:** July 1, 2024

[➔ Instructions for Use](#)

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Related Medical Management Guidelines
<ul style="list-style-type: none"> <li>• <a href="#">Cochlear Implants</a></li> <li>• <a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable</a></li> <li>• <a href="#">Preventive Care Services</a></li> </ul>

## Federal/State Mandated Regulations

### California Health and Safety Code Section 124116.5: Newborn and Infant Hearing Screening, Tracking and Intervention Act

[https://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=HSC&sectionNum=124116.5](https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=124116.5)

- (a) (1) Every general acute care hospital with licensed perinatal services in this state shall administer to every newborn, upon birth admission, a hearing screening test for the identification of hearing loss, using protocols approved by the department or its designee.
- (2) In order to meet the department's certification criteria, a general acute care hospital shall be responsible for developing a screening program that provides competent hearing screening, utilizes appropriate staff and equipment for administering the testing, completes the testing prior to the newborn's discharge from a newborn nursery unit, refers infants with abnormal screening results, maintains a newborn and infant data management system and reports data as required by the department, and provides physician and family-parent education.
- (b) A hearing screening test provided for pursuant to subdivision (a) shall be performed by a licensed physician, licensed registered nurse, licensed audiologist, or an appropriately trained individual who is supervised in the performance of the test by a licensed health care professional.
- (c) Every general acute care hospital that has not been approved by the California Children's Services (CCS) program and that has licensed perinatal services that provide care in fewer than 100 births annually shall, if it does not directly provide a hearing screening test, enter into an agreement with an outpatient infant hearing screening provider certified by the department to provide hearing screening tests.
- (d) This section shall not apply to any newborn whose parent or guardian objects to the test on the grounds that the test is in violation of his or her beliefs.

### California Code of Regulations Section 1300.67(f)(4): Scope of Basic Health Care Services

[https://govt.westlaw.com/calregs/Document/I944154734C8A11ECA45D000D3A7C4BC3?viewType=FullText&listSource=Search&originationContext=Search+Result&transitionType=SearchItem&contextData=\(sc.Search\)&navigationPath=Search%2fv1%2fresults%2fnavigation%2fi0ad62d340000018811d6c4456b600c33%3fpccid%3dc063866fd6d947b5a40f7e36738bd0da%26Nav%3dREGULATION\\_PUBLICVIEW%26fragmentIdentifier%3dI944154734C8A11ECA45D000D3A7C4BC3%26startIndex%3d1%26transitionType%3dSearchItem%26contextData%3d%2528sc.Default%2529%26originationContext%3dSearch%2520Result&list=REGULATION\\_PUBLICVIEW&rank=1&t\\_T2=1300.67&t\\_S1=CA+ADC+s](https://govt.westlaw.com/calregs/Document/I944154734C8A11ECA45D000D3A7C4BC3?viewType=FullText&listSource=Search&originationContext=Search+Result&transitionType=SearchItem&contextData=(sc.Search)&navigationPath=Search%2fv1%2fresults%2fnavigation%2fi0ad62d340000018811d6c4456b600c33%3fpccid%3dc063866fd6d947b5a40f7e36738bd0da%26Nav%3dREGULATION_PUBLICVIEW%26fragmentIdentifier%3dI944154734C8A11ECA45D000D3A7C4BC3%26startIndex%3d1%26transitionType%3dSearchItem%26contextData%3d%2528sc.Default%2529%26originationContext%3dSearch%2520Result&list=REGULATION_PUBLICVIEW&rank=1&t_T2=1300.67&t_S1=CA+ADC+s)

The basic health care services required to be provided by a health care service plan to its enrollees shall include, where medically necessary, subject to any copayment, deductible, or limitation of which the Director may approve:

- (f) Preventive health services (including services for the detection of asymptomatic diseases), which shall include, under a physician's supervision,
  - (4) Vision and hearing testing for persons through age 16

# State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

**Note:** Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine the coverage eligibility.

### Bone-Anchored Hearing Aids (BAHAs)

BAHAs are covered only when purchased as a result of a written recommendation by a network physician and the member has either of the following:

- Craniofacial anomalies in which abnormal or absent ear canals prevent the use of a wearable hearing aid, or
- Hearing loss of sufficient severity that it cannot be corrected by a wearable hearing aid, and

**Note:**

- Bone-anchored hearing aids will not be subject to the non-implantable hearing aid limit. There will not be a dollar maximum associated with this benefit.
- Bone-anchored hearing aid will be subject to applicable medical/surgical categories (e.g., inpatient hospital, physician fees) only for members who meet the medical criteria specified above.
- Repairs and/or replacement for the implanted components of a bone-anchored hearing aid are not covered, except for malfunctions.
- Replacements of external hearing aid components for bone-anchored hearing aids are covered under the durable medical equipment benefit.
- Replacements of external hearing aid components are only covered when the condition of the device or part requires repairs that exceed the cost of replacement.

### Cochlear Implants

Cochlear Implants for bilateral, profoundly hearing-impaired persons or prelingual persons who are not benefited from conventional amplification (hearing aids) is covered when criteria are met. Refer to the Medical Management Guideline titled [Cochlear Implants](#). Coverage includes:

- The initial placements of the Cochlear Implant external components, and
- Services needed to support the mapping and functional assessment of the cochlear device at the authorized network provider.

**Note:**

- Cochlear Implants are covered under the medical benefit.
- If replacement external components of the Cochlear Implant system are needed at any point after that, then the benefit for those replacement items is under prosthetics and subject to prosthetic benefits.

### Diagnostic Testing

Diagnostic testing by a participating Network provider are covered when medically necessary and authorized by the member's primary care provider (PCP) or UnitedHealthcare as part of the diagnostic evaluation, or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem.

### Hearing Aids and Hearing Devices/Exams

Hearing Aids (including non-implantable bone conduction hearing aids utilizing a headband) required for the correction of a hearing impairment, a reduction in the inability to perceive sound which may range from slight to complete deafness are covered when it is purchased through a licensed audiologist, hearing aid dispenser, otolaryngologist or other authorized provider and ordered by a network physician. Covered services include the hearing aid and charges for associated fitting, and testing

**Note:**

- A hearing aid consists of a microphone, amplifier and receiver.
- Coverage is limited to one hearing aid (including repair and replacement) per hearing impaired ear every three years.
- Coverage may be available for certain over-the-counter hearing aids for covered persons age 18 and older who have mild to moderate hearing loss. Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine the coverage eligibility.
- Replacement of a hearing aid is only covered when the condition of the device or part requires repairs that exceed the cost of a replacement hearing aid.

**Hearing Examinations**

Hearing examinations to evaluate hearing loss are covered.

**Hearing Screening Services**

Hearing screening services are covered when:

- Performed by a network health professional to determine the need for hearing correction. In accordance with the American Academy of Pediatrics (Bright Futures) recommendations. Refer to the Medical Management Guideline titled [Preventive Care Services](#).

**Other Types of Hearing Aids and Hearing Devices**

Other hearing aids and devices include:

- Frequency modulated (FM) systems
- Intraoral bone conduction hearing aids (e.g., Soundbite)
- Laser or light based hearing aids
- Partially implantable bone conduction hearing aid with magnetic coupling
- Semi-implantable electromagnetic hearing aids for sensorineural hearing loss (SEHA)
- Totally implanted middle ear hearing systems

Refer to the Medical Management Guideline titled [Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi Implantable](#) for additional information.

**Not Covered**

- Deluxe model bone-anchored hearing aids and upgrades that are not medically necessary
- Hearing aids, devices and accessories not meeting the above criteria (i.e., dispensing fees, batteries, accessories, cords, assistive listening devices, and communications devices) unless required by a state mandate
- Repairs and/or replacement for the implanted components of a bone anchored hearing aid are not covered (other than for malfunctions)

**Definitions**

**Cochlear Implant:** A Cochlear Implant is a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing. The implant consists of an external portion that sits behind the ear and a second portion that is surgically placed under the skin (see figure). An implant has the following parts (a microphone, speech processor, transmitter and electrode array).

**References**

NIDCD. <https://www.nidcd.nih.gov/health/cochlear-implants#a>.

**Policy History/Revision Information**

Date	Summary of Changes
07/01/2024	<b>Covered Benefits</b> <ul style="list-style-type: none"> <li>• Revised language to indicate:               <ul style="list-style-type: none"> <li><i>Bone-Anchored Hearing Aids (BAHAs)</i> <ul style="list-style-type: none"> <li>○ BAHAs are covered only when purchased as a result of a written recommendation by a</li> </ul> </li> </ul> </li> </ul>

Date	Summary of Changes
	<p>network physician and the member has either of the following:</p> <ul style="list-style-type: none"> <li>▪ Craniofacial anomalies in which abnormal or absent ear canals prevent the use of a wearable hearing aid</li> <li>▪ Hearing loss of sufficient severity that it cannot be corrected by a wearable hearing aid</li> </ul> <ul style="list-style-type: none"> <li>○ Bone-anchored hearing aids will not be subject to the non-implantable hearing aid limit; there will not be a dollar maximum associated with this benefit</li> <li>○ Bone-anchored hearing aid will be subject to applicable medical/surgical categories (e.g., inpatient hospital, physician fees) only for members who meet the medical criteria specified above</li> <li>○ Repairs and/or replacement for the implanted components of a bone-anchored hearing aid are not covered, except for malfunctions</li> <li>○ Replacements of external hearing aid components for bone-anchored hearing aids are covered under the durable medical equipment benefit</li> <li>○ Replacements of external hearing aid components are only covered when the condition of the device or part requires repairs that exceed the cost of replacement</li> </ul> <p><b>Cochlear Implants</b></p> <ul style="list-style-type: none"> <li>○ Cochlear Implants for bilateral, profoundly hearing-impaired persons or prelingual persons who are not benefited from conventional amplification (hearing aids) is covered when criteria are met <ul style="list-style-type: none"> <li>▪ Coverage includes: <ul style="list-style-type: none"> <li>- The initial placement of the Cochlear Implant external components</li> <li>- Services needed to support the mapping and functional assessment of the cochlear device at the authorized network provider</li> </ul> </li> <li>▪ Refer to the Medical Management Guideline titled <i>Cochlear Implants</i></li> </ul> </li> <li>○ Cochlear Implants are covered under the medical benefit</li> <li>○ If replacement external components of the Cochlear Implant system are needed at any point after that, then the benefit for those replacement items is under prosthetics and subject to prosthetic benefits</li> </ul> <p><b>Diagnostic Testing</b></p> <ul style="list-style-type: none"> <li>○ Diagnostic testing by a participating network provider is covered when medically necessary and authorized by the member's primary care provider (PCP) or UnitedHealthcare as part of the diagnostic evaluation, or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem</li> </ul> <p><b>Hearing Aids and Hearing Devices/Exams</b></p> <ul style="list-style-type: none"> <li>○ Hearing aids (including non-implantable bone conduction hearing aids utilizing a headband) required for the correction of a hearing impairment (a reduction in the inability to perceive sound which may range from slight to complete deafness) are covered when it is purchased through a licensed audiologist, hearing aid dispenser, otolaryngologist, or other authorized provider and ordered by a network physician; covered services include the hearing aid and charges for associated fitting, and testing</li> <li>○ A hearing aid consists of a microphone, amplifier, and receiver</li> <li>○ Coverage is limited to one hearing aid (including repair and replacement) per hearing impaired ear every three years</li> <li>○ Coverage may be available for certain over-the-counter hearing aids for covered persons age 18 and older who have mild to moderate hearing loss; refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine the coverage eligibility</li> <li>○ Replacement of a hearing aid is only covered when the condition of the device or part requires repairs that exceed the cost of a replacement hearing aid</li> </ul> <p><b>Hearing Examinations</b></p> <ul style="list-style-type: none"> <li>○ Hearing examinations to evaluate hearing loss are covered</li> </ul> <p><b>Hearing Screening Services</b></p> <ul style="list-style-type: none"> <li>○ Hearing screening services are covered: <ul style="list-style-type: none"> <li>▪ When performed by a network health professional to determine the need for hearing correction</li> <li>▪ In accordance with the American Academy of Pediatrics (Bright Futures) recommendations; refer to the Medical Management Guideline titled <i>Preventive Care Services</i></li> </ul> </li> </ul>

Date	Summary of Changes
	<p><b>Other Types of Hearing Aids and Hearing Devices</b></p> <ul style="list-style-type: none"> <li>○ Other hearing aids and devices include: <ul style="list-style-type: none"> <li>▪ Frequency modulated (FM) systems</li> <li>▪ Intraoral bone conduction hearing aids (e.g., Soundbite)</li> <li>▪ Laser or light-based hearing aids</li> <li>▪ Partially implantable bone conduction hearing aid with magnetic coupling</li> <li>▪ Semi-implantable electromagnetic hearing aids for sensorineural hearing loss (SEHA)</li> <li>▪ Totally implanted middle ear hearing systems</li> </ul> </li> <li>○ Refer to the Medical Management Guideline titled <i>Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi Implantable</i> for additional information</li> </ul> <p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>● Revised list of non-covered services; replaced: <ul style="list-style-type: none"> <li>○ “Deluxe models and upgrades that are not medically necessary are not covered” with “deluxe model <i>bone-anchored hearing aids</i> and upgrades that are not medically necessary”</li> <li>○ “Hearing aid dispensing fees, batteries, accessories, cords, assistive listening devices, and communications devices unless required by a state mandate” with “hearing aids, <i>devices</i>, and accessories <i>not meeting the criteria [listed in the policy]</i> (i.e., dispensing fees, batteries, accessories, cords, assistive listening devices, and communications devices) unless required by a state mandate”</li> </ul> </li> <li>● Removed language indicating frequency modulated (FM) systems can be used as an extension or accessory of hearing aids: <ul style="list-style-type: none"> <li>○ FM systems are excluded from coverage unless required by a state mandate</li> <li>○ These do not prevent, diagnose, or treat a sickness or injury, and are not integral to the hearing aid itself</li> </ul> </li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>● Updated definition of “Cochlear Implant”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Updated <i>References</i> section to reflect the most current information</li> <li>● Archived previous policy version BIP073.L</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.