# Hearing Aid

## Adjudication Guideline

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# Table of Contents


1. Abstract ..... 3
   - 1.1 For Members ..... 3
   - 1.2 For Medical Professionals ..... 3
2. Scope ..... 5
3. Adjudication Policy ..... 5
   - 3.1 Eligibility / Coverage Criteria ..... 5
   - 3.2 Requirements for Coverage ..... 7
   - 3.3 Non-Coverage ..... 7
   - 3.4 Payment and Coding Rules ..... 7
4. Denial Codes ..... 8
5. Appendices ..... 9
   - 5.1 References ..... 9
   - 5.2 Revision History ..... 10

# 1. Abstract

## 1.1 For Members

A hearing aid is a small electronic device that can be worn in or behind the ear. It magnifies sound waves so that a person with hearing impairment can listen.

Most hearing aids share several similar components including:

- Microphone: captures sound from the surrounding environment.
- Amplifier: increases the strength and volume of the captured sounds.
- Receiver (miniature loudspeaker): delivers the amplified sounds into the ear canal.
- Battery: powers the electronic components of the device.

Hearing aids are most effective for individuals with sensorineural hearing loss, a common type of hearing impairment caused by damage to the sensory hair cells within the inner ear. This damage may result from aging, illness, exposure to excessive noise, or certain medications.

However, hearing aids have limitations. There is a maximum level of amplification that can be provided effectively, and if the inner ear has sustained extensive damage, even amplified sounds may not be converted into neural signals. In such cases, hearing aids may offer little or no benefit.

The selection of an appropriate hearing aid depends on several factors, including the type and severity of hearing loss, listening needs, and lifestyle.

## 1.2 For Medical Professionals

Daman covers different types of hearing aids including:

**Behind-the-ear (BTE) hearing aids**: BTE aids are used by people of all ages for mild to profound hearing loss.

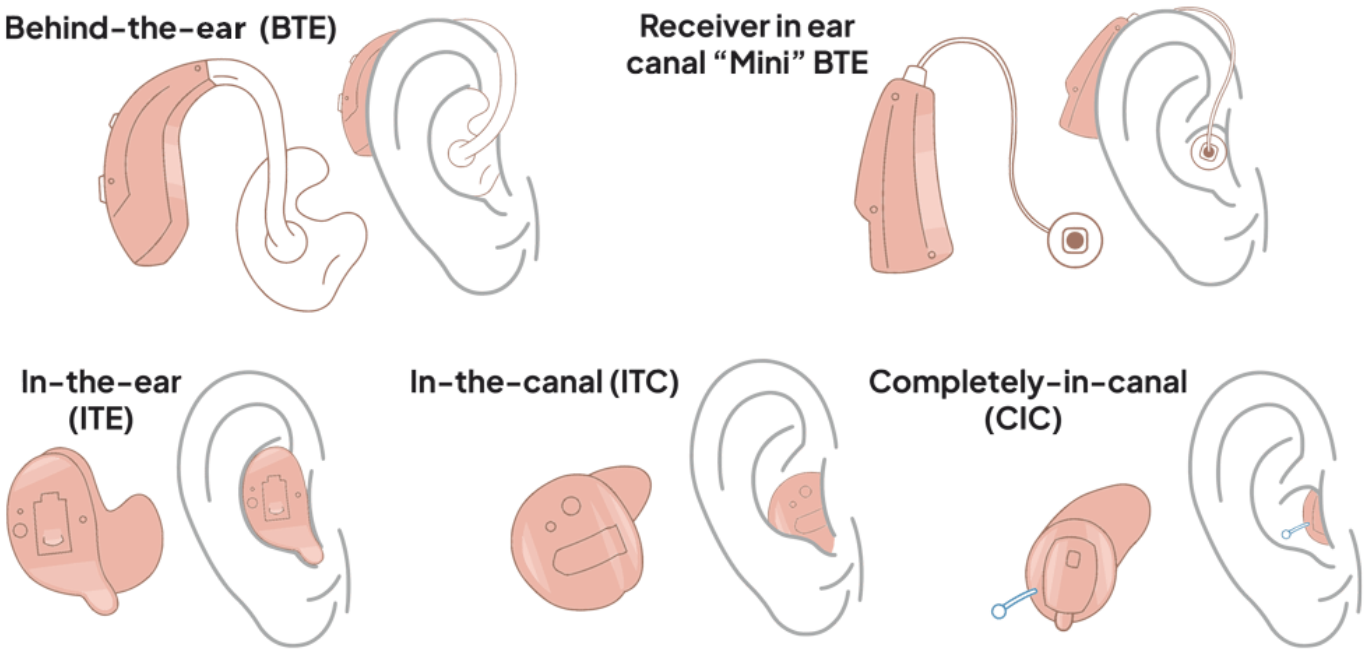
Another type of BTE aid is an Open-Fit hearing aid which is indicated for people who experience a buildup of earwax, since this type of aid is less likely to be damaged by such substances.

**Smaller "mini" BTEs or receiver in canal (RIC) aids**: since they earpieces may reduce the occlusion effect in the ear canal and increase comfort, reduce feedback, and address cosmetic concerns for many users.

**In-the-ear (ITE) hearing aids:** have all parts of the hearing aid contained in a shell that fills in the outer part of the ear and are used for mild to severe hearing loss.

**In-the-canal (ITC) aids and completely-in-the-canal (CIC) aids**: are tiny cases that fit partly or completely into the ear canal. They are the smallest hearing aids available and offer cosmetic and some listening advantages and are used for mild to moderately severe hearing loss.

They usually are not recommended for young children or for people with severe to profound hearing loss because their reduced size limits their power and volume.




Courtesy to *Hearing Loss Association of America*

# 2. Scope

This adjudication guideline aims to highlight the medical requirements and coverage criteria of Hearing Aid, specifically air conduction hearing aid devices for health insurance plans administered by Daman in accordance with policy terms and conditions.

Implantable hearing devices—such as cochlear implants, osseo-integrated hearing systems, and electrically driven middle ear implants—are out of the scope of this guideline.

# 3. Adjudication Policy

## 3.1 Eligibility / Coverage Criteria

Clinical indications must fulfill the following:

- The device must be approved, listed, and/or registered by the FDA as a prescription medical device AND
- It must be dispensed by a prescription or a signed written order from a licensed healthcare provider who is practicing within the scope of their license AND
- The degree of hearing loss is confirmed by audiometry studies as below:
    - **Pure tone audiometry:** Pure-Tone Average (PTA) is defined as the average of hearing-threshold levels, measured in decibels hearing level (dB HL), at 500 Hz, 1000 Hz, and 2000 Hz.
    - To be eligible the patient must demonstrate through reports; a PTA of ≥ 26 dB Hearing Loss in the better-hearing ear, when threshold is measured at three frequencies 500 Hz, 1000 Hz, and 2000 Hz for below cases:
        a. Conductive hearing loss unresponsive to medical or surgical interventions.
        b. Sensorineural hearing loss.
        c. Mixed hearing loss (combination of conduction hearing loss and sensorineural hearing loss).

With the below when clinically required, and to assess auditory nerve function, measure the functional impact of hearing loss, or evaluate hearing aid outcomes:

- **Speech audiometry:** Speech audiometry is used to verify pure-tone results, it typically consists of two parts:
    - **Speech Recognition Threshold (SRT):** measures the lowest intensity level (in dB HL) at which a patient can correctly identify 50% of spondaic words (two-syllable words with equal stress).
    - **Word Recognition Scores (WRS):** measure the percentage of monosyllabic words correctly identified when presented at a suprathreshold level (typically 30-40 dB above the patient's SRT).

**Hearing Aid replacement:**

Documentation requirement of medical necessity for replacement of hearing aid includes all the below:

- Member's history of hearing aid use.
- Pertinent medical history, description of functional status, relevant prior treatment.
- Comprehensive audiometric testing containing: Date, type of testing (e,g; aided PTA) and results that demonstrates aided progressive hearing loss and need for a replacement hearing aid.
- The currently used device is no longer functioning adequately and has been determined to be non-repairable and is not under warranty, OR
- Significant change in the person's hearing that requires a different hearing aid (at least a 15 dB change in at least one frequency between 500 and 4000 Hz)
- Follow-up plan for assessing effectiveness/outcome of use of the replacement hearing aid including trial period and warranty information.

## 3.2 Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Documentation Requirements: For patients requiring hearing aid Comprehensive Audiologic Evaluation is required including Pure-Tone Average (PTA) of ≥ 26 dB HL in the better-hearing ear, or if required additionally, complete Speech audiometry with its two components Speech Recognition Threshold (SRT) and the Word Discrimination Score (WDS) confirming the result of Pure tone audiometry.

## 3.3 Non-Coverage

- Hearing aid is not covered for visitors plan and plans with no DME benefit /hearing aid benefit as per policy terms and conditions.
- Failure to submit clinical history, indications, and Comprehensive Audiologic Evaluation results when requested or during case history review will result in claim rejection.
- Repair or replacement of purchased hearing aid damaged due to neglect, theft, and abuse.
- A hearing aid cannot be worn in the same ear as a cochlear implant. However, patients with a unilateral cochlear implant can wear a hearing aid in the contralateral (opposite) ear if they have sufficient residual hearing particularly when the non-implanted ear has aidable residual hearing.

## 3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations, as well as relevant coding manuals (ICD, CPT and HCPCS)

**Documentation Requirements**

Providers must ensure that the medical record includes investigations pertinent to the patient's condition, such as:

- Most recent Pure Tone Audiogram (within past 6-12 months)
- Interpretation and summary of audiogram as notes or documents with any additional clinical information
- Word Recognition scores and summary (as required)
- Speech Recognition Threshold (as required)

# 4. Denial Codes

| Code | Code Description |
|---|---|
| NCOV-003 | Service(s) is (are) not covered |
| MNEC-004 | Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities |
| MNEC-003 | Service is not clinically indicated based on good clinical practice |
| PRICE-002 | Payment is included in the allowance for another service |
| MNEC-005 | Service /supply may be appropriate, but too frequent |
| CODE-010 | Activity/diagnosis inconsistent with clinician's speciality |

# 5. Appendices

## 5.1 References


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## 5.2 Revision History

| Date | Change(s) |
|---|---|
| 05/01/2020 | Release of V1.0 |
| 28/02/2025 | Release of V2.0 |
| 23/10/2026 | Release of V3.0<br>• Eligibility Criteria Update<br>• General Content and Template Update |

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