

Hearing Services

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[➔ Instructions for Use](#)

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Related Medical Management Guidelines
• Cochlear Implants
• Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable
• Otoacoustic Emissions Testing
• Preventive Care Services

Federal/State Mandated Regulations

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

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=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: § 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%2fi0ad62d34000018811d6c4456b600c33%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%2fi0ad62d34000018811d6c4456b600c33%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.

- Hearing screening services when performed by a network health professional to determine the need for hearing correction. Hearing screening tests are covered in accordance with the American Academy of Pediatrics (Bright Futures) recommendations.
Note: These may include use of an office screening audiometer, tuning fork, or whispered number recognition.
- Hearing examinations to evaluate hearing loss
Examples include, but are not limited to:
 - Testing for hearing loss secondary to acute illness or injury
 - Testing for hearing loss secondary to drug therapy
- Further diagnostic testing by a participating audiologist, including hearing and balance assessment services, is covered when the member's primary care provider orders the testing as part of the diagnostic evaluation, or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem.
Note: These services are not covered when the diagnostic information required to determine the appropriate medical or surgical treatment is already known to the physician, or the diagnostic services are performed **only** to determine the need for or the appropriate type of a hearing aid, unless member has a supplemental hearing aid benefit.
- Cochlear Implants when criteria are met. **Refer to the Medical Management Guideline** titled [Cochlear Implants](#). The initial placements of the cochlear implant external components that are done during the surgery are covered under the surgical benefit. However, 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.
Note: Cochlear Implants are covered under the medical benefit.
- **Wearable Hearing Aids and Exams** (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 ordered by a network physician. Coverage includes the hearing aid, fitting, assessment, and testing of the hearing aid. 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.

Refer to the Schedule of Benefits for any applicable copayments, deductible amounts, and annual dollar limit benefit maximum.

- Bone-anchored hearing aids (BAHA) are covered only when 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
 - A bone anchored hearing aid that is purchased as a result of a written recommendation by a network physician.

Note: Bone-anchored hearing aid 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. External components for bone-anchored hearing aids are either body-worn or worn behind the ear. Examples of external components include an external abutment and a sound processor.

Replacements of external hearing aid components are only covered due to malfunction and when the condition of the device or part requires repairs that exceed the cost of replacement. Deluxe model and upgrades that are not medically necessary are not covered.

- Other types of hearing aids and hearing devices are addressed in the Medical Management Guideline titled [Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable](#):
 - Semi-Implantable Electromagnetic Hearing Aids for Sensorineural Hearing Loss (SEHA)
 - Totally Implanted Middle Ear Hearing Systems
 - Partially Implantable Bone Conduction Hearing Aid With Magnetic Coupling
 - Intraoral Bone Conduction Hearing Aids (example: Soundbite)
 - Laser or Light based Hearing Aids

Not Covered

- Repairs and/or replacement for the implanted components of a bone anchored hearing aid are not covered, other than for malfunctions. Deluxe models and upgrades that are not medically necessary are not covered.
- Hearing aid dispensing fees, batteries, accessories, cords, assistive listening devices, and communications devices unless required by a state mandate.
- Frequency modulated (FM) systems can be used as an extension or accessory of hearing aids. FM systems are excluded from coverage unless required by a state mandate. These do not prevent, diagnose or treat a sickness or injury, and are not integral to the hearing aid itself.

Definitions

Cochlear Implant: An electronic instrument, part of which is implanted surgically to stimulate auditory nerve fibers, and part of which is worn or carried by the individual to capture, analyze, and code sound.

References

American Disabilities Act <http://www.ada.gov/pubs/ada.htm>

Policy History/Revision Information

Date	Summary of Changes
08/01/2023	<p>Federal/State Mandated Regulations</p> <ul style="list-style-type: none">• Updated reference link to <i>California Code of Regulations Section 1300.67(f)(4)</i> <p>Covered Benefits</p> <ul style="list-style-type: none">• Revised list of covered services; replaced:<ul style="list-style-type: none">○ “Hearing screening services when performed <i>in the primary care physician's office</i> by a network health professional” with “hearing screening services when performed by a network health professional to <i>determine the need for hearing correction</i>”○ “<i>Routine</i> hearing screening tests in accordance with the American Academy of Pediatrics (Bright Futures) recommendations” with “hearing screening tests <i>are covered</i> in accordance with the American Academy of Pediatrics (Bright Futures) recommendations”

Date	Summary of Changes
	<p>Not Covered</p> <ul style="list-style-type: none"> ● Added language to clarify repairs and/or replacement <i>for the implanted components</i> of a bone anchored hearing aid are not covered, other than for malfunctions <p>Definitions</p> <ul style="list-style-type: none"> ● Removed definition of: <ul style="list-style-type: none"> ○ Bone-Anchored Hearing Aids (BAHA) ○ Hearing Aids <p>Supporting Information</p> <ul style="list-style-type: none"> ● Archived previous policy version BIP073.K

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.