

Hearing services and hearing aid devices

Frequently asked questions

Hearing services available to UnitedHealthcare Community Plan of Hawaii members include screening, diagnostic or corrective services, equipment and supplies provided by, or under the direction of, an otorhinolaryngologist or an audiologist.

Is there a limit to the number of hearing services that can be provided?

Yes. See the table below for limitations.

Hearing services				
Service	≤ 3 years old	≥ 4 years old	≤ 21 years old	> 21 years old
Initial evaluation/selection			1x per year	1x per year
Electroacoustic evaluation	4x per year	2x per year		
Fitting/orientation/hearing aid check			2x per 3 years	1x per 3 years

How many hearing aid device(s) are allowed per year?

Hearing aid devices are limited to 1 every 24 months for both adults and children. The 24-month period will begin again from the date of the most recent dispensed hearing aid device.

Are there certain models allowed under the hearing aid benefit?

Hearing aid device coverage includes both analog and digital models.

Is prior authorization required for hearing services and hearing aid devices?

Yes. **Certain codes** require prior authorization. Search the word “hearing” to get to the “hearing aids and hearing aid services section” code list.

Is replacement a covered benefit and is prior authorization required?

Replacement of hearing aid devices due to loss or damage is covered. However, we require prior authorization for replacements during the manufacturer's warranty period or within 3 years of purchasing or replacing another device.

Is there a limit on the number of batteries dispensed per benefit period?

There is no limit to the number of batteries dispensed for hearing aid devices within a benefit period.

Are modifiers required when billing?

Modifiers are required when billing for monaural hearing aid devices.

Can hearing aid devices be billed on a UB-04 claim form?

You can bill hearing aid devices on a CMS-1500 claim form.

What is the reimbursement rate for hearing aid devices?

Please refer to your contract with UnitedHealthcare QUEST Integration for reimbursement information.

When should a member be referred to UnitedHealthcare Hearing (EPIC) for hearing aid devices?

Referrals to UnitedHealthcare Hearing (EPIC) for hearing aid devices ended on April 30, 2021. Members that started their hearing aid device journey with UnitedHealthcare Hearing (EPIC) will continue with UnitedHealthcare Hearing (EPIC) until one of the following occurs:

- All required services have been provided
- Benefits have been exhausted
- A new hearing aid device is required

Where do I get answers to questions not listed within this FAQ?

Contact our Provider Call Center at **888-980-8728** for any additional questions.