Hearing aids
These services may or may not be covered by all HealthPartners plans. Please see your plan documents for your own coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process
Prior authorization is not required for hearing aids. We encourage members to check with Member Services to verify the terms of coverage and age limits per your specific plan documents. Hearing aids may not be covered by all plans.

Prior authorization is required for Bone Anchored Hearing Aids (BAHA).

Notes about the BAHA benefit:
- BAHA are considered a hearing aid, but initially they are administered under the medical benefit rather than DME because the "anchor" is surgically implanted.
- Replacement BAHA parts are administered under the DME benefit and do not require prior authorization.

Coverage
Hearing aids are generally covered subject to the indications listed below, and per your plan documents.

Indications that are covered
BAHA are generally covered for individuals with a hearing aid benefit who have hearing loss that is not correctable by other covered procedures or devices. These devices are indicated only when non-BAHA hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss, or surgery.

Benefit Information:
1. Coverage is generally limited to one basic standard hearing aid or BAHA in each ear every three years. In addition, hearing aids are subject to the usual copayment, coinsurance or rules applicable to Durable Medical Equipment (DME) as stated in your plan documents.
2. The three-year limitation is further clarified as three years since the last hearing aid was purchased for a specific ear, regardless of whether the previous hearing aid was covered by this plan.
3. Exceptions to the three year limitation will be considered based on medical necessity as follows:
   A. The member has outgrown the hearing aid, or
   B. The member hearing has changed, or
   C. The hearing aid is no longer functional.

Indications that are not covered
1. Replacement hearing aid batteries
2. Replacement ear molds
3. Duplicate hearing aid(s) for use as a back-up.
4. Replacement hearing aids for items that have been:
   A. damaged or destroyed by member misuse, abuse or carelessness,
   B. lost; or
   C. stolen
5. Assistive listening device, frequency modulation (FM) or digital modulation (DM) Systems as they are not considered hearing aids.
6. Replacement hearing aids in a member whose current hearing aid can be repaired to a functional level that meets their amplification needs.

Definitions
Bone anchored hearing aids (BAHAs) - surgically implanted hearing devices that transmit sound directly to the inner ear through bone, bypassing the external auditory canal and middle ear. BAHAs consist of an external sound processor and a titanium implant that is affixed to the temporal bone of the skull. The sound processor vibrates the implant, which in turn vibrates the temporal bone. That vibration is then transmitted through other bones to the cochlea of the opposite ear, where it creates the sensation of sound.
Assistive listening device, frequency modulation (FM) or digital modulation (DM) System - a wireless system designed to help someone better identify and understand speech in noisy situations and over distances of up to 50 feet. Some FM systems work along with hearing aids, while others are designed for those with normal hearing. The person speaking wears or holds a transmitter microphone (or places this in the middle of a group). The transmitter picks up speech sounds and uses radio waves to send these to one or more FM receivers, which a person can wear behind the ear or connected to a hearing aid.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all inclusive.

The following CPT codes require prior authorization:

<table>
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<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>69710</td>
<td>Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone</td>
</tr>
<tr>
<td>69714</td>
<td>Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy</td>
</tr>
<tr>
<td>69715</td>
<td>Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy</td>
</tr>
<tr>
<td>L8690</td>
<td>Auditory osseointegrated device, includes all internal and external components</td>
</tr>
<tr>
<td>L8692</td>
<td>Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment</td>
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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Vendor

Item must be received from a contracted vendor or Audiology or ENT provider who is contracted to provide hearing aids for in-network benefits to apply.

BAHA is initially administered under the Medical Benefit and contracted vendors requirements may not apply for initial or replacement BAHA.


References