



Medica Central Coverage Policy

Policy Name: Hearing Aids MP9445

Effective Date: 11/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Note: This policy does not address bone anchored hearing aids. See related policy, *Bone Anchored Hearing Aid (BAHA) MP9018*.

Coverage Policy

Note: Coverage for hearing aids varies by plan documents. Please refer to the member's plan document for specific coverage information.

Hearing aids are medically necessary and are **COVERED** when documentation in the medical record indicates **all of the following** criteria are met:

1. A hearing exam has been performed by a licensed audiologist to evaluate and determine if correction is needed, and **all the following** criteria are met:
 - a. The evaluation has been performed by an in-plan audiologist.
 - b. An audiogram, a needs assessment, and medical clearance completed within the past six (6) months must all be documented in the medical record.
 - c. **One of the following** results are documented in the medical record for either a binaural or monoaural air conduction hearing aid:
 - i. Hearing thresholds 40 decibels (dB) HL or greater at 500, 1000, 2000, 3000 or 4000 hertz (Hz)
 - ii. Hearing thresholds 26 dB HL or greater at three of the frequencies listed above



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- iii. Speech recognition less than 94 percent.
 - d. Infants and children through the age 18 who are certified as deaf or hearing impaired by a physician or audiologist are eligible for bilateral (both ears) hearing aids.
2. The following devices and accessories are considered not medically necessary and therefore **NOT COVERED**:
- a. A fully implantable middle ear hearing aid
 - b. A non-implantable, intraoral bone conduction hearing aid
 - c. Hearing Aids that can be purchased without a medical evaluation or over the counter (OTC)
 - d. Additional batteries after the one supplied with the initial hearing aid
3. All other indications not listed in 1. and 2., above, are considered not medically necessary and therefore **NOT COVERED**.

Description

Air conduction hearing aid devices are defined as any of the following devices: (1) behind the ear (BTE); (2) in the ear (ITE); (3) in the ear canal (ITC); (4) completely in the canal (CIC); and (5) contralateral routing of sound (CROS) device for single sided hearing loss. Air conduction hearing aid devices bring amplified sound into the ear canal. Sound then moves through the eardrum and the middle ear bones to reach the inner ear, where the sound is processed and sent to the brain, allowing the brain to perceive sound.

FDA Approval

Hearing aids are FDA-regulated medical devices.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

Use the current applicable CPT/HCPCS code(s).



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