Overview
The purpose of this document is to describe the guidelines Neighborhood Health Plan (NHP) utilizes to determine medical appropriateness for assistive hearing devices.

Coverage Guidelines
NHP covers assistive hearing devices when medically necessary and in accordance with Massachusetts law. The specialist and/or the primary care provider are responsible for providing all necessary clinical information for the determination of benefit coverage including: presenting condition(s), history of hearing loss, and medical necessity rationale. NHP does not cover hearing/listening devices or device features that are to be principally used for convenience and are not medically necessary, or devices or device features that are considered experimental and investigational (e.g. semi-implantable and fully implantable middle ear hearing aids).

Air Conduction Hearing Aids and Non-Implantable Bone Conduction Hearing Aids
As of February 20, 2017, medical necessity for Air Conduction Hearing Aids and Non-Implantable Bone Conduction Hearing Aids is determined through McKesson’s InterQual® criteria. To access the criteria, log in to NHP’s provider website at NHP.Net and click the InterQual® Criteria Lookup link under the Resources Menu.

Cochlear Implants
As of February 20, 2017, medical necessity for Cochlear implantation is determined through McKesson’s InterQual® criteria. To access the criteria, log in to NHP’s provider website at NHP.Net and click the InterQual® Criteria Lookup link under the Resources Menu.

Bone Anchored Hearing Devices (BAHD) or Bone Anchored Hearing Aid (BAHA)
NHP covers medically necessary BAHD for a member at least 5 years old with conductive or mixed hearing loss or single-sided deafness:

1. Conductive or mixed hearing loss in members who are unable to use conventional air conduction hearing aids and when a-e of the following criteria are met:
   a. Has one of the following conditions:
      i. Congenital, surgical, or acquired malformations of the external ear canal or middle ear canal;
      ii. Tumors of the external canal and/or tympanic cavity; or
      iii. Severe, chronic otitis externa or otitis media, hypersensitivity to ear molds used in air conduction hearing aids or recalcitrant dermatitis of the external ear;
   b. Has one of the following audiologic findings:
      i. The processor requested is appropriate to meet the needs of the member based on their pure tone average bone conduction threshold, measured at 500 Hz, 1000 Hz, 2000 Hz & 3000 Hz (e.g.}
Baha 3/BP100 for better than or equal to 45 dB; Baha Intenso for better or equal to 55 dB; Baha Cordele II for better than or equal to 60 dB; or

ii. For bilateral implantation, patients meet above audiologic criteria and have a symmetrically conductive or mixed-hearing loss as defined by a difference of less than 10 dB on average between left and right side bone condition thresholds measured at 500 Hz, 1000 Hz, 2000 Hz & 3000 Hz; or less than 15 dB at individual frequencies;
   a. A non-permanent, BAHD test band/soft band has been tried and has improved the member’s word recognition and speech comprehension - particularly in noisy environments;
   b. Member has been counseled regarding reasonable expectations of the BAHD performance; and
   c. Member is motivated to use the device.

2. Single-sided deafness, and normal (at least a 25 db threshold) or only mildly reduced bone conduction hearing in the good ear (26-40 db) measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz, and when a-d of the following criteria are met:
   a. A conventional CROS or (bi)CROS aid (whichever is most appropriate) has been considered and is felt not to be a viable option;
   b. A non-permanent, BAHD test band/soft band has been tried and has improved the member’s word recognition and speech comprehension particularly in noisy environments;
   c. Member has been counseled regarding reasonable expectations of the BAHD performance; and
   d. Member is motivated to use the device.

Exclusions
1. Bone-anchored hearing devices for any reason other than those listed.
2. For all conditions/diagnosis not covered under this coverage criteria.
3. For pure bilateral sensorineural hearing loss.
4. Replacement or repair of a processor when:
   a. It is still under manufacture warranty;
   b. It is lost, stolen or damaged due to improper care, or misuse, or neglect (NHP may require proof of the stolen or damaged item. Proof consists of a police report, pictures or corroborating statement); or
   c. The member has a functioning model and a newer or upgraded model is not medically necessary.
5. Devices or device features that are to be principally used for convenience and are not medically necessary, or devices or device features that are considered experimental and investigational.
6. Non-medically necessary accessories such as but not limited to: Bluetooth accessories, accessories for recreational use, accessories for water use, duplicate accessories.

Brainstem Implant
NHP covers medically necessary unilateral auditory brain stem implant (using surface electrodes on the cochlear nuclei) in patients with neurofibromatosis type II, who are 12 years of age or older and have been rendered deaf due to bilateral resection of the cochlear nerve.

Exclusions
1. Brainstem implants for any reason other than those listed above.
2. For all conditions/diagnosis not covered under this coverage criteria.

Definitions
Air Conduction Hearing Aid: a wearable aid or device, not including surgical implants, which is inserted directly into the ear or worn with an ear mold and air conduction receiver or bone oscillator attachment and any part, attachment or accessory, but excluding batteries, cords, and accessories thereto, designed for or offered for the purpose of aiding or compensating for hearing loss.

Non-implantable Bone Conduction Hearing Aid (eg CROS, biCROS): a non-surgically implanted, wearable aid or device with the bone vibrator tightly held in place on the mastoid process via a headband. It delivers sound from that ear, routing it transcranially via bone conduction to the cochlea of the normal ear. For a patient with an unaidable ear and normal hearing in the opposite ear, the bone conduction aid can provide improved awareness and recognition of speech arriving on the side of the poor ear.
Semi-Implantable & Fully Implantable Hearing Aid: Hearing device which consists of an audio processor, a receiver, and an implanted electromagnetic transducer to provide contact with the ossicles or is close to a magnet implanted on the ossicles. The audio processor detects and converts sounds into electric currents, which are transmitted to the receiver and conveyed to the electromagnetic transducer, where they are converted into a magnetic field that vibrates the ossicles, either by direct contact with the ossicles or by acting on (attracting and repelling) the magnet implanted on the ossicles. Some examples are:

1. Vibrant Soundbridge
2. Sound tec
3. Direct System
4. Esteem implantable hearing system

Regulation
Massachusetts General Law Chapter 176B Section 4EE
Section 4EE. Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, that shall be delivered, issued, or renewed within the Commonwealth shall provide as benefits to all individual subscribers or members within the Commonwealth and to all group members having a principal place of employment in the Commonwealth, coverage for such person’s children 21 years of age or younger, who are insured under such certificates or agreements, for the cost of 1 hearing aid per hearing-impaired ear up to $2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the child’s treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting, and adjustments and supplies, including ear molds. The insured may choose a higher-priced hearing aid and may pay the difference in cost above the $2,000 limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

Related Policies
- Hearing Aids Provider Payment Guidelines

Effective
August 2017: Annual review.
February 2017: Changes reflect the addition of InterQual® criteria for Air Conduction Hearing Aids and Non-Implantable Bone Conduction Hearing Aids and Cochlear Implants.
August 2016: Annual review
August 2015: Clarification of replacement or repair of hearing devices or components under exclusions
August 2014: Edited exclusion language, Modified BAHD criteria to allow for new devices as technology progresses, and added Blue Tooth BAHD and Cochlear implants and accessories to exclusions
May 2013: Effective date.

References:


Independent practitioner review 2013


Massachusetts General Law Chapter 176B Section 4EE

*MGL: Chapter 233 of the Acts of 2012

Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, that shall be delivered, issued or renewed within the Commonwealth shall provide as benefits to all individual subscribers or members within the Commonwealth and to all group members having a principal place of employment in the Commonwealth, coverage for such person’s children 21 years of age or younger, who are insured under such certificates or agreements, for the cost of 1 hearing aid per hearing impaired ear up to $2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the child’s treating physician that the hearing aids are necessary regardless of etiology.


Verstraeten, N., Zarowski, A., Somers, T., Riff, D., & Offerciers E. Comparison of audiologic results obtained with the bone-anchored hearing aid attached to the headband, the testband, and to the “snap”abutment. Otology & Neurotology. (2008) 30: 70-75