



MEDICAL COVERAGE GUIDELINES  
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 04/16/13  
LAST REVIEW DATE: 01/22/19  
LAST CRITERIA REVISION DATE: 08/25/16  
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## CONVENTIONAL AND DIGITAL HEARING AIDS

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## **CONVENTIONAL AND DIGITAL HEARING AIDS (cont.)**

### **Description:**

A hearing aid amplifies sound and requires the presence of hair cells for effectiveness.

### **Conventional Hearing Aid:**

Uses analog technology to convert sound waves to electrical signals, which are amplified. Conventional hearing aids can be subdivided into air conduction hearing aids and bone conduction hearing aids.

- **Air Conduction Hearing Aid:**  
Amplifies and delivers sound to the ear canal through air conduction. Requires the use of an ear mold. Styles include in the ear, behind the ear, in the canal and completely in canal.
- **Bone Conduction Hearing Aid:**  
Transmits sound to the ear through a vibrating pad placed on the mastoid bone just behind the ear. Sound waves are transmitted through the bone to the middle ear ossicles. A headband holds the vibrating pad tightly to the head. The Bone Anchored Hearing Aid (BAHA®) non-implanted sound processors can be used with the BAHA Headband or Softband™. There is no implantation surgery with this application. The sound processor is attached to the head using either a hard or soft headband. The amplified sound is transmitted transcutaneously to the bones of the skull for transmission to the cochlea. The Sound Bite™ Hearing system consists of two main components; a behind the ear (BTE) microphone unit and an in the mouth (ITM) hearing device. The BTE uses a digital signal processor to process sound and a wireless chip transmits the signals to a hearing device worn in the mouth. The ITM hearing device creates imperceptible vibrations using a piezoelectric actuator that are sent via the teeth, through the skull bones, and ultimately the cochleae.
- **Contralateral Routing of Signal (CROS):**  
A hearing aid system that uses a microphone on the affected side to transmit a signal to an air conduction hearing aid on the normal or less affected side.

### **Digital Hearing Aid:**

Uses digital technology to convert sound waves into numerical codes before amplifying them.

### **Definitions:**

#### **Types of Hearing Loss:**

##### **Conductive Hearing Loss:**

Occurs when there is a mechanical problem in the external or middle ear and the auditory nerve remains intact. Conductive hearing loss can often be medically or surgically corrected.

##### **Sensorineural Hearing Loss:**

Occurs when there is damage to the inner ear (cochlea) or to the auditory nerve. This type of hearing loss usually cannot be medically or surgically corrected.



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## **CONVENTIONAL AND DIGITAL HEARING AIDS (cont.)**

**Definitions:** (cont.)

**Types of Hearing Loss:** (cont.)

**Mixed Hearing Loss:**

A combination of conductive and sensorineural hearing loss. Damage exists in the external or middle ear and also in the inner ear or auditory nerve.

**Degrees of Hearing Loss:**

**Mild Hearing Loss:**

Pure-tone average (PTA) detection threshold 20 to 40 dB

**Moderate Hearing Loss:**

PTA detection threshold 40 to 60 dB

**Severe Hearing Loss:**

PTA detection threshold 60 to 80 dB

**Profound Hearing Loss:**

PTA detection threshold equal to or greater than 80 dB

**Auditory Rehabilitation:**

Hearing rehabilitation assessment and intervention for children and adults. Previously referred to as aural rehabilitation.

**Evaluation of Auditory Rehabilitation Status:**

Fundamental auditory and listening instruction for children who were not able to hear before receiving a cochlear implant, for adults with hearing loss who did not wear hearing aids and for children and adults who lost hearing and regained auditory function either with hearing aids or cochlear implants.

**Auditory Rehabilitation Pre-lingual Hearing Loss:**

Services performed for individuals who have no prior experience with hearing and are learning to hear through the use of hearing aids or cochlear implants.

**Auditory Rehabilitation Post-lingual Hearing Loss:**

Rehabilitation of adults who received a cochlear implant after a long period of time without functional hearing to assist in achieving speech understanding and identification of sounds.



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### Criteria:

COVERAGE FOR CONVENTIONAL OR DIGITAL HEARING AID IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

For cochlear implants, see BCBSAZ Medical Coverage Guideline #0724, "*Cochlear Implants*".

For implantable bone-conduction and bone-anchored hearing aids, see BCBSAZ Medical Coverage Guideline #0723, "*Implantable Bone-Conduction and Bone-Anchored Hearing Aids*".

For semi-implantable and fully-implantable middle ear hearing aids, see BCBSAZ Medical Coverage Guideline #0725, "*Semi-Implantable and Fully Implantable Middle Ear Hearing Aids*".

- If benefit coverage for hearing aid is available, conventional or digital hearing aid and associated auditory rehabilitation is considered **medically necessary** for an individual who needs sound amplification to enhance or restore hearing ability.
- If benefit coverage for hearing aid is available, replacement or upgrade of a conventional or digital hearing aid and/or its external components to a next generation device is considered **medically necessary** with documentation of **ANY** of the following:
  1. The currently used component is no longer functional and cannot be repaired
  2. The currently used component is inadequate to the point of interfering with age-appropriate activities of daily living
- If benefit coverage for hearing aid is available, replacement or upgrade of a functioning conventional or digital ear hearing aid and/or its external components to a next generation device simply for the purpose of upgrading or to achieve an aesthetic improvement, such as smaller profile components or a switch from a body-worn, external sound processor to a behind-the-ear model, is considered **not medically necessary**, even if the warranty has expired.

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### Resources:

Literature reviewed 02/20/18. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 04/16/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. National Institute on Deafness and Other Communication Disorders. Hearing Aids. 03/06/2017, 08/05/2015.



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### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínigíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíłkídkgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíłkídkgo beehaz'áanii hółq díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í' hodíłnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.



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### Multi-Language Interpreter Services: (cont.)

**Tagalog:** Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

**Korean:** 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

**French:** Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

**German:** Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

**Russian:** Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

**Japanese:** ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

**Farsi:**

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue Cross Blue Shield of Arizona، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید].

**Assyrian:**

Blue Cross Blue Shield of Arizona، ئه بێ ههنگاو، ئه بهێت به تۆ ههڵمهتێکی خێبهر و ههڵمهتێکی خێبهر بۆ تۆ ئه بێت. ئه بهێت به تۆ ههڵمهتێکی خێبهر و ههڵمهتێکی خێبهر بۆ تۆ ئه بێت. 877-475-4799.

**Serbo-Croatian:** Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

**Thai:** หากคุณ หรือคนทอดกลางช่วยเหลื่อมคากามเกยวกับ Blue Cross Blue Shield of Arizona คณมสทททจะไดรบความช่วยเหลอและขอมลในภาษา ของคณไดโดยไมมคาคาไชจ่าย พดคยกมลาม โทร 877-475-4799