



Subject: Hearing Aid

Revision: 4/25

DESCRIPTION

Coverage is provided for hearing aids and ear molds that are required to improve pure tone hearing ability for causes other than injury to the ear.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans

DEFINITIONS

Hearing aid is a small electronic device that you wear in or behind your ear to make sounds louder.

Ear molds are custom-fitted components that fit inside the ear canal and are used with hearing aids and other auditory devices.

Cochlear implant is a small electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing.

Bone-Anchored Hearing Aids (BAHA) are surgically implanted devices that may partially restore hearing by using vibrations through the bones in your skull to send sounds to your inner ear.

Auditory Brainstem Implant (ABI) is a surgically implanted device for people with profound hearing loss, it provides the sensation of sound by sending signals to the brain.

POLICY

The total maximum benefit for hearing aids and ear molds age 22 and older: \$1,400 per hearing impaired ear (\$2,800 bilateral) every three plan years.

The total maximum benefit for hearing aids and ear molds age 21 and younger: \$2,500 per hearing impaired ear (\$5,000 bilateral) every four plan years.

For dependents up to age 12, replacement ear molds that are Medically Necessary due to growth are covered and are not subject to the maximum benefit.

Hearing tests (audiometry) are covered per guidelines under the Pediatric Preventive Health Care Guidelines and Adult Preventive Health Care Guidelines and as medically necessary for suspected hearing loss. These guidelines can be found at <https://osuhealthplan.com/sites/default/files/2020-05/preventive-services.pdf>.

PROCEDURES

The third-party administrator will process hearing aid claims according to the policy guidelines above and the SPD. There are no network restrictions for hearing aids.

Bone-Anchored Hearing Aids:

Bone-anchored hearing aids (BAHA) are not subject to the hearing aid benefit limit. Network restrictions may apply for BAHA services according to the covered person's plan. Prior authorization is required.

Auditory Brainstem Implant:

Auditory brainstem implants (ABI) are not subject to the hearing aid benefit limit. Network restrictions may apply for ABI services according to the covered person’s plan. Prior authorization is required.

Cochlear Implant:

Cochlear implantation is not subject to the hearing aid benefit limit. Network restrictions may apply according to the covered person’s plan. Prior authorization is required.

PRIOR AUTHORIZATION

Prior authorization is not required for hearing aids. Prior authorization is required for BAHA, ABI, and cochlear implantation only.

EXCLUSIONS

OSUHP does not cover the following:

- Hearing aid charges over the maximum benefit.
- Replacement of hearing aid more frequently than every 3 or 4 plan years based on age (except for dependents under the age of 12 who need ear molds due to growth.)

CODES

HCPCS Code	Description
V5010	Assessment for hearing aid
V5011	Fitting / orientation / checking of hearing aid
V5014	Repair / modification of a hearing aid
V5020	Conformity evaluation
V5030	Hearing aid monaural, body worn, air conduction
V5040	Hearing aid, monaural, body worn, bone conduction
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear

V5070	Glasses, air conduction
V5080	Glasses, bone conduction
V5090	Dispensing fee, unspecified hearing aid
V5095	Semi-implantable middle ear hearing prosthesis
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5150	Binaural, glasses
V5160	Dispensing fee, binaural
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)
V5190	Hearing aid, CROS, glasses
V5200	Dispensing fee, CROS
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE
V5230	Hearing aid, BICROS, glasses
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
V5243	Hearing aid, analog, monaural, ITC (in the ear canal)
V5244	Hearing aid, digitally programmable analog, monaural, CIC
V5245	Hearing aid, digitally programmable, analog, monaural, ITC
V5246	Hearing aid, digitally programmable, monaural, ITE (in the ear)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)

V5248	Hearing aid, analog, binaural, CIC
V5249	Hearing aid, analog, binaural, ITC
V5250	Hearing aid, digitally programmable analog, binaural, CIC
V5251	Hearing aid, digitally programmable analog, binaural, ITC
V5252	Hearing aid, digitally programmable, binaural, ITE
V5253	Hearing aid, digitally programmable, binaural, BTE
V5254	Hearing aid, digital, monaural, CIC
V5255	Hearing aid, digital, monaural, ITC
V5256	Hearing aid, digital, monaural, ITE
V5257	Hearing aid, digital, monaural, BTE
V5258	Hearing aid, binaural, CIC
V5259	Hearing aid, digital, binaural, ITC
V5260	Hearing aid, digital, binaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5262	Hearing aid, disposable, any type, monaural
V5263	Hearing aid, disposable, any type, binaural
V5264	Ear mold/ insert, not disposable, any type
V5265	Ear mold/ insert, disposable, any type
V5266	Battery for use in hearing device
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5275	Ear impression, each
V5298	Hearing aid, not otherwise classified
V5299	Hearing service, miscellaneous

REFERENCES

"Faculty and Staff Health Plans Specific Plan Details Document." The Ohio State University Office of Human Resources, Oct. 2022. <https://hr.osu.edu/wp-content/uploads/medical-spd.pdf>

Ohio Rev. Code. (2025). Coverage for hearing aids and related services (Section 3902.64)