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The Department of Vermont Health Access Clinical Criteria

Subject: Assistive Listening Devices **Last Review:** September 7, 2023*

Past Revisions: April 5, 2022, October 28, 2020

*Please note: Most current content changes will be highlighted in yellow.

Description of Service or Procedure

Definitions:

Assistive Listening Device (ALD): "Any device that improves sound perception for listeners with hearing impairments...used in addition to or instead of hearing aids." (The Medical Dictionary, 2020).

Assistive listening devices are a type of amplification equipment that can benefit members with hearing challenges. They can be used in addition to hearing aids and cochlear implants, to maximize their effectiveness.

Assistive listening devices can be beneficial for members with a range of hearing loss, and for members with unilateral or bilateral hearing loss. Their primary functions are to minimize background noise, reduce the effect of distance between the sound source and the deaf or hard of hearing person and reduce acoustic issues such as echoing. There are three types of traditional assistive listening devices: FM, infrared, and inductive loop technologies. More recently, smartphone apps and Bluetooth technology are being developed as well. Each assistive listening device includes a microphone, a transmission technology, and a device for receiving the signal and bringing the sound to the ear.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services



- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.213 Audiology Services

Coverage Position

An assistive listening device may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding assistive listening devices, and who provides medical care to the member AND
- When the clinical criteria below are met.

Coverage Criteria

Assistive listening devices may be covered for members who:

- Have at least one of the following conditions, or if otherwise medically necessary for children under the age of 21: (1) hearing loss in the better ear is greater than 30 dB based on an average taken at 500, 1000, and 2000 Hz. (2) Unilateral hearing loss is greater than 30 dB, based on an average taken at 500, 1000, and 2000 Hz. (3) Hearing loss in the better ear is greater than 40 dB, based on an average taken at 2000, 3000, and 4000 Hz, or word recognition is poorer than 72%." (Medicaid Rule 4.213.32b) AND
- Have demonstrated motivation to use the device, and have used the device successfully, during a trial period of at least one-month duration conducted by a qualified audiologist AND
- Have received training in its use, care, and maintenance by a qualified audiologist AND
- When the device meets the definition of medical necessity as established in Medicaid Rule AND
- When the medical need cannot be met by non-medical commercially available technology.

The device must have a demonstrable medical purpose, such as enabling a member to hear the physician in a noisy medical environment. For children, with the more expansive definition of medical necessity per Medicaid HCAR rule 4101.1, the device may be covered to enable children to hear the details of pronunciation in the home/community so that they can more fully understand speech and also improve their own speech. Requests for coverage of the device for children under 21 for concurrent home and school use will be considered, see below regarding devices for school use only.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

^{*} Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

Clinical criteria for repeat service or procedure

Per the <u>Vermont Medicaid Durable Medical Equipment (DME) Supplement Provider Manual,</u> Section 3.12, repairs to covered items are covered when the repairs are necessary to make the items useful, are not included in a warranty, have been ordered by an MD/DO/NP/PA, and do not total more than 50% of replacement cost.

Type of service or procedure covered

Assistive listening devices as defined above.

Replacement device(s) is covered when:

• The device is no longer functional through normal wear and tear, when the useful lifetime has been reached (HCAR Rule 4.209) or when the repair cost exceeds 50% of replacement. See the DME limitation list on the VT Medicaid Portal under Provider Resources at http://vtmedicaid.com/#/resources.

Type of service or procedure not covered (this list may not be all inclusive)

- Requests for coverage of the device for children under 21 for educational purposes only must be
 referred to the Agency of Education. The Agency of Education process to obtain Medicaid
 funding is that the school district purchases the device and then submits the invoice to the Agency
 of Education, who will in turn submit it to the Department of Vermont Health Access Clinical
 Unit for clinical review.
- Requests for use of the device for vocational purposes or for educational purposes for members who are over 21 must be referred to the Department of Disabilities, Aging, and Independent Living's Division of Vocational Rehabilitation, now called HireAbility Vermont.
- Requests for use of the device for social purposes only, such as theaters, museums, and social gatherings, are not considered a medical necessity.
- FM devices for group rather than individual usage are not covered.

Coding guidelines

Please see the Medicaid Portal at http://vtmedicaid.com/#/feeSchedule for fee schedules, code coverage, and applicable requirements.

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