
Hearing Aid Coverage for Children Program

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«This section contains information about hearing aids and program coverage for the Hearing Aid Coverage for Children Program (HACCP). For additional information about billing, refer to the Audiological Services: Billing Codes and Reimbursement Rates, *Audiological Services Billing Example: CMS-1500, Hearing Aids: Billing, Hearing Aids: Billing Example and Other Health Coverage* (OHC) sections of this manual.»

Program Coverage and Criteria

«HACCP is a state-only funded program for children and youth who do not qualify for full scope Medi-Cal or hearing aid coverage through California Children's Services (CCS) Program. Children ages zero to 20 who are not eligible for Medi-Cal may qualify for state-only coverage of hearing aids and related services through HACCP. Providers may refer to the [Hearing Aid Coverage for Children Program](#) web page for additional information about eligibility, benefits, and claim authorization.»

Eligibility Requirements

Provider

Only enrolled Medi-Cal providers may submit claims for HACCP-covered benefits. For a provider to receive reimbursement, the recipient must be enrolled in HACCP on the date of service. Providers may verify a recipient's HACCP enrollment status in the DHCS Automated Eligibility Verification System (AEVS) using their HACCP identification number. For additional information regarding Medi-Cal provider enrollment, refer to the *Provider Guidelines* section, in Part 1 of the Medi-Cal Provider Manual.

Recipient

«To enroll in HACCP, the following criteria must be met:»

- Recipient is under 21 years of age.
- Recipient resides in California.
- Recipient is not eligible for Medi-Cal.
- Recipient is not enrolled in CCS for a hearing-related condition.
- «Annual household income is under 600 percent of the federal poverty level (FPL).
- Enrollment requires a referral from a medical provider or hearing professional or a hearing aid prescription.»

- Recipient does not have other health coverage for hearing aids or has other health coverage with a coverage limit of \$1500 or less for hearing aids.

Note: «Refer to the *Billing Medi-Cal After OHC* section in the *Other Health Coverage (OHC)* manual section for information on requesting supplemental HACCP.»

Covered Benefits

«HACCP covers hearing aids when supplied by a hearing aid dispenser on the prescription of an otolaryngologist, or the attending physician (in consultation with the evaluating otolaryngologist, if possible) when no otolaryngologist is available in the community. An audiological evaluation, including a hearing aid evaluation performed by, or under the supervision of, the prescribing physician or by a licensed audiologist is required.

Note: In accordance with California Business and Professions Code Chapter 7.5, Article 3, Section 3365.6, a recipient 16 years old or younger requires the recommendation of a hearing aid by both a board-certified otolaryngologist and a state-licensed audiologist within six months of the sale of the hearing aid.

HACCP hearing aid benefits, including sales tax, are limited to \$1,510 per recipient per fiscal year, which can be exceeded based upon medical necessity (documented with an approved *Treatment Authorization Request [TAR]*).»

HACCP includes the following benefits:

- Hearing aids, including:
 - «Assistive listening devices (ALDs)»
 - Surface-worn bone conduction hearing devices (BCHDs)
- «Medically necessary hearing aid supplies and accessories, including ear molds and hearing aid batteries (both single-use and rechargeable)»
- Hearing aid-related audiology and post-evaluation services

Authorization Required

Authorization is required for the purchase or trial period rental of hearing aids and for repairs that cost more than \$25 per repair service. Claims for individual repair services are not cumulative when determining the need for authorization.

Note: Refer to the “Programmable or Digital Hearing Aid Systems” section in the *Hearing Aids: Billing* manual section for authorization information on programmable or digital hearing aid systems.

Refer to the “Hearing Aid Supplies and Accessories for Specific Needs” section in the *Hearing Aids: Billing* manual section for authorization information on hearing aid supplies and accessories necessary to meet the specific needs of individual recipients.

HACCP covers new and replacement hearing aids and accessories as outlined in the “Covered Benefits” section above for enrolled participants subject to medical necessity.

«HACCP benefits that require authorization must use a 50-1 TAR form or an electronic TAR (eTAR). The TAR shall include documentation that demonstrates the recipient meets the criteria listed below for the requested item or service.»

To expedite TAR processing, select the special handling code “Hearing Aid Coverage for Children Program (HACCP)” in the eTAR system. If submitting a 50-1 form, indicate “HACCP” in the special instructions section to ensure proper routing.

Criteria

«HACCP follows Medi-Cal policy for the same services being provided for the same age group, including the medical necessity standard for recipients under 21 years of age.»

The pediatric audiologist and otolaryngologist are considered the experts on the medical needs of the recipient and the technology best suited for the condition. It is the responsibility of the audiologist and otolaryngologist to provide justification for medical necessity to support the request for a hearing aid and accessories.

The determination of whether a service is medically necessary for an individual must be made on a case-by-case basis, considering the specific hearing needs of the recipient within the scope of HACCP benefits.

New Hearing Aids

HACCP covers new hearing aids when the following criteria are met:

- Medical necessity is demonstrated for new hearing aids.
- «Appropriate and recent (dated within 12 months) medical documentation to support the need for new hearing aids are included in requests for new hearing aids.»

Bone Conduction Hearing Devices (BCHDs)

HACCP covers surface-worn BCHDs as an alternative to a standard hearing aid for individuals with hearing problems in their outer or middle ear. Indications for a BCHD may be demonstrated by the following conditions:

- Mixed or conductive hearing loss.
- Unilateral or asymmetrical hearing loss.
- Congenital or acquired malformations of the external ear or middle ear, including those that are surgically induced. Examples include microtia, aural atresia, and anotia.
- Severe and persistent (or chronic) infections involving the external and/or internal ear.
- For individuals with copious chronic ear drainage that are unlikely to receive adequate benefit from traditional (air conduction) hearing aids.

Note: For TARs and claims for BCHDs, indicate a quantity of one for monaural and a quantity of two for binaural devices.

Replacement Hearing Aids

HACCP covers replacement of medically necessary hearing aids when the current hearing aids have been lost, irreparably damaged, or no longer meet the patient's needs.

A new TAR with required documentation is required.

Ear Molds

«HACCP covers up to two ear molds (one pair if binaural) dispensed on the same date of service, up to a maximum of four ear molds (two pairs if binaural) per 12 months, without a TAR. Additional ear molds may be available with an approved TAR for medical necessity.»

TAR Documentation

The following documentation is required with any TAR for hearing aids:

«New Hearing Aids Including Surface-Worn BCHDs»

- Appropriately signed prescription from an otolaryngologist or the attending physician (in consultation with the evaluating otolaryngologist, if possible), when no otolaryngologist is available in the community
- Appropriately signed medical history and physical examination by an otolaryngologist
- Appropriately signed audiologic report and hearing aid evaluation, regardless of the recipient's ability to speak English
- Specification of ear to be fitted

Replacement of Lost, Stolen, or Irreparably Damaged Hearing Aids

- Detailed description of hearing aid loss or events leading to damage, signed by the recipient
- Completed audiometric report, dated within the last 12 months, unless the TAR is for the replacement of a recently purchased hearing aid within the last three months
- Replacement of a stolen hearing aid requires a copy of a police report

Note: «A request for replacement of a hearing aid that may still be repairable must include statement from the manufacturer that the hearing aid is not repairable. If a hearing aid is clearly not repairable, the provider does not need to first send in the hearing aid for the manufacturer to attempt repair; however, the provider should clearly document their reasoning to support a conclusion that repair attempts are not possible.»

Replacement of Old Hearing Aids That No Longer Meet the Recipient's Needs

- Comparative audiometric reports used for fitting old aid and new hearing aid
- Documentation that the old hearing aid is performing to specifications but is no longer adequate
- Documentation that hearing improved with the new hearing aid

Hearing Aid Repairs

- Description of the problem requiring repair
- Specification of ear to be fitted
- Hearing aid manufacturer’s name, unit, model designation, date of purchase and serial number

Procedure Codes

«HACCP covers the following benefits, consistent with Medi-Cal policy, applicable to the same age group and subject to medical necessity. In addition, the following guidelines apply when billing HACCP for these procedure codes:

- Supplies needed beyond these limits may be authorized by a TAR. Frequency will be controlled by the TAR.
- Frequency limitations for BCHDs and related supplies and accessories are per unilateral BCHD (per ear/side) as such, if requesting binaural/bilateral BCHDs, a TAR must specify requested quantity as two.»

«BCHDs, Supplies and Accessories Procedure Codes»

Code	Description	«Authorization and Frequency Restriction»
L8621*	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	«96 batteries allowed in each 12 month period, per device (192 total per year if binaural/bilateral BCHDs)».
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	«TAR required. One replacement allowed every five years.»
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	«TAR required. One device allowed per ear/side, every five years.»
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	«TAR required. One replacement allowed every five years»

BCHDs, Supplies and Accessories Procedure Codes(continued)

Code	Description	Authorization and Frequency Restriction
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	<p>TAR required must specify description of supply/accessory requested on a separate line per item and include product details with cost (for example: the manufacturers catalog page)</p> <p>Headbands/Softbands: two replacements allowed in each 12 month period.</p> <p>Adhesive stickers: 110 allowed in each 12 month period, per device.</p> <p>«Note: L8692 includes an initial means of attachment per device. L9900 may be used to bill means of attachment when a replacement is medically necessary but should <u>not</u> be used to separately bill the initial means of attachment.»</p>

«Hearing Aids, Supplies and Accessories Procedure Codes»

Code	Description	Authorization and Frequency Restriction
V5014	Repair/modification of a hearing aid	«TAR required for repairs that cost more than \$25 per repair service.»
V5030	Hearing aid, monaural, body worn, air conduction	TAR required
V5040	Hearing aid, monaural, body worn, bone conduction	TAR required
V5050	Hearing aid, monaural, in the ear	TAR required
V5060	Hearing aid, monaural, behind the ear	TAR required
V5070	Glasses, air conduction	TAR required
V5080	Glasses, bone conduction	TAR required

Hearing Aids, Supplies and Accessories Procedure Codes (continued)

Code	Description	Authorization and Frequency Restriction
V5120	Binaural, body	TAR required
V5130	Binaural, in the ear	TAR required
V5140	Binaural, behind the ear	TAR required
V5150	Binaural, glasses	TAR required
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	TAR required
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	TAR required
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	TAR required
V5190	Hearing aid, contralateral routing, monaural, glasses	TAR required
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	TAR required
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	TAR required
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	TAR required
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	TAR required
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	TAR required
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	TAR required
V5230	Hearing aid, contralateral routing system, binaural, glasses	TAR required

« Hearing Aids, Supplies and Accessories Procedure Codes (continued)

Code	Description	Authorization and Frequency Restriction
V5264	Ear mold/insert, not disposable, any type	Two per date of service or four per year.
V5265	Ear mold/insert, disposable, any type	TAR not required
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	<p>«TAR required. Hearing Aid Supplies and Accessories for Specific Needs.</p> <p>The TAR must specify description of supply/accessory requested on a separate line per item, quantity of each, manufacturer name and model number and a copy of the wholesale catalog page with the supply or accessory description and the manufacturer price.</p> <p>Note: May not be used to bill for supplies and accessories required for basic hearing aid functionality.</p> <p>ALDs: Audio shoes or audio boots may be authorized separately or in connection with approval of FM receivers.»</p>
V5298	Hearing aid, not otherwise classified	«TAR is required and must specify device in description and include product details with cost (for example: manufacturer's catalog page).»
Z5822	Hearing aid batteries, replacement	TAR not required.
Z5946	Assistive Listening Device, not otherwise specified	«TAR is required and must specify device in description and include product details with cost (for example: manufacturer's catalog page).»

Audiology Procedure Codes

Code	Description	Authorization and Frequency Restriction
92590	Hearing aid examination and selection; monaural	TAR not required
92591	Hearing aid examination and selection; binaural	TAR not required
92594	Electroacoustic evaluation for hearing aid; monaural	TAR not required. One allowed per date of service.
92595	Electroacoustic evaluation for hearing aid; binaural	TAR not required. One allowed per date of service.
«92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	TAR not required»
«92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes	TAR not required»
V5010	Assessment for hearing aid	TAR required for Place of Service (POS) 31, 32, or 91. For other POS, Medi-Service Reservation is required. One allowed in each six month period.
X4500	Diagnostic audiological evaluation, including pure tone audiometry, speech reception threshold, and discrimination	TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required, one allowed in each six month period.
X4501	Pure tone audiometry (with complete audiogram)	TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required.
X4522	Evoked response audiometry test, physician evaluation	TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required. One allowed per date of service.
X4526	Hearing therapy (individual) per hour	TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required.

Audiology Procedure Codes (continued)

Code	Description	Authorization and Frequency Restriction
X4530	Impedance audiometry (bilateral)	«TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required. One allowed in each 30 day period.»
X4532	Electroacoustic analysis of hearing aid as a monaural procedure	«TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required. One allowed in each six month period.»
X4535	Unlisted audiological services	«TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required.»
X4540	Tympanometry	«TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required. One allowed in each six month period.»
X4542	Electroacoustic analysis of hearing aid as a binaural procedure	«TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required. One allowed in each six month period.»
X4544	Diagnostic evaluation for severely physically/mentally handicapped person over age seven	«TAR required for POS 31, 32, or 91. For other POS, Medi-Service Reservation is required.»
Z5930	Real ear measurements, monaural	TAR required
Z5932	Real ear measurements, binaural	TAR required

Outpatient Procedure Codes

Code	Description	Authorization
99202 thru 99215*	Otolaryngologist/physician outpatient office visit	«TAR not required unless frequency exceeds one in 36 months.»
99241 thru 99245*	Otolaryngologist/physician outpatient consultation	«TAR not required»
99417*	Otolaryngologist/physician outpatient office visit	«TAR not required»

Reimbursement Rates

«HACCP reimburses providers based on the applicable fee-for-service Medi-Cal rate for the same HCPCS or CPT procedure code. See the *Audiological Services: Billing Codes and Reimbursement Rates* and *Hearing Aids: Billing Codes and Reimbursement Rates* sections of the manual for specific reimbursement rates for HACCP covered benefits.

Reimbursement rates for HCPCS or CPT procedure codes can be viewed on the [Medi-Cal Rates](#) web page.»

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	The description associated with this code or code range is abbreviated to assist with interpreting and navigating the content. Providers are responsible for referencing the appropriate codebooks for up-to-date full descriptions when considering which code is appropriate to bill for the services rendered.