



**Covered Benefit: Ear**

CMP Published: Yes  No   
[Experimental or Investigational Services](#)  
CPG Published: Yes  No

Definition: Services for the ear include a broad range of surgical services and procedures involving the external, middle and inner ear.

Benefit Packages: RItE Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners and Rhody Health Options Phase One.

Coverage Limitations:

- All inpatient hospitalizations require medical review and prior authorization.
- All experimental procedures and non FDA approved services are not covered unless for the treatment of cancer.
- Cosmetic surgery and procedures are not covered.
- The Hearing Aid Benefit allows one pair of hearing aids per three rolling years. Additional hearing aids within a three year time period require prior authorization.

Exclusions:

Extended Family Planning (EFP) members are excluded; EFP members do not have a comprehensive benefit package.

Coverage Includes:

- Surgical Services Ear
- Hearing Aids- Monaural and Binaural
- Hearing Aid Services

**Table 1: Ear**

<b>Description</b>	<b>ICD-9 Diagnosis</b>	<b>ICD-9 Procedure</b>	<b>CPT</b>	<b>HCPCS</b>	<b>Comments</b>
Surgical Services Ear		"18.02" to "18.4", "18.6" to "20.94"	"69000" to "69020", "69100" to "69222", "69310" to "69700", "69720" to "69915", "69950" to "69990"	G0268	
Hearing Aids- Monaural				V5242" to "V5247", V5254" to "V5257"	
Hearing Aids- Binaural				"V5070", "V5080", "V5100", "V5120", "V5150", "V5170", "V5180", "V5190", "V5210", "V5220", "V5230", "V5248" to "V5253", "V5258" to "V5261"	
Hearing Aid Services			"92590" to "92595"	"S0618", "V5010", "V5011", "V5014", "V5020", "V5110", "V5160", "V5200", "V5240", "V5241", "V5264", "V5265", "V5266", "V5275"	

Notes:

Cochlear implants and prostheses are listed on the Implants Benefit Coverage Summary.

VERSION HISTORY:

Create Date: 06/10/10

Revision Dates: 10/22/10, 11/30/10, 8/23/12

PEC Review Date: 10/3/13