



PROVIDER POLICIES & PROCEDURES

HEARING AIDS AND ASSISTIVE LISTENING DEVICES FOR CHILDREN ENROLLED IN BIRTH-TO-THREE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for hearing aids and assistive listening devices for children enrolled in the *Birth-to-Three* program. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

This policy addresses hearing aids and assistive listening devices for children who are enrolled in the *Birth-to-Three* program.

Please refer to the CT Department of Social Services (DSS) [Special Services-Birth to Three Years Fee Schedule](#) for the list of hearing aids and assistive listening devices.

Benefit and Prior Authorization Requirements

Prior authorization is required for the following devices:

- Monaural, assistive listening device (HCPCS code V5281)
- Binaural, assistive listening device (HCPCS code V5284)
- Receivers, transmitters, and accessories for an assistive listening device (HCPCS codes V5284, V5285, V5289, V5290)
- Hearing aid, not otherwise classified (HCPCS code V5298)
- Repair of hearing aid, not otherwise classified (HCPCS code V2598)

HUSKY Health uses InterQual® criteria when reviewing prior authorization requests for coverage of an auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment (HCPCS L8692).

{Reference: Connecticut Department of Social Services Provider Bulletin 2019-26}

CLINICAL GUIDELINE

Coverage guidelines for hearing aids and assistive listening devices for children enrolled in the *Birth-to-Three* program are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Hearing aids and assistive listening devices for children enrolled in the *Birth-to-Three* program are considered medically necessary when the following criteria are met:

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

- A. Diagnosis(es) support a disability and the need for a hearing aid or assistive listening device; and
- B. An evaluation performed by a qualified professional, e.g., audiologist or speech language pathologist (SLP), supports the need for a hearing aid or assistive listening device including that the selected type of device is appropriate for the infant or toddler.

Repair of Hearing Aid, Not Otherwise Classified (HCPCS Code V5298)

Repairs necessary for the normal and effective functioning of a hearing aid are typically covered when the above criteria are met. Repairs not meeting the above criteria may be considered medically necessary based on an assessment of the infant or toddler and his or her unique needs. An updated evaluation may be requested if it is determined that the infant or toddler's medical condition(s) or diagnosis(es) has changed since receiving the hearing aid.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization for hearing aids and assistive listening devices for children enrolled in the *Birth-to-Three* program is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for hearing aids and assistive listening devices for children enrolled in the *Birth-to-Three* program:

1. Fully completed authorization request via on-line web portal or fully completed Outpatient Prior Authorization Request Form; and
2. Documentation from the treating physician, audiologist, advanced practice registered nurse (APRN), or physician assistant (PA) attesting that the child is currently enrolled in the *Birth-to-Three* program; and
3. A signed prescription, written within the past 6 months, from the treating physician, audiologist, APRN, or PA enrolled in the Connecticut Medical Assistance Program (CMAP) with the following information:
 - a. Diagnoses;
 - b. Description of the hearing aid, assistive listening device and/or item;
 - c. Quantity ordered; and
4. Documentation, dated within the past 6 months, from the treating provider, e.g., audiologist or SLP, including an evaluation addressing the medical necessity for the requested hearing aid, assistive listening device and/or item as outlined in the *Clinical Guideline* section of this policy; and
5. Documentation supporting caregiver(s) were provided with education on the use of the hearing aid or assistive listening device and were able to demonstrate proper use; and

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6. Pricing information/invoice showing actual acquisition cost (AAC). Per Connecticut Department of Social Services (DSS) guidance, all codes that require prior authorization listed above must be billed at actual acquisition cost (AAC) plus shipping.

EFFECTIVE DATE

This policy for the prior authorization of hearing aids and assistive listening devices for children enrolled in the *Birth-to-Three* program for individuals covered under the HUSKY Health Program is effective November 1, 2026.

LIMITATIONS

N/A

CODES

Code	Description
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type
V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type
V5284	Assistive listening device, personal FM/DM, ear level receiver
V5285	Assistive listening device, personal FM/DM, direct audio input receiver
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
V5290	Assistive listening device, transmitter microphone, any type
V5298	Hearing aid, not otherwise classified

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.

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7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

REFERENCES

- American Speech-Language-Hearing Association. IDEA Part C: Implications for Audiologists and Speech-Language Pathologists Who Provide Services for Infants and Toddlers with Hearing Loss and Their Families. Available at: https://www.asha.org/advocacy/idea/idea-part-c-issue-brief-implications-for-audiologists-and-speech-language-pathologists/?srsltid=AfmBOoqamonDvEfJ069fpm3zb_3yMQRmBI3hfBuJWUF7Y2I7-fKYjilM
- Connecticut Birth To Three System. Assistive Technology Procedure. Effective date 07/01/2024. Available at: https://www.birthe23.org/wp-content/uploads/2024/07/Assistive-Technology-Procedure_PSM-Delivered_Final.pdf.
- Connecticut State Department of Education. Connecticut Assistive Technology Guidelines - Section 1: For Ages 3-22. Laws and Policies. Available at: <https://portal.ct.gov/sde/publications/assistive-technology-guidelines-section-1-for-ages-3-22/laws-and-policies>.
- Connecticut State Department of Education. Connecticut Assistive Technology Guidelines - Section 2: For Infants and Toddlers under IDEA Part C. Assistive Technology as Part C Service. Available at: <https://portal.ct.gov/SDE/Publications/Assistive-Technology-Guidelines-Section-2-For-Infants-and-Toddlers-under-IDEA-Part-C/Assistive-Technology-as-Part-C-Service>.
- Department of Social Services (DSS) Provider Bulletin 2017-55: Early Intervention Services Pursuant to EPSDT Coverage and Reimbursement under the Connecticut Medical Assistance Program (CMAP)-(Revised), dated September 2017.
- Department of Social Services (DSS) Provider Bulletin 2019-26: Bone-Anchored Hearing Aids (BAHAs) – Coverage Guidelines, dated May 2019.

PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	July 2026	Approved at the July 22, 2026, CHNCT Medical Reviewer

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		meeting. Approved by the CHNCT Clinical Quality Subcommittee on September 21, 2026. Approved by DSS on October 9, 2026.
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