

## Hearing Aids And Hearing Aid Services

Issue Date: April 19, 1983

Authority: [32 CFR 199.4\(e\)\(24\)](#), [\(g\)\(51\)](#), and 10 USC 1077(a)(16)

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### 1.0 CPT PROCEDURE CODE RANGE

92590 - 92595

### 2.0 HCPCS PROCEDURE CODES

**L8692**, V5000 - V5267, V5275, V5298

### 3.0 POLICY

**3.1** Hearing aids and hearing aid services and supplies may be covered for those Active Duty Family Members (ADFM) with a profound hearing loss as described below. Benefits under this Section are only available for a dependent of a member of the Uniformed Services on active duty, to include all members covered under the Transitional Assistance Management Program (TAMP).

**3.1.1** Profound hearing loss (adult). An "adult" (a spouse as defined in [32 CFR 199.3\(b\)](#) of a member of the Uniformed Services on active duty for more than 30 days) with a hearing threshold of:

**3.1.1.1** 40 dB HL or greater in one or both ears when tested at 500, 1,000, 1,500, 2,000, 3,000, or 4,000Hz; or

**3.1.1.2** 26 dB HL or greater in one or both ears at any three or more of those frequencies; or

**3.1.1.3** A speech recognition score less than 94%.

**3.1.2** Profound hearing loss (child). A "child" (an unmarried child of an active duty member who otherwise meets the criteria (including age requirements) in [32 CFR 199.3](#) of this part) with a 26dB HL or greater hearing threshold level or one or both ears when tested in the frequency range at 500, 1,000, 2,000, 3,000, or 4,000Hz.

**3.2** Medically necessary and appropriate services and supplies, including hearing examinations provided by authorized providers, required in connection with this hearing aid benefit are covered.

**TRICARE Policy Manual 6010.60-M, April 1, 2015**

Chapter 7, Section 8.2

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**3.3** Repairs and Replacements. Benefits are allowed for repair of beneficiary owned hearing aids when it is necessary to make the hearing aid serviceable. Benefits are allowed for replacement of beneficiary owned hearing aids when the hearing aid is lost or is not serviceable due to normal wear, accidental damage, or due to a change in the beneficiary's condition, or level of hearing loss.

**4.0 EXCLUSIONS**

**4.1** Hearing aid and hearing aid services for retirees and their family members, to include TRICARE Retired Reserve (TRR) beneficiaries.

**4.2** Hearing aid and hearing aid services for TRICARE Reserve Select (TRS) beneficiaries.

**4.3** Fully implantable middle ear hearing aids (e.g., Vibrant Soundbridge and Esteem System) and semi-implantable hearing aids that use magnetic coupling for acoustic transmission (e.g., Otomag Alpha 1 and BAHA attract) are excluded as unproven. This exclusion does not apply to an Auditory Osseointegrated Implant (AOI) device which may be covered as a prosthetic when certain coverage criteria are met. Please reference Chapter 7, Section 8.3.

**Note:** Not to be confused with cochlear implants which are covered under TRICARE.

**5.0 EFFECTIVE DATE**

September 1, 2005.

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