

## 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<sup>1</sup> 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.

**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

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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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