Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
September 19, 2025	September 19, 2025	01-25-39, 09-25-42, 10-25-05, 20-25-02, 24-25-39, 25-25-02, 31-25-43

SUBJECT	BY
Prior Authorization Guidelines for Wearable Air Conduction Hearing Aids	Sally Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html.

PURPOSE:

The purpose of this bulletin is to:

1. Advise enrolled providers of the guidelines for prior authorization to support the medical necessity of prescriptions for wearable air conduction hearing aids.
2. Issue new handbook pages that include the requirements for prior authorization and the information needed to evaluate the medical necessity of prescriptions for wearable air conduction hearing aids.

SCOPE:

This bulletin applies to physicians, physician assistants, hospital based medical clinics, certified registered nurse practitioners, audiologists, pharmacists, hearing aid dispensers, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services to MA beneficiaries in the Fee-for-Service (FFS) delivery system. Providers who order, refer, prescribe, or render services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of

those services, and controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, Section 443.6(b) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code, requires MA providers to obtain prior authorization for certain services and items, including other services and items identified by the Department through publication in the *Pennsylvania Bulletin*. Prior authorization for certain services or items in the MA Program is necessary for MA providers to receive reimbursement.

Wearable air conduction hearing aids are wearable sound amplifying devices intended to compensate for impaired hearing that conduct sound to the ear through the air. The device is worn behind the ear or in the canal with audio output into the ear by an earpiece.

On March 1, 2007, the Department issued MA Bulletin 01-07-03 titled, "Provider Specialty 220 (Hearing Aid Dispenser) Requirement", which advised that Provider Specialty 220 is required when enrolling in the MA Program to provide and bill for hearing aid supplies.

On June 24, 2025, the Department advised providers of the change from InterQual to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization". There are no MCG guidelines for wearable air conduction hearing aids. Therefore, the Department is advising providers of the clinical guidelines to be utilized for prior authorization of wearable air conduction hearing aids for MA beneficiaries.

These guidelines apply to wearable air conduction hearing aids only.

PROCEDURE:

Effective with the issuance of this bulletin, providers are to refer to the attached guidelines for the prior authorization review of wearable air conduction hearing aids. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

ATTACHMENT:

PROMISe™ Provider Handbook, Section 7.1.2.4 Prior Authorization of Wearable Air Conduction Hearing Aids, Effective September 19, 2025.

7.1.2.4 Prior Authorization of Wearable Air Conduction Hearing Aids

I. General Requirements for Prior Authorization of Wearable Air Conduction Hearing Aids

A. Prescriptions that Require Prior Authorization
B. Documentation for Review
C. Review of Documentation for Medical Necessity
D. Clinical Review Process
E. References

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF WEARABLE AIR CONDUCTION HEARING AIDS

A. Prescriptions that Require Prior Authorization

All prescriptions for wearable air conduction hearing aids.

Note: Wearable air conduction hearing aids are not covered for beneficiaries 21 years of age and older.

B. Documentation for Review

The following information should be submitted with an initial authorization request for wearable air conduction hearing aids:

1. Medical diagnosis causing hearing loss
2. Records and/or reports demonstrating evaluation of hearing status, including audiogram, history, physical exam, testing, assessment, and treatment plan
3. Evaluations by an Audiologist

The following information should be submitted with a reauthorization request for replacement wearable air conduction hearing aids:

1. Medical diagnosis causing hearing loss
2. Records and/or reports demonstrating evaluation of hearing status, including audiogram, history, physical exam, testing, assessment, and treatment plan
3. Evaluations by an Audiologist
4. Date of purchase, serial number, and warranty of hearing aid lost or needing to be replaced, if available, and repair history, if applicable
5. Documentation or a statement signed by the beneficiary or their parent/guardian that the wearable air conduction hearing aids have been lost or not reparable

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for wearable air conduction hearing aids, the determination of whether the requested service is medically necessary will consider whether the beneficiary:

1. Does not have a condition that would preclude the use of conventional air conduction hearing aids; **and**
2. Has a diagnosis of:
    a. Sensorineural hearing loss; **or**
    b. Mixed conductive/sensorineural hearing loss; **or**
    c. Conductive hearing loss that is not due to malformation and is not accompanied by drainage; **and**
3. Has at least a mild hearing loss (Normal hearing has a threshold of 0 to 20 dB, mild hearing loss from 20 to 40 dB, moderate hearing loss from 40 to 60 dB, severe hearing loss from 60 to 80 dB, and profound hearing loss greater than 80 dB).

For requests for authorization of replacement wearable air conduction hearing aids, in addition to the items 1 through 3 above, whether the wearable air conduction hearing aids are not functioning and, if not functioning, whether they cannot be repaired.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for wearable air conduction hearing aids. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. 55 Pa. Code § 1123.57. Hearing aids. (pacodeandbulletin.gov)
2. Hearing loss in children: Screening and evaluation - UpToDate