

**Upper Peninsula Health Plan  
Utilization Management Criteria for  
Medical Necessity of Hearing Aids**

---

---

*Applicable to the following product line: Upper Peninsula Health Plan (UPHP) Medicare Advantage*

**Prior Authorization:**

Prior Authorization (PA) is required for reimbursement for hearing aids; PA requests must be submitted on a DME/Medical Supply Request Form.

**Authorization Specifics:**

- Prior authorization requests must include documentation to show the medical necessity criteria are met.
- Services are to be provided by a Medicare enrolled provider who is a licensed hearing aid dealer or licensed audiologist affiliated with a hearing center.
- The benefit coverage is for the hearing aid device up to the established UPHP benefit limits, and does not include dispensing fee, fitting/checking services, or hearing aid supplies.

**Criteria:**

1. A medical clearance signed and dated by the physician within six months prior to dispensing the hearing aid.
2. Audiogram completed within the past six months, signed, dated by the audiologist, or hearing aid specialist along with the recommendation for hearing aid.
3. An audiogram documenting a hearing loss of 30 dB HL or greater using the four frequency average of 500, 1000, 2000 and 4000 Hz in the ear(s) to be aided for members 21 or older, and 25 dB HL or greater using the four frequency average of 500, 1000, 2000 and 4000 Hz in the ear(s) to be aided for members under the age of 21.
4. Documentation of communication need and a statement that the member is able to utilize the aid appropriately.

**Bibliography**

1. Michigan Department of Health and Human Services-Medicaid Provider Manual-Hearing Aid Dealers, Section 1, 1.8, page 4 and Section 2, 2.2 - 2.4, pages 9-16, October 1, 2018.

Approved by UPHP CAC 6-8-11, reviewed 6-13-12, 6-12-13, 6-11-14, 6-10-15, 6-15-16, 6-14-17, 3-14-18, 3-13-19