

Medicare Coverage Going in the Wrong Direction

When the law enacting Medicare was drafted, language was written that specifically excluded coverage for hearing aids: Medicare will not pay for any part A or part B expenses incurred for items or services related to “hearing aids or examination for the purpose of prescribing, fitting, or changing of hearing aids.”

In 2005, CMS issued a notice indicating that Medicare contractors *will pay* for osseointegrated (bone-anchored) auditory and brainstem auditory devices as prosthetic devices when indicated, that is, where hearing aids are medically inappropriate or cannot be used. Osseointegrated devices were defined as devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlear via a mechanical transducer. Consumers know these devices as the Baha and the Pronto.

Because of Medicare’s inclusion of Osseointegrated implants, some private insurers have also covered these devices. Thousands of people in the U.S. have benefited from these devices, saying they are “life changing.”

On July, 11, 2014, CMS posted a request for comments on a proposed rule change: they have come to the conclusion that *all* air or bone conduction hearing devices, whether external, internal or implanted, including middle ear implants, dental anchored bone conduction devices and other types of external or non-invasive devices are hearing aids, and thus, not covered under Medicare.

In September, HLAA filed comments arguing that these devices should be considered prosthetic devices under the rules, and that the coverage should include both osseointegrated devices and any innovations that are developed to help those who cannot successfully use hearing aids, such as dental-anchored conductive devices.