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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 24
6010.57-M
JANUARY 6, 2010**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: REPAIR/REPLACEMENT OF HEARING AIDS

CONREQ: 14909

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change clarifies the repair/replacement of hearing aids when certain criteria are met.

EFFECTIVE DATE: September 1, 2005.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

**John A. D'Alessandro
Chief, Medical Benefits and
Reimbursement Branch**

**ATTACHMENT(S): 2 PAGE(S)
DISTRIBUTION: 6010.57-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

CHANGE 24
6010.57-M
JANUARY 6, 2010

REMOVE PAGE(S)

CHAPTER 7

Section 8.2, pages 1 and 2

INSERT PAGE(S)

Section 8.2, pages 1 and 2

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)

1.0 CPT¹ PROCEDURE CODE RANGE

92590 - 92595

2.0 HCPCS PROCEDURE CODES

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.**

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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TRICARE Policy Manual 6010.57-M, February 1, 2008

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Hearing Aids And Hearing Aid Services

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.

4.2 Implantable hearing aid.

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

5.0 EFFECTIVE DATE

September 1, 2005.

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