

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 10/1/2026
	Subject: Coverage criteria for hearing aids and hearing aid systems

Hearing Aid and Hearing Aid Systems Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for monaural and binaural hearing aids, and for CROS and BiCROS hearing aid systems.

2. Coverage Criteria

To be eligible for coverage of Monaural or Binaural Hearing Aids or CROS/BiCROS, the following must be met.

A. Monaural Hearing Aid

- **Members aged 21 and older**

To be eligible for coverage, all the following must be met:

- A licensed audiologist determines through an evaluation that a hearing aid is needed.
- The audiological examination results show that there is an average pure tone hearing loss of at least 40 decibels for each of frequencies (500, 1000, 2000, and 3000 Hz) in the better ear.
- Word recognition or speech discrimination scores are obtained at a level to ensure pb max.

- **Members aged 20 and under**

To be eligible for coverage, the following must be met:

- A licensed audiologist determines through an evaluation that a hearing aid is needed.
- The audiological examination results show that there is an average pure tone hear loss of at least 25 decibels for each of frequencies (500, 100, 2000, and 300 Hz) in the better ear.

B. Binaural Hearing Aids

- **Members aged 21 and older**

To be eligible for coverage, all the following criteria must be met:

- The two-frequency average at 1 kHz and 2 kHz must be greater than 40 decibels in both ears.
- The two-frequency average at 1 kHz and 2 kHz must be less than 90 decibels in both ears.
- The two-frequency average at 1 kHz and 2 kHz must have an interaural difference of less than 15 decibels.
 - The interaural word recognition or speech discrimination score must have a difference of less than 20%

- **Members aged 20 and under**

To be eligible for coverage, all the following must be met.

- The two-frequency average at 1 kHz and 2 kHz must be greater than 25 decibels in both ears;
- The two-frequency average at 1 kHz and 2 kHz must be less than 75 decibels in both ears;
- The two-frequency average at 1 kHz and 2 kHz must have an interaural difference of less than 15 decibels;
- The interaural word recognition or speech discrimination score must have a difference of less than 20%.

C. CROS Hearing Aid Systems

To be eligible for coverage, all the following criteria must be met:

- Unilateral profound hearing loss; defined as 81dB or greater
- Normal to mild hearing loss in the better ear.

AND ANY of the following:

- Conductive hearing loss is unresponsive to medical or surgical interventions.
- Sensorineural hearing loss.
- Mixed hearing loss.

D. BiCROS Hearing Aid Systems

All the following criteria must be met:

- Unilateral profound hearing loss; defined as 81dB or greater
- Moderate hearing loss in the better ear.

AND ANY of the following:

- Conductive hearing loss is unresponsive to medical or surgical interventions.
- Sensorineural hearing loss.
- Mixed hearing loss.

3. Quantity Limits

For members aged 21 or over, a hearing aid purchased by Montana Healthcare Programs will be replaced once within a five-year period and only if:

- The original hearing aid has been lost or irreparably broken after the warranty period;
- The provider's records document the loss or broken condition of the original hearing aid; and
- The hearing loss criteria specified in this manual continue to be met; or
- The original hearing aid no longer meets the needs of the individual, and a new hearing aid is determined to be medically necessary by a licensed audiologist.

4. Authorization Requirements

Prior Authorization is required for all hearing aids. All authorization requests must include documentation demonstrating the medical necessity of the request.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

5. Reimbursement

Reimbursement for hearing aids will be made in accordance with 37.86.805. Providers must refer to the Hearing Aid fee schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.