



# HOUSE BILL 490: HEARING AID & COCHLEAR IMPLANT LEGISLATION

## FREQUENTLY ASKED QUESTIONS FOR HOUSE BILL 490

**Note: The information provided is for informational purposes only and does not constitute legal advice.**

During the 2017 legislative session, HB 490 was enacted to require insurance coverage for hearing aids and Cochlear implants for children up to age 18. This document is published by Texas Academy of Audiology to assist Parents in understanding the law.

### What does the law provide?

- Amends Chapter 1367, (Insurance Code), coverage of children, by adding Subchapter F, as follows: "Hearing Aids and Cochlear Implants "Requires that a Health Benefit Plan (HBP) provide coverage for the cost of a medically necessary hearing aid or cochlear implant and related services and supplies for a covered individual who is 18 years of age or younger."
- Coverage under the section is required to include certain treatments and services related to hearing aids or cochlear implants; and is limited to one hearing aid in each ear every three years and one cochlear implant in each ear with internal replacement as medically or audiological necessary.

### When is the effective date of the law?

- The effective date is September 1, 2017
- The change in law made by this Act applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2018
- A health benefit plan delivered, issued for delivery, or renewed before January 1, 2018, is governed by the law as it existed immediately before the effective date of this act, (September 1, 2017) and that law is continued in effect for that purpose.
- Before you begin the process of acquiring hearing aids for a child 18 or younger, check with your health insurance carrier to verify the specific date on when your coverage became renewed and/or effective. If your plan renewed prior to January 1, 2018, you would not be eligible for this act until the following year. If your policy renewed on or after January 1, 2018, you would be eligible for this act in 2018.

### What if my plan has a high deductible?

- The bill allows carriers to apply deductibles, coinsurance, copayments or out of pocket limits to hearing aid devices, supplies, and services related to hearing aids but they may not be greater than any applied to other benefits covered in the health plan. However, if you have a high deductible that would effectively cancel out the benefit afforded by this law, so a provision was added by TAA that states added coverage required under this section is subject to any provision that applies generally to coverage provided for durable medical equipment benefits, including a provision relating to deductibles, coinsurance or prior authorization.

### How frequently can a hearing aid be replaced under this act?

- "One hearing aid in each ear every three years"

### How frequently can a cochlear implant be replaced under this act?

- "One cochlear implant in each ear with internal replacement as medically or audiological necessary."

### Are batteries covered under this act?

- Yes, coverage under this act includes "related services and supplies for a covered individual who is 18 years of age or younger".

### Are ear molds covered under this act?

- Yes, "Coverage required under this section must include: fitting and dispensing services and the provision of ear molds as necessary to maintain optimal fit of hearing aids".



#### **Are CI external processors covered under this act?**

- Yes, coverage under this act includes “related services and supplies for a covered individual who is 18 years of age or younger” and including “coverage for an external speech processor controller with necessary components replacement every three years”.

#### **Is habilitation and or rehabilitation services covered under this act?**

- Yes, coverage under this act “must include: any treatment related to hearing aids and cochlear implants, including coverage for habilitation and rehabilitation as necessary for educational gain”

#### **What if the insurance policy is renewed outside of Texas, will this act still apply?**

- Yes, this subchapter applies to a GHP that is “provided to a resident of this state, regardless of whether the group policy, agreement, or contract is delivered, issued for delivery, or renewed within or outside this state”.

#### **Can hearing aids under this act be dispensed by a Hearing Instrument Fitter and Dispenser?**

- Yes and No. Under the Hearing Instrument Fitters and Dispensers Occupations Code in Subchapter I. General Business Regulations, Sec. 402.402. Sale to a Minor state:
  - A licensed hearing instrument fitter and dispenser may not sell a hearing instrument to a person under 18 years of age unless the prospective user or a parent or guardian of the prospective user has presented to the hearing instrument fitter and dispenser a written statement, signed by a licensed physician specializing in diseases of the ear, that states that the patient’s hearing loss has been medically evaluated and that the patient may be considered a candidate for a hearing instrument.
  - The physician’s evaluation must have taken place within the preceding six months,
  - ***This is not different from the Audiologists Statute***
- Audiologists and Parents must educate physicians on the importance of infants and children having hearing aids dispensed by audiologists. Audiologists have the appropriate pediatric audiology training in the diagnostic assessment of hearing loss in infants and children. Audiologists also have the training in fitting of hearing aids with infants and children. It should also be noted that under the Hearing Instrument Fitters and Dispenser Occupations Code, Sec. 402.201 Contents of Examination does not include any subjects related to the assessment and dispensing and fitting of hearing aids to infants and children.

#### **What insurance policies are exempted from this act?**

- This subchapter does not apply to a plan that provides coverage for:
  - 1) (A) for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury  
(B) as a supplement to a liability insurance policy;  
(C) for credit insurance;  
(D) only for dental or vision care;  
(E) only for hospital expenses; or  
(F) only for indemnity for hospital confinement;
  - 2) a Medicare supplemental policy;
  - 3) a workers’ compensation insurance policy;
  - 4) medical payment insurance coverage provided under a motor vehicle insurance policy;
  - 5) a long-term care policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1367.251
  - 6) the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code.

#### **Questions you may want to clarify with your insurer:**

- What co-pay applies for this benefit?
- How do I submit a claim for this benefit?