Hearing Aid for Child

[Date of Submission]

[Health Plan Name]
[Health Plan Address]
[City, State Zip]

Re: [Insert Patient Name and Date of Birth]
Member ID#: [Insert Member ID Number]
Member Name: [Insert Member Name if not Patient]
Group Name: [Insert Group Name]
Group ID#: [Insert Group Number]

Dear Claims Department:

On [insert date], [Health Plan] denied coverage of a hearing aid for 7-year-old child with a sensorineural hearing loss. This letter encourages you to reconsider this claim for payment. Federal law supports states in establishing infant hearing screening programs and 27 states have passed legislation requiring hearing aid coverage for patients under the age of 18, once per year.

It is my hope that [Health Plan] will recognize current standards of practice, which support legislative efforts and include audiological services and hearing aids for young children.

Auditory evaluation and treatment, including the selection and fitting of hearing aids, are medically necessary services to treat sensorineural hearing loss. Determination of medical necessity must consider whether the service is essential and appropriate to the diagnosis and/or treatment of an illness or injury. A hearing aid is essential in treating [insert child's name] sensorineural hearing loss (a permanent medical condition), just as a prosthesis would be necessary in treating a child with a missing hand or leg.

Research shows that 5 of 1,000 children have hearing loss, which affects speech, language, and cognition. Early identification of hearing loss and intervention reduces the consequences of hearing impairment. Children receiving early treatment are significantly better in the use of residual hearing, auditory development, and language competence.

Please reconsider coverage of a hearing aid to treat [insert child's name] hearing loss, a medical condition.

Sincerely,

Hearing Aid for Child

[Treating clinician's name]
[Practice Name]
[Address]
[City, State Zip]
[Phone Number]
[Email]
[NPI]