



**Covered Benefit: Ear Services**

CMP Published: Yes  No

[Experimental or Investigational Services](#)

CPG Published: Yes  No

Definition: Services for the ear include a broad range of surgical services and procedures involving the external, middle and inner ear.

Benefit Packages: RIte Care, Children with Special Health Care Needs, Substitute Care, and Rhody Health Partners.

Coverage Limitations:

- All inpatient hospitalizations require medical review and prior authorization.
- All experimental procedures and non FDA approved services are not covered unless for the treatment of cancer.
- Cosmetic surgery and procedures are not covered.

Exclusions:

Extended Family Planning (EFP) members are excluded; EFP members do not have a comprehensive benefit package.

Coverage Includes:

- Surgical Services Ear
- Hearing Aid Services

Episodes of care occur in the following setting; included in the detailed benefit service category criteria:

Office (POS 11)

Inpatient (POS 21)

Outpatient (POS 22)

Ambulatory Surgical Center (POS 24)

Federally Qualified Health Center (POS 50)

Notes:

Cochlear implants and prostheses are listed on the Implants Benefit Coverage Summary.

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9/1/2010

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9/1/11