

Department of Origin: Integrated Healthcare Services	Effective Date: 10/18/23
Approved by: Chief Medical Officer	Date Approved: 10/13/23
Clinical Policy Document: Hearing Devices	Replaces Effective Clinical Policy Dated: 02/10/23
Reference #: MP/H006	Page: 1 of 6

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for hearing devices.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

COVERAGE:**I. Hearing Aids**

- A. Air conduction *hearing aids* (eg, in the ear canal, completely in the canal, behind the ear, on the body hearing aid, contralateral routing of sound)
 - 1. Benefits must be available for *hearing aids*
 - 2. Standard hearing aids will be covered per benefit limits for hearing loss that is not correctable by other covered procedures.
- B. Bone conduction hearing aids
 - 1. External bone conduction *hearing aid*
 - a. Benefits must be available for *hearing aids*
 - b. Use of a conventional air conduction device is precluded by a medical condition (eg, microtic ears, small ear canals)
 - 2. Semi implantable bone-anchored *hearing aid* - BAHA (unilateral or bilateral)
 - a. Benefits must be available for *hearing aids*
 - b. Must be 5 years or older, per FDA indications
- C. Implantable *hearing aid* (eg, Esteem® active middle ear hearing prosthesis and the Carina prosthesis) and semi- implantable middle *hearing aid* (eg, Maxum, Vibrant Soundbridge, Soundtec® Direct System™)
 - 1. Benefits must be available for *hearing aids*; and
 - 2. Must be 18 years of age or older, per FDA indications; and
 - 3. Member must have moderate to severe sensorineural hearing loss; and
 - 4. Member cannot tolerate the use of an ear mold due to a medical condition (eg, auricular atresia, severe chronic otitis externa)

II. Cochlear Implant (uniaural [monaural] or binaural [bilateral]) - benefits must be available for cochlear implant**III. Auditory Brainstem Implant** - benefits must be available for auditory brainstem implant

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EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

The following are considered investigative (see Investigative List): I - III

I. Tinnitus Masking Devices (eg, Neuromonics Tinnitus Treatment, Dynamic Tinnitus Mitigations System [DTM-6], Tinni Tech ANMP System, Quiescence, and Ultraquiet)

II. Tinnitus Retraining

III. Transtympanic Micropressure Device (such as but not limited to Meniett™ Portable Pulse Generator)

DEFINITIONS:**Auditory Brainstem Implant (ABI):**

ABI is the first device specifically designed to bypass the cochlea and the auditory nerve to transmit sound directly to the brainstem. The ABI is placed directly on the nerve center (cochlear nucleus).

Cochlear Implant:

A cochlear implant is a surgically implanted electronic device that provides a sense of sound to a person who is profoundly deaf or severely hard of hearing. The cochlear implant is often referred to as a bionic ear. Unlike hearing aids, the cochlear implant does not amplify sound, but works by directly stimulating any functioning auditory nerves inside the cochlea with electrical impulses. External components of the cochlear implant include a microphone, speech processor and transmitter which also allow an individual to adjust the sound for quality and amplification. Since a cochlear implant directly stimulates the auditory nerve it is not considered a hearing aid.

Hearing Aid:

Hearing aids can be generally subdivided into air conduction hearing aids (ACHA) and bone conduction hearing aids (BCHA). Air conduction hearing aids require the use of ear molds. External bone conduction hearing aids function by transmitting sound waves through the bone to the ossicles of the middle ear. According to Centers for Medicare and Medicaid Services (CMS), any device that does not directly stimulate the auditory nerve is a hearing aid.

Semi-implantable Bone Anchored Hearing Aid (BAHA):

A BAHA is a hearing aid allowing sound conduction via vibrations through the skull instead of air-conduction as seen in a standard hearing aid. The devices have an implant that is surgically implanted into the mastoid bone of the skull. The sound processor vibrates the implant which in turn vibrates the temporal bone. The vibration is then transmitted through other bones to the cochlea of the opposite ear where it creates the sensation of sound. The BAHA does not directly stimulate the auditory nerve thus it is considered a hearing aid.

Implantable Middle Ear Hearing Aid, fully implanted and semi-implanted (MEI):

They consist of two components; an internally implanted floating mass transducer (FMT) and an audio processor (AP). The AP is either externally worn or implanted under the skin behind the ear. The AP picks up sound from the environment and transmits that sound across the skin to the implanted receiver. The implanted receiver converts the signal and transmits it to the FMT, which is a transducer that directly vibrates the ossicles by mimicking the natural motion of the ossicular chain, sending an enhanced signal to the fluid-filled inner ear (cochlea). The ossicular motion creates movement in the cochlea stimulating the hair cells, which in turn provide stimuli to the auditory nerve, which are then interpreted by the brain as sound. Unlike

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the cochlear implant, the MEI is not a prosthetic replacement for the ear; rather, the MEI acts as a hearing aid in amplifying sounds.

Prior Authorization: No

CODING:

CPT® or HCPCS

Air-conduction Hearing Aid

V5030 Hearing aid, monaural, body worn, air conduction
V5040 Hearing aid, monaural, body worn, bone conduction
V5050 Hearing aid, monaural, in the ear
V5060 Hearing aid, monaural, behind the ear
V5100 Hearing aid, bilateral, body worn
V5120 Binaural, body
V5130 Binaural, in the ear
V5140 Binaural, behind the ear
V5171 Hearing aid, contralateral routine device, monaural, in the ear ITE
V5172 Hearing aid, contralateral routing device, monaural, in the canal ITC
V5181 Hearing aid, contralateral routing device, monaural, behind the ear BTE
V5211 Hearing aid, contralateral routing system, binaural, ITE/ITE
V5212 Hearing aid, contralateral routing system, binaural, ITE/ITC
V5213 Hearing aid, contralateral routing system, binaural, ITE/BTE
V5214 Hearing aid, contralateral routing system, binaural, ITC/ITC
V5215 Hearing aid, contralateral routing system, ITC/BTE
V5221 Hearing aid, contralateral routing system, binaural, BTE/BTE
V5242 Hearing aid, analog, monaural, CIC
V5243 Hearing aid, analog, monaural, ITC
V5244 Hearing aid, digitally programmable analog, monaural, CIC
V5245 Hearing aid, digitally programmable analog, monaural, ITC
V5246 Hearing aid, digitally programmable analog, monaural, ITE
V5247 Hearing aid, digitally programmable analog, monaural, BTE
V5248 Hearing aid, analog, binaural, CIC
V5249 Hearing aid, analog, binaural, ITC
V5250 Hearing aid, digitally programmable analog, binaural, CIC
V5251 Hearing aid, digitally programmable analog, binaural, ITC
V5252 Hearing aid, digitally programmable, binaural, ITE
V5253 Hearing aid, digitally programmable, binaural, BTE
V5254 Hearing id, digital, monaural, CIC
V5255 Hearing aid, digital, monaural, ITC
V5256 Hearing aid, digital, monaural, ITE
V5257 Hearing aid, digital, monaural, BTE
V5258 Hearing aid, digital, binaural, CIC
V5259 Hearing aid, digital, binaural, ITC
V5260 Hearing aid, digital, binaural, ITE
V5261 Hearing aid, digital, binaural, BTE
V5262 Hearing aid, disposable, any type, monaural
V5263 Hearing aid, disposable, any type, binaural

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External Bone-Conduction Hearing Aid

L8692 Auditory osseointegrated device, external sound processor, used with-out osseointegration, body worn, includes headband or other means of external attachment

Bone-Anchored Hearing Aid

- 69710 Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
- 69711 Removal or repair of electromagnetic bone conduction hearing device in temporal bone
- 69714 Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
- 69716 Implantation of cochlear stimulating system into mastoid bone of skull with magnetic attachment to external speech processor
- 69717 Replacement of cochlear stimulating system in skull with attachment through skin to external speech processor
- 69719 Replacement of cochlear stimulating system into mastoid bone of skull with magnetic attachment to external speech processor
- 69726 Removal of entire cochlear stimulating system from skull with attachment through skin to external speech processor
- 69727 Removal of entire cochlear stimulating system from mastoid bone of skull with magnetic attachment to external speech processor
- 69728 Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
- 69729 Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
- 69730 Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
- L8690 Auditory osseointegrated device, includes all internal and external components
- L8691 Auditory osseointegrated device, external sound processor, replacement
- L8693 Auditory osseointegrated device abutment, any length, replacement only
- L8694 Auditory osseointegrated device, transducer/actuator, replacement only, each

Implantable and Semi-implantable Middle Ear Hearing Aid

- S2230 Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear (MEI)
- V5095 Implant mid ear hearing prosthesis (MEI)

Auditory Brainstem Implant

- 92640 Diagnostic analysis with programming of auditory brainstem implant, per hour
- S2235 Implantation of auditory brainstem implant (ABI)
- L8699 Prosthetic implant, not otherwise specified (when used for ABI)

Cochlear Implant

- 69930 Cochlear device implantation, with or without mastoidectomy
- L8614 Cochlear device, includes all internal and external components
- L8615 Headset/headpiece for use with cochlear implant device, replacement
- L8616 Microphone for use with cochlear implant device, replacement
- L8617 Transmitting coil for use with cochlear implant device, replacement
- L8618 Transmitter cable for use with cochlear implant or auditory osseointegrated device, replacement

PreferredOne®

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L8619 Cochlear implant, external speech processor and controller, integrated system, replacement
 L8621 Zinc air battery for use with cochlear implant device, replacement, each
 L8622 Alkaline battery for use with cochlear implant device, any size, replacement, each
 L8623 Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
 L8624 Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
 L8625 External recharging system for battery use for use with cochlear implant or auditory osseointegrated device, replacement only, each
 L8627 Cochlear implant, external speech processor, component, replacement
 L8628 Cochlear implant, external controller component, replacement
 L8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement

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REFERENCES:

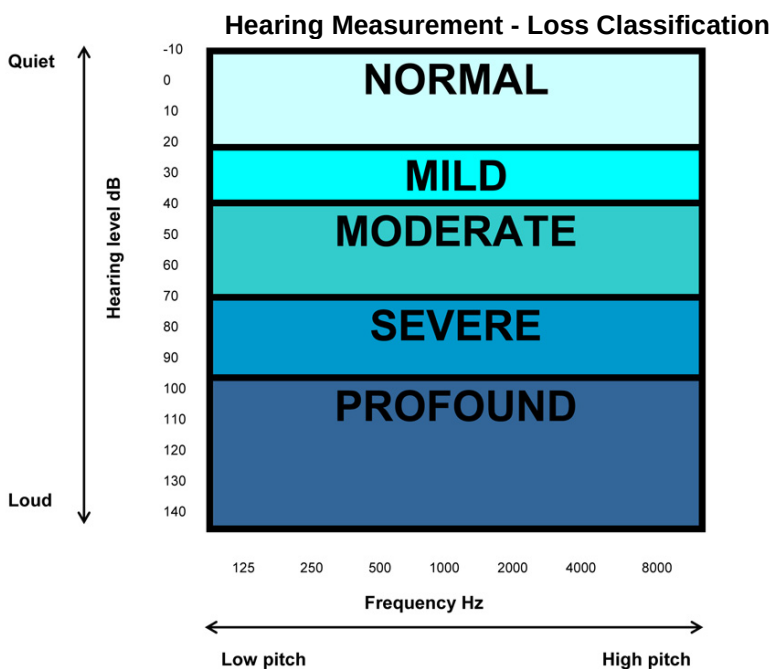
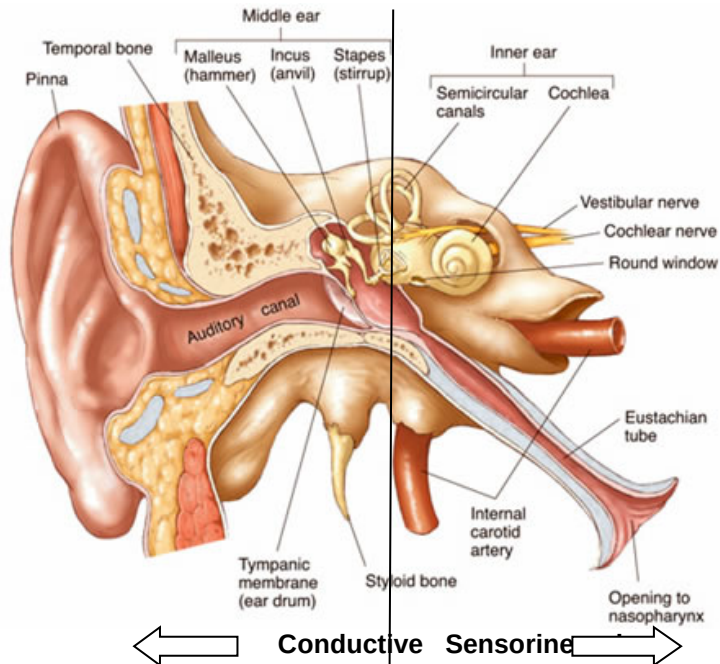
1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Agency for Healthcare Research and Quality (AHRQ). Technology Assessment: Effectiveness of Cochlear Implants in Adults with Sensorineural Hearing Loss. 2011. Retrieved from <https://www.cms.gov/medicare-coverage-database/details/technology-assessments-details.aspx?TAId=80>. Accessed 09-07-23.
4. Cochlear® [website]. Retrieved from <http://www.cochlear.com/wps/wcm/connect/us/home/treatment-options-for-hearing-loss/bone-conduction-implants/how-the-baha-system-works>

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Attachment A



PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaailla qargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດລູກ: ຖ້າວ່າທ່ານເຮົາພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ
1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သုဉ်ဟ်သး- နမၢ်ကတိၤ ကသီၤ ကျိာ်အယံၤ, နမၢ်နီၤ ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘၣ်လၢာ်စၢၤ နီၤတမံၤဘၣ်သန့လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចុះ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).