

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* (unilateral [monaural] or bilateral [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

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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:

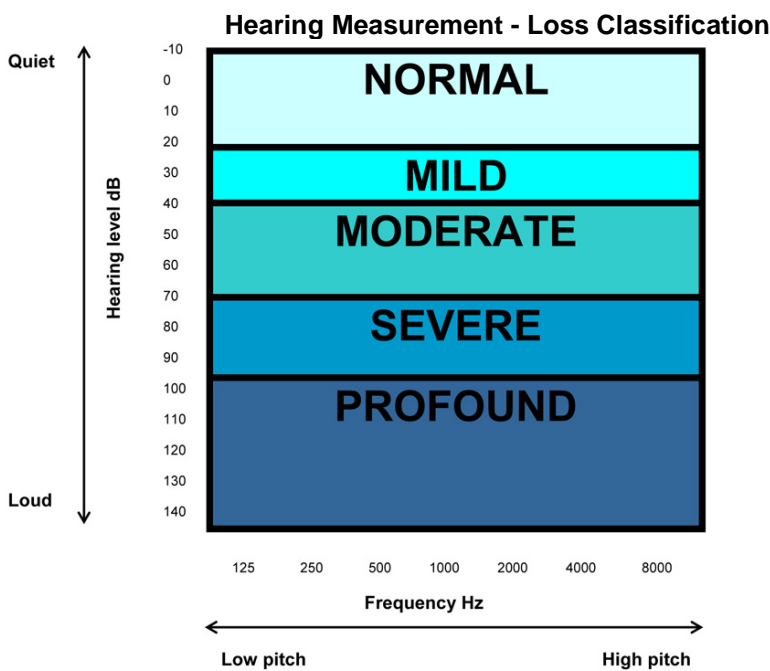
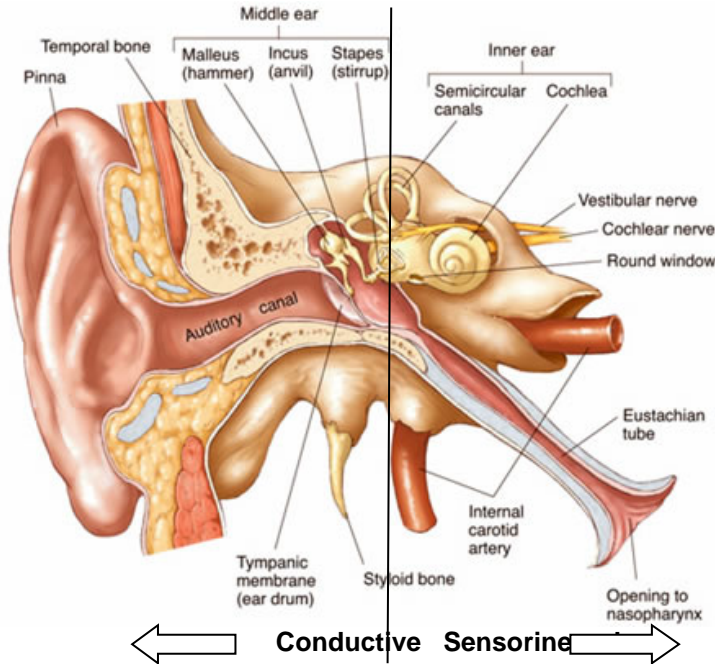
1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Agency for Healthcare Research and Quality (AHRQ). Technology Assessment: Effectiveness of Cochlear Implants in Adults with Sensorineural Hearing 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



Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide 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)

Provide 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 *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1.866.631.5404 (TTY: 711)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator 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

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional Chinese: 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 1.866.631.5404 (TTY:711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).