



ND

# Medical Policies

 **Print**

Policy Number:	S-9		
Policy Name:	External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025	End Date:	11-02-2025

## Description

Hearing impairment is a reduction in the ability to perceive sound. Hearing impairments can vary from slight to profound and are generally classified as conductive hearing loss, sensorineural hearing loss or mixed hearing loss.

## Policy Application

All claims submitted under this policy’s section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy’s section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

\*See below to determine whether the policy rules apply to initial and adjustment claims based on date of processing (DOP) or Date of Service (DOS).

## Criteria

Coverage is subject to the specific terms of the member’s benefit plan.

## Hearing Aids

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

If benefits available per benefit plan.

Prescribed United States Food and Drug Administration (U.S. FDA)-approved hearing aids and ear molds are eligible for payment (per the U.S. FDA, hearing aids marketed for use by the general public should have U.S. FDA approval). Any hearing aid that is not U.S. FDA approved will be denied as non-covered. One (1) hearing aid device per ear is allowed every three (3) years.

## Procedure Codes

V5010	V5030	V5040	V5050	V5060	V5070	V5080
V5100	V5120	V5130	V5140	V5150	V5171	V5172
V5181	V5190	V5211	V5212	V5213	V5214	V5215
V5221	V5230	V5242	V5243	V5244	V5245	V5246
V5247	V5248	V5249	V5250	V5251	V5252	V5253
V5254	V5255	V5256	V5257	V5258	V5259	V5260
V5261	V5262	V5263	V5264	V5298		

## Assistive Listening Devices

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Assistive listening devices are used to improve speech intelligibility by reducing the degrading effects of distance and background noise. These devices are functionally similar to a personal sound amplifier system. These devices do not replace the function of the middle ear, cochlea or auditory nerve. Therefore, they are not considered as prosthetic devices and are non-covered.

## Procedure Codes

V5281	V5282	V5283	V5284	V5285	V5286	V5287
V5288	V5289	V5290				

## Bone Conduction Implants

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; or

All claims submitted under this policy's section will be processed according to the policy effective date and

associated revision effective dates in effect on the date of service.

Bone anchored hearing devices (BAHA), unilateral or bilateral, full or partial, indicated for conductive, mixed hearing loss, or unilateral deafness hearing loss may be considered medically necessary as prosthetic devices when at least **ONE** of the following criteria are met:

- Congenital or surgically induced malformation (e.g., atresia) of the external ear, ear canal, or middle ear, **or**
- Infection of the ear canal resulting in chronic draining ears, **or**
- Fixation of the ossicles (middle ear bones), **or**
- Single sided deafness (SSD) (allow stimulation of the functioning cochlea) due to:
  - Viral infections (CMV, HSV, Measles, or others); **or**
  - Meniere's Disease; **or**
  - Trauma; **or**
  - Sudden deafness; **or**
  - Acoustic neuroma; **or**
  - Individual who is indicated for an air conduction contralateral routing of signals (AC CROS) hearing aid, but who for some reason cannot or will not use an AC CROS; **or**
- Individuals who cannot wear conventional hearing aids for **ONE** or the following reasons:
  - Tumors of the ear canal or tympanic cavity; **or**
  - Dermatitis of the external ear canal; **or**
  - Severe chronic otitis or otitis media; **or**
  - Sensitivity to ear molds.

There **MUST** be a functioning cochlea or cranial nerve VIII for the BAHA to work, and **ALL** the following audiological criteria must be met:

- Individual age five (5) or older;
- A pure tone average (PTA) bone-conduction threshold measured at 0.5, 1, 2, and 3 kHz of better than or equal to 45 dB (OBC and BP100 devices), 55 dB (Intenso device) or 65 dB (Cordele II device).
- As an alternative to an air-conduction CROS hearing aid in individuals five (5) years of age and older with single-sided sensorineural deafness and normal hearing in the other ear; and the pure tone average air conduction threshold of the normal ear should be better than 20 dB measured at 0.5, 1, 2, and 3 kHz.

For bilateral implantation, individuals should meet the above audiologic criteria and have a symmetrically conductive or mixed hearing loss as defined by a difference between left and right-side bone conduction threshold of less than 10 dB on average measured at 0.5, 1, 2 and 3 kHz, or less than 15 dB at individual frequencies.

One (1) headband per year may be considered medically necessary. More than one (1) headband per year will be denied as not medically necessary.

Processor replacement may be considered medically necessary two (2) per five (5) years. Processor replacement greater than two (2) per five (5) years will be denied as not medically necessary.

Quantity level limits or quantity of supplies that exceed the frequency guidelines listed on the policy will be denied as not medically necessary.

BAHA not meeting the criteria as indicated in this policy is considered not medically necessary.

## Procedure Codes

69710	69711	69714	69716	69717	69719	69726
69727	69728	69729	69730	L8618	L8624	L8625
L8690	L8691	L8692	L8693	L8694	L8699	S2230
V5095						

## Auditory Brainstem Implant

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Unilateral use of an auditory brainstem implant (using surface electrodes on the cochlear nuclei) may be considered medically necessary in individuals when **ALL** the following criteria have been met

- Neurofibromatosis type II; and
- 12 years of age or older; and
- Are rendered deaf due to bilateral resection of neurofibromas of the auditory nerve.

An auditory brainstem implant not meeting the criteria as indicated in this policy, including non-neurofibromatosis type 2 indications, is considered experimental/investigational, and therefore non-covered because the safety and/or effectiveness of the service cannot be established by the available published peer-reviewed literature.

Bilateral use of an auditory brainstem implant is considered experimental/investigational, and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

One (1) headband per year may be considered medically necessary. More than one (1) headband per year will be denied as not medically necessary.

Processor replacement may be considered medically necessary two (2) per five (5) years. Processor replacement greater than two (2) per five (5) years will be denied as not medically necessary.

Quantity level limits or quantity of supplies that exceed the frequency guidelines listed on the policy will be denied as not medically necessary.

## Procedure Codes

L8691	L8694	L8699	S2235
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## Audiological Testing

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; or

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Audiological testing performed without a physician evaluation and an order for the testing prior to testing are deemed to be screening in nature, and will be considered not medically necessary.

Audiological testing is eligible as a diagnostic procedure, when not screening in nature.

## Procedure Codes

0208T	0209T	0210T	0211T	0212T	92550	92553
92555	92556	92557	92558	92562	92563	92565
92567	92568	92570	92571	92572	92575	92576
92577	92579	92582	92583	92584	92587	92588
92620	92621	92626	92627	92630	92633	92640
92650	92651	92652	92653	V5008		

## Aural Rehabilitation

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

An audiologist performs the primary evaluation of the status of an aural rehabilitation program under the direction of physicians or speech-language pathologists within their scope of practice.

The speech-language pathologist is typically responsible for evaluating the individual's receptive and expressive communication skills and providing the services to anchor improvement.

Aural rehabilitation not meeting the criteria as indicated in this policy is considered not medically necessary.

## Procedure Codes

92626	92627	92630	92633
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## Personal Sound Amplification Products (PSAPs)

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Amplifying devices including but not limited to amplifying devices personal sound amplification products (PSAPs) are considered non-covered devices.

## Procedure Code

V5274

## Professional Statements and Societal Positions Guidelines

Not Applicable

## Diagnosis Codes

**Covered Diagnosis Codes for Procedure Codes 69710; 69711; 69714; 69716; 69717; 69719; 69726; 69727; 69728; 69729; 69730; 69799; L8690; L8691; L8692; L8693; L8694; L8699; S2230 and V5095**

C30.1	C44.292	C44.299	D22.21	D22.22	D23.20	D23.21
D23.22	D33.3	H60.541	H60.542	H60.543	H60.61	H60.62
H60.63	H60.8X1	H60.8X2	H60.8X3	H60.91	H60.92	H60.93
H61.391	H61.392	H61.393	H61.399	H61.91	H61.92	H61.93
H62.8X1	H62.8X2	H62.8X3	H65.01	H65.02	H65.03	H65.04
H65.05	H65.06	H65.111	H65.112	H65.113	H65.114	H65.115
H65.116	H65.191	H65.192	H65.193	H65.194	H65.195	H65.196
H65.199	H65.21	H65.22	H65.23	H65.31	H65.32	H65.33
H65.411	H65.412	H65.413	H65.491	H65.492	H65.493	H66.001
H66.002	H66.003	H66.004	H66.005	H66.006	H66.011	H66.012
H66.013	H66.014	H66.015	H66.016	H66.10	H66.11	H66.12
H66.13	H66.20	H66.21	H66.22	H66.23	H66.3X1	H66.3X2
H66.3X3	H66.41	H66.42	H66.43	H66.91	H66.92	H66.93
H67.1	H67.2	H67.3	H90.0	H90.11	H90.12	H90.2
H90.3	H90.41	H90.42	H90.5	H90.6	H90.71	H90.72
H90.8	H90.A11	H90.A12	H90.A21	H90.A22	H90.A31	H90.A32

Q16.0	Q16.1	Q16.3	Q16.4	Q85.02	T78.40XA	
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## Covered Diagnosis for Procedure Codes S2235 and 92640

Q85.02
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## CURRENT CODING

### CPT:

0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Commercial
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR & BONE	Commercial
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Commercial
0211T	SPEECH AUDIOM THRESHLD AUTO W/SPEECH RECOGNITION	Commercial
0212T	COMPRES AUDIOM THRESHOLD EVAL & SPEECH RECOG	Commercial
69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	Commercial
69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	Commercial
69714	IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	Commercial
69716	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	Commercial
69717	RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	Commercial
69719	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	Commercial
69726	REMOVAL ENTIRE OI IMPLT SKL PERQ ATTACHMENT ESP	Commercial
69727	REMOVAL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP<100	Commercial
69728	RMVL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP>=100	Commercial

69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	Commercial
69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	Commercial
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	Commercial
92553	PURE TONE AUDIOMETRY AIR & BONE	Commercial
92555	SPEECH AUDIOMETRY THRESHOLD	Commercial
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	Commercial
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	Commercial
92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	Commercial
92562	LOUDNESS BALANCE BINAURAL/MONAUURAL	Commercial
92563	TONE DECAY TEST	Commercial
92565	STENGER TEST PURE TONE	Commercial
92567	TYMPANOMETRY	Commercial
92568	ACOUSTIC REFLEX THRESHOLD	Commercial
92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	Commercial
92571	FILTERED SPEECH TEST	Commercial
92572	STAGGERED SPONDAIC WORD TEST	Commercial
92575	SENSORINEURAL ACUITY LEVEL TEST	Commercial
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	Commercial
92577	STENGER TEST SPEECH	Commercial
92579	VISUAL REINFORCEMENT AUDIOMETRY	Commercial
92582	CONDITIONING PLAY AUDIOMETRY	Commercial
92583	SELECT PICTURE AUDIOMETRY	Commercial
92584	ELECTROCOCHLEOGRAPHY	Commercial
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	Commercial



92588	DISTR PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	Commercial
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	Commercial
92621	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	Commercial
92626	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	Commercial
92627	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15	Commercial
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Commercial
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Commercial
92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	Commercial
92650	AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	Commercial
92651	AEP HEARING STATUS DETER BROADBAND STIMULI I&R	Commercial
92652	AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	Commercial
0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Medicaid Expansion
0209T	PURE TONE AUDIOMETRY AUTOMATED AIR & BONE	Medicaid Expansion
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Medicaid Expansion
0211T	SPEECH AUDIOM THRESHLD AUTO W/SPEECH RECOGNITION	Medicaid Expansion
0212T	COMPRE AUDIOM THRESHOLD EVAL & SPEECH RECOG	Medicaid Expansion
69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	Medicaid Expansion
69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	Medicaid Expansion
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69716	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	Medicaid Expansion
69717	RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	Medicaid Expansion
69719	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	Medicaid Expansion
69726	REMOVAL ENTIRE OI IMPLT SKL PERQ ATTACHMENT ESP	Medicaid Expansion
69727	REMOVAL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP<100	Medicaid Expansion
69728	RMVL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP>=100	Medicaid Expansion
69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	Medicaid Expansion
69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	Medicaid Expansion
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	Medicaid Expansion
92553	PURE TONE AUDIOMETRY AIR & BONE	Medicaid Expansion
92555	SPEECH AUDIOMETRY THRESHOLD	Medicaid Expansion
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	Medicaid Expansion
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	Medicaid Expansion
92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	Medicaid Expansion
92562	LOUDNESS BALANCE BINAURAL/MONAURAL	Medicaid Expansion
92563	TONE DECAY TEST	Medicaid Expansion
92565	STENGER TEST PURE TONE	Medicaid Expansion
92567	TYMPANOMETRY	Medicaid Expansion
92568	ACOUSTIC REFLEX THRESHOLD	Medicaid Expansion
92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	Medicaid Expansion
92571	FILTERED SPEECH TEST	Medicaid Expansion
92572	STAGGERED SPONDAIC WORD TEST	Medicaid Expansion

92575	SENSORINEURAL ACUITY LEVEL TEST	Medicaid Expansion
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	Medicaid Expansion
92577	STENGER TEST SPEECH	Medicaid Expansion
92579	VISUAL REINFORCEMENT AUDIOMETRY	Medicaid Expansion
92582	CONDITIONING PLAY AUDIOMETRY	Medicaid Expansion
92583	SELECT PICTURE AUDIOMETRY	Medicaid Expansion
92584	ELECTROCOCHLEOGRAPHY	Medicaid Expansion
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	Medicaid Expansion
92588	DISTRD PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	Medicaid Expansion
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	Medicaid Expansion
92621	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	Medicaid Expansion
92626	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	Medicaid Expansion
92627	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15	Medicaid Expansion
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Medicaid Expansion
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Medicaid Expansion
92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	Medicaid Expansion
92650	AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	Medicaid Expansion
92651	AEP HEARING STATUS DETER BROADBAND STIMULI I&R	Medicaid Expansion
92652	AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	Medicaid Expansion

**HCPCS:**

L8618	Coch implant tran cable repl	Commercial
L8624	Lith ion batt cid, ear level	Commercial

L8625	Charger coch impl/aoi battry	Commercial
L8690	Aud osseo dev, int/ext comp	Commercial
L8691	Aoi snd proc repl excl actua	Commercial
L8692	Non-osseointegrated snd proc	Commercial
L8693	Aud osseo dev, abutment	Commercial
L8694	Aoi transducer/actuator repl	Commercial
L8699	Prosthetic implant nos	Commercial
S2230	Implant semi-imp hear	Commercial
S2235	Implant auditory brain imp	Commercial
V5008	Hearing screening	Commercial
V5010	Assessment for hearing aid	Commercial
V5030	Body-worn hearing aid air	Commercial
V5040	Body-worn hearing aid bone	Commercial
V5050	Hearing aid monaural in ear	Commercial
V5060	Behind ear hearing aid	Commercial
V5070	Glasses air conduction	Commercial
V5080	Glasses bone conduction	Commercial
V5095	Implant mid ear hearing pros	Commercial
V5100	Body-worn bilat hearing aid	Commercial
V5120	Body-worn binaur hearing aid	Commercial
V5130	In ear binaural hearing aid	Commercial
V5140	Behind ear binaur hearing ai	Commercial
V5150	Glasses binaural hearing aid	Commercial
V5171	Hearing aid monaural ite	Commercial
V5172	Hearing aid monaural itc	Commercial
V5181	Hearing aid monaural bte	Commercial
V5190	Hearing aid monaural glasses	Commercial
V5211	Hearing aid binaural ite/ite	Commercial
V5212	Hearing aid binaural ite/itc	Commercial
V5213	Hearing aid binaural ite/bte	Commercial

V5214	Hearing aid binaural itc/itc	Commercial
V5215	Hearing aid binaural itc/bte	Commercial
V5221	Hearing aid binaural bte/bte	Commercial
V5230	Hearing aid binaural glasses	Commercial
V5242	Hearing aid, monaural, cic	Commercial
V5243	Hearing aid, monaural, itc	Commercial
V5244	Hearing aid, prog, mon, cic	Commercial
V5245	Hearing aid, prog, mon, itc	Commercial
V5246	Hearing aid, prog, mon, ite	Commercial
V5247	Hearing aid, prog, mon, bte	Commercial
V5248	Hearing aid, binaural, cic	Commercial
V5249	Hearing aid, binaural, itc	Commercial
V5250	Hearing aid, prog, bin, cic	Commercial
V5251	Hearing aid, prog, bin, itc	Commercial
V5252	Hearing aid, prog, bin, ite	Commercial
V5253	Hearing aid, prog, bin, bte	Commercial
V5254	Hearing id, digit, mon, cic	Commercial
V5255	Hearing aid, digit, mon, itc	Commercial
V5256	Hearing aid, digit, mon, ite	Commercial
V5257	Hearing aid, digit, mon, bte	Commercial
V5258	Hearing aid, digit, bin, cic	Commercial
V5259	Hearing aid, digit, bin, itc	Commercial
V5260	Hearing aid, digit, bin, ite	Commercial
V5261	Hearing aid, digit, bin, bte	Commercial
V5262	Hearing aid, disp, monaural	Commercial
V5263	Hearing aid, disp, binaural	Commercial
V5264	Ear mold/insert	Commercial
V5274	Ald unspecified	Commercial
V5281	Ald fm/dm system, monaural	Commercial
V5282	Ald fm/dm system binaural	Commercial

V5283	Ald neck, loop ind receiver	Commercial
V5284	Ald fm/dm ear level receiver	Commercial
V5285	Ald fm/dm aud input receiver	Commercial
V5286	Ald blu tooth fm/dm receiver	Commercial
V5287	Ald fm/dm receiver, nos	Commercial
V5288	Ald fm/dm transmitter ald	Commercial
V5289	Ald fm/dm adapt/boot couplin	Commercial
V5290	Ald transmitter microphone	Commercial
V5298	Hearing aid noc	Commercial
L8618	Coch implant tran cable repl	Medicaid Expansion
L8624	Lith ion batt cid, ear level	Medicaid Expansion
L8625	Charger coch impl/aoi battry	Medicaid Expansion
L8690	Aud osseo dev, int/ext comp	Medicaid Expansion
L8691	Aoi snd proc repl excl actua	Medicaid Expansion
L8692	Non-osseointegrated snd proc	Medicaid Expansion
L8693	Aud osseo dev, abutment	Medicaid Expansion
L8694	Aoi transducer/actuator repl	Medicaid Expansion
L8699	Prosthetic implant nos	Medicaid Expansion
S2230	Implant semi-imp hear	Medicaid Expansion
S2235	Implant auditory brain imp	Medicaid Expansion
V5008	Hearing screening	Medicaid Expansion
V5010	Assessment for hearing aid	Medicaid Expansion
V5030	Body-worn hearing aid air	Medicaid Expansion
V5040	Body-worn hearing aid bone	Medicaid Expansion
V5050	Hearing aid monaural in ear	Medicaid Expansion
V5060	Behind ear hearing aid	Medicaid Expansion
V5070	Glasses air conduction	Medicaid Expansion
V5080	Glasses bone conduction	Medicaid Expansion
V5095	Implant mid ear hearing pros	Medicaid Expansion
V5100	Body-worn bilat hearing aid	Medicaid Expansion

V5120	Body-worn binaur hearing aid	Medicaid Expansion
V5130	In ear binaural hearing aid	Medicaid Expansion
V5140	Behind ear binaur hearing ai	Medicaid Expansion
V5150	Glasses binaural hearing aid	Medicaid Expansion
V5171	Hearing aid monaural ite	Medicaid Expansion
V5172	Hearing aid monaural itc	Medicaid Expansion
V5181	Hearing aid monaural bte	Medicaid Expansion
V5190	Hearing aid monaural glasses	Medicaid Expansion
V5211	Hearing aid binaural ite/ite	Medicaid Expansion
V5212	Hearing aid binaural ite/itc	Medicaid Expansion
V5213	Hearing aid binaural ite/bte	Medicaid Expansion
V5214	Hearing aid binaural itc/itc	Medicaid Expansion
V5215	Hearing aid binaural itc/bte	Medicaid Expansion
V5221	Hearing aid binaural bte/bte	Medicaid Expansion
V5230	Hearing aid binaural glasses	Medicaid Expansion
V5242	Hearing aid, monaural, cic	Medicaid Expansion
V5243	Hearing aid, monaural, itc	Medicaid Expansion
V5244	Hearing aid, prog, mon, cic	Medicaid Expansion
V5245	Hearing aid, prog, mon, itc	Medicaid Expansion
V5246	Hearing aid, prog, mon, ite	Medicaid Expansion
V5247	Hearing aid, prog, mon, bte	Medicaid Expansion
V5248	Hearing aid, binaural, cic	Medicaid Expansion
V5249	Hearing aid, binaural, itc	Medicaid Expansion
V5250	Hearing aid, prog, bin, cic	Medicaid Expansion
V5251	Hearing aid, prog, bin, itc	Medicaid Expansion
V5252	Hearing aid, prog, bin, ite	Medicaid Expansion
V5253	Hearing aid, prog, bin, bte	Medicaid Expansion
V5254	Hearing id, digit, mon, cic	Medicaid Expansion
V5255	Hearing aid, digit, mon, itc	Medicaid Expansion
V5256	Hearing aid, digit, mon, ite	Medicaid Expansion

V5257	Hearing aid, digit, mon, bte	Medicaid Expansion
V5258	Hearing aid, digit, bin, cic	Medicaid Expansion
V5259	Hearing aid, digit, bin, itc	Medicaid Expansion
V5260	Hearing aid, digit, bin, ite	Medicaid Expansion
V5261	Hearing aid, digit, bin, bte	Medicaid Expansion
V5262	Hearing aid, disp, monaural	Medicaid Expansion
V5263	Hearing aid, disp, binaural	Medicaid Expansion
V5264	Ear mold/insert	Medicaid Expansion
V5274	Ald unspecified	Medicaid Expansion
V5281	Ald fm/dm system, monaural	Medicaid Expansion
V5282	Ald fm/dm system binaural	Medicaid Expansion
V5283	Ald neck, loop ind receiver	Medicaid Expansion
V5284	Ald fm/dm ear level receiver	Medicaid Expansion
V5285	Ald fm/dm aud input receiver	Medicaid Expansion
V5286	Ald blu tooth fm/dm receiver	Medicaid Expansion
V5287	Ald fm/dm receiver, nos	Medicaid Expansion
V5288	Ald fm/dm transmitter ald	Medicaid Expansion
V5289	Ald fm/dm adapt/boot couplin	Medicaid Expansion
V5290	Ald transmitter microphone	Medicaid Expansion
V5298	Hearing aid noc	Medicaid Expansion

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## ND Committee Review

Internal Medical Policy Committee 11-14-2019 update to HMK v 32, no changes to clinical criteria ***Effective January 06, 2020***

Internal Medical Policy Committee 7-22-2020 Revised criteria ***Effective September 07, 2020***

Internal Medical Policy Committee 11-19-2020 Revision ***Effective January 04, 2021***

- ***Updated*** language, and
- ***Added*** Procedure Code V5264

Internal Medical Policy Committee 1-19-2021 Coding update: ***Effective March 01, 2021***

- ***Removed*** 92585 and 92586; and
- ***Added*** 92650, 92651, 92652 and 92653

Internal Medical Policy Committee 11-23-2021 Consent-no changes in criteria ***Effective January 03, 2022***

Internal Medical Policy Committee 1-22-2022 Coding Update- ***Effective March 07, 2022***

- ***Added Procedure Codes:*** 69716, 69719, 69726, 69727
- ***Removed Procedure Codes:*** 69715, 92559, 92560, 92561, 92564

Internal Medical Policy Committee 11-29-2022 - Coding update - ***Effective January 01, 2023***

- ***Added*** Procedure Codes 69729 and 69730.

Internal Medical Policy Committee 7-26-2023 Coding update - ***Effective September 04, 2023***

- ***Removed*** Procedure Codes 61520, 61530, 61598, V5299 ; and
- ***Removed*** Diagnosis Codes 237.72; D22.20; H60.399; H60.60; H60.8X9; H60.90; H61.90; H62.8X9; H65.20; H65.30; H65.419; H65.499; H66.007; H66.009; H66.017; H66.019; H66.10; H66.3X9; H66.40; H66.90; and H67.9; and
- ***Added*** Procedure Codes 69710, 69711, 69717, 69718, 69728, 69730, L8618, L8625; and
- ***Added*** diagnosis codes C44.292; C44.299; D33.3; H60.541; H60.542; H60.543; H65.01; H65.02; H65.03; H65.04; H65.05; H65.06; H65.111; H65.112; H65.113; H65.114; H65.115; H65.116; H65.191; H65.192;

H65.193; H65.194; H65.195; H65.196; H65.199; H65.493; H66.12; H66.20; H66.21; H66.22; H66.23; H90.5; H90.A11; H90.A12; H90.A21; H90.A22; H90.A31; H90.A32; Q85.02; and T78.40XA

Internal Medical Policy Committee 11-15-2023 Revision - ***Effective January 01, 2024***

- ***Updated*** References

Internal Medical Policy Committee 5-14-2024 Revision - ***Effective July 01, 2024***

- ***Added*** Policy Application
- ***Added*** Processor replacement may be considered medically necessary two (2) per five (5) years. Processor replacement greater than two (2) per five (5) years will be denied as not medically necessary for Auditory Brainstem Implant and Bone Conduction Implants.
- ***Removed*** Procedure Code 69718

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*