PriorityHealth

MEDICAL POLICY
No. 91544-R1

HEARING AUGMENTATION*:

- BONE ANCHORED HEARING AIDS (BAHA DEVICE)
- COCHLEAR IMPLANTS
- AUDITORY BRAINSTEM IMPLANTS

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Note this policy incorporates previously separate policies of Bone Anchored Hearing Aids # 91473 and Cochlear Implants / Auditory Brainstem Implants # 91085.

I. BACKGROUND

Hearing depends on a series of events that change sound waves into electrical impulses. Hearing loss is a common condition-affecting people as they age. Statistics reveal that one in three people greater that 60 and half of those older than 85 have hearing loss. Other segments of the population affected include children, approximately 17 per 1000. Hearing loss can be due to the aging process, exposure to loud nose, certain medications, infections, head or ear traumas, congenital or hereditary factors, diseases, as well as a number of other causes.

An audiometric evaluation is a diagnostic hearing test, performed by a licensed audiologist to determine the type and degree of hearing loss. This evaluation includes a thorough case history as well as visual inspection of the ear canals and eardrum. The results of the exam are used to determine if the hearing problem may be treated with medical or surgical alternatives. Otolaryngologists, neurotologists and otologists are physicians who typically treat disorders of the ear that require medical or surgical intervention.

A. Hearing loss is classified as follows:
   1. **Conductive** hearing loss occurs when sound is not conducted efficiently through the ear resulting in a reduction of the loudness of sound. Conductive losses may result from obstruction in the ear canal, fluid in the middle ear, middle ear infection, perforations in the eardrum membrane, or disease of any of the three middle ear bones. All conductive hearing losses should be evaluated by an audiologist and a physician to explore medical and surgical options.
   2. **Sensorineural** hearing loss is the most common type of hearing loss. More than 90 percent of all hearing aid wearers have sensorineural hearing loss. The most common causes of sensorineural hearing loss are age related changes and noise exposure. A sensorineural hearing loss may also result from disturbance of inner ear circulation,

increased inner ear fluid pressure or from disturbances of nerve transmission.

3. **Central** hearing impairment occurs when auditory centers of the brain are affected by injury, disease, tumor, hereditary, or unknown causes. Loudness of sound is not necessarily affected, although understanding of speech, also thought of as "clarity" of speech, may be affected. Certainly both loudness and clarity may be affected too.

B. There are many styles of hearing aids. The degree of the hearing loss, power and option requirements, and manual dexterity abilities are some of the factors that will determine the style selected. The most common styles are as follows:
   1. **In-the-Ear** (ITE) units are probably the most comfortable, the least expensive and the easiest to operate.
   2. **In-the-Canal** (ITC) units are a little more expensive than ITEs. They require good dexterity to control the volume wheels and other controls on the faceplate, and they are smaller than ITEs.
   3. **Mini-Canals** (MC) are the size between ITC and CIC. A mini-canal is a good choice when a small hearing aid is desired while still having manual control over the volume wheel and possibly other controls.
   4. **Completely-in-the-Canal** (CIC) units are the tiniest hearing aids made. CICs do not usually have manual controls attached to them because they are too small.
   5. **Behind-the-Ear** (BTE) hearing aids are the largest and most reliable hearing aids. BTEs have the most circuit options and can typically have much more power than any of the custom made in the ear units. BTEs are the units that "sit" on the back of the ear. They are connected to the ear canal via custom-made plastic tubing. The tubing is part of the earmold. The earmold is custom made from an ear impression to perfectly replicate the size and shape of the ear.

C. There are essentially three levels of hearing aid technology. They are analog, digitally programmable, and digital.
   1. **Analog** technology is the technology that has been around for many decades. Analog technology is basic technology and offers limited adjustment capability.
   2. **Digitally programmable** units are analog units digitally adjusted by the audiologist.
   3. **Digital** technology is the most sophisticated hearing aid technology. Digital technology gives the audiologist maximum control over sound quality and sound processing characteristics.

Middle ear implants (e.g., Vibrant Soundbridge, SOUNDTEC Direct System), stimulated by electromagnetic waves that produce vibrations

directly to the middle ear and inner ear, bypass the tympanic membrane and achieve a clearer, high fidelity sound. They are intended to improve hearing acuity in adults who have to moderate-to-severe sensorineural hearing loss and who are dissatisfied with the level of sound perception or quality of sound provided by standard acoustic hearing aids.

The bone-anchored hearing aid (BAHA) conducts sound waves through a titanium implant in the skull bone. Externally, a microphone receives the sound and the sound waves are processed into electrical signals. A transmitter passes the signals to the implant, causing the skull to vibrate, which is sensed by the inner ear as sound. The middle ear is bypassed.

Bone-anchored hearing aids are used for conductive and sensorineural hearing loss. This device is an osseointegrated titanium fixture that is surgically implanted behind the ear directly in the bone and connected to a small receiver. There are no devices within the middle ear or in the inner ear canal.

Both the electromagnetic middle ear implant and the bone-anchored device have limited evidence of efficacy outside the research setting.

The implant is used to bypass the nonfunctional inner ear and converts sound into electrical impulses that directly stimulate the cochlear nerve. The majorities of patients who receive cochlear implants are actually deaf prior to implantation, and have not been successful with traditional hearing aids.

The cochlear implant is an electronic prosthesis that bypasses damaged structures in the inner ear and directly stimulates the auditory nerve. The implant is capable of electronically sorting out useful sounds, transforming them into electrical impulses and delivering these signals to the nerves leading to the brain, where they are interpreted as sound. Cochlear implants are for patients with severe-to-profound, sensorineural hearing loss. Cochlear implants are only recommended after the patient has tried the most powerful and most appropriately fitted hearing aids, and has not shown sufficient benefit from hearing aids. Cochlear implants are devices that are permanently, surgically implanted into the inner ear

The auditory brainstem implant (ABI) is a modification of the cochlear implant, in which the electrode array is placed directly into the brain. The FDA has approved the Nucleaus 24 Multichannel Auditory Brainstem Implant (Cochlear Corporation, Englewood, CO) for use in patients suffering from neurofibromatosis type 2, who have developed tumors on both auditory nerves. When these tumors are surgically removed it is often necessary to remove parts of the auditory nerve resulting in total deafness. Hearing aids

and standard cochlear implants are not effective in these patients. The ABI System does not restore normal hearing.

II. POLICY CRITERIA

A. Bone Anchored Hearing Aids (BAHA)

1. BAHAs are internal prosthetics. The initial internal implants and external associated aids are covered as implants at the hospital benefit level. All repairs and replacements, including the processor and batteries, are covered at the Prosthetic and Orthotics benefit level.
2. The implantation of the bone-anchored hearing device is covered for bilateral conductive hearing loss when all of the following apply:
   a. Hearing cannot be not effectively restored by usual hearing aids.
   b. One of the following:
      i. Congenital or surgically-caused malformation of the external ear canal or middle ear
      ii. Chronic otitis media or otitis externa
      iii. Tumors of the external canal, tympanic cavity, or tympanic nerve (e.g. acoustic neuroma)
      iv. Dermatitis of the external canal
   c. The device is FDA approved
3. The implantation of the bone-anchored hearing device is covered for **unilateral sensorineural hearing loss** when **all** of the following apply:
   a. Hearing is or cannot be effectively restored by usual hearing aids
   b. Normal or near normal (mild losses only) hearing in the contralateral ear
   c. Poor (<15%) or absent hearing discrimination in the affected ear
   d. The device is FDA approved
4. Coverage for Medicaid and MiCHILD members (all of the following must be present):
   a. 5 yrs. or older
   b. One of the following:
      i. Bilateral conductive or mixed hearing loss
      ii. Congenital malformations of the middle/external ear or microtia
      iii. Chronically draining ear which does not allow the use of an air conduction aid
      iv. Bilateral conductive loss due to ossicular disease and not appropriate for surgical correction or unable to be aided by conventional hearing devices.

c. Audiology criteria (must have both of the following):
   i. Pure-tone Average bone conduction threshold better or equal to 45 dB HL.
   ii. A speech discrimination score better than 60% using PB word lists

5. The following are not covered for Medicaid/MiCHILD:
   a. Bilateral BAHA devices
   b. BAHA for unilateral deafness

B. Cochlear Implants

1. Cochlear implants (unilateral or bilateral) are a covered benefit for specific indications listed below when preauthorized by Priority Health.
2. Bilateral cochlear implants are not covered for Medicaid/MiCHILD.
3. Cochlear implants are internal prosthetics. The initial internal implants and external associated aids are covered as implants at the hospital benefit level. All repairs and replacements, including the processor and batteries, are covered at the Prosthetic and Orthotics benefit level.
4. The Cochlear implant must be used in accordance with FDA-approved labeling.
5. General Criteria for Adults and Children (all criteria must be met)
   a. A diagnosis of bilateral severe to profound pre- or postlingual sensorineural deafness (a hearing threshold of 70 decibels or greater for adults and 90dB or greater for children age 12 months to 17 years 11 months).
   b. Member has experienced limited benefit from appropriate hearing aids.
   c. Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation.
   d. Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system.
   e. The device must be FDA-approved and used in accordance with FDA labeling in effect at the time of the planned implantation.
   f. Contraindications for cochlear implantation include:
      i. Deafness due to lesions of the acoustic nerve or central auditory pathways;
      ii. Radiographic evidence of absent cochlear development.

iii. Inability or lack of willingness to participate in post-implantation aural rehabilitation.

6. Additional Criteria for Children (all criteria must be met)
   a. A 3- to 6-month hearing aid trial has been undertaken by a child without previous experience with hearing aids.
   b. Bilateral profound sensorineural deafness must be demonstrated by the failure to meet age-appropriate auditory milestones in the best-aided condition for young children or score of ≤ 40% correct in the best-aided condition on recorded open-set sentence recognition tests in the best-aided condition for all others.

C. Auditory Brainstem Implants

1. Auditory Brainstem Implants (ABI) are a covered benefit in those members 12 years of age or older who have lost both auditory nerves due to disease (e.g. neurofibromatosis type II or von Recklinghausen's disease).
2. ABI for all other indications is considered experimental and investigational and is not covered.

D. Hearing Aids

Hearing aids are a covered benefit if the Hearing Aid Rider is part of the member's contract. The following provisions apply only to members with a Hearing Aid Rider. Coverage is provided as follows:

1. Covered services include necessary ear examinations and hearing testing limited to one ear examination, hearing test and hearing aid (for each ear) during a 36 month period.
2. Covered services are limited to a standard or basic analog hearing aid that meets standard hearing amplification requirements.
3. Covered services include repair to a hearing aid (after expiration of the warranty period) to a serviceable condition as determined by Priority Health.
4. Covered services include replacement for a basic analog hearing aid when Priority Health determines that the hearing aid is irreparable (after expiration of the warranty period) or that the condition or size of the patient requires replacement.
5. One conventional, analog hearing aid is covered, when required, for cochlear implant candidates without a hearing aid rider.
6. For initial hearing aid or replacement the member is responsible for the additional expense (beyond the cost of a basic or standard hearing aid) for non-standard or cosmetic hearing aids.
7. Digital, computerized, programmable, or other non-conventional hearing aids, as well as added features for cosmetic purposes are not a covered benefit. However, the Priority Health fee schedule amount for

a conventional hearing aid may be applied toward the price of a non-conventional aid at the member's expense.

8. The services or items listed below are not covered benefits:
   a. Replacement or repair from misuse or abuse.
   b. Replacement for a lost hearing aid, unless 48 months have passed since receipt of the device
   c. Batteries used for hearing aids
   d. Hearing aid spectacles
   e. Assistive listening devicesHearings aids ordered while a member has coverage but delivered after termination of coverage.

III. MEDICAL NECESSITY REVIEW

☒ Required (except hearing aids) ☐ Not Required ☐ Not Applicable

IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** ***This policy applies to insured HMO/EPO plans.***
- **POS:** ***This policy applies to insured POS plans.***
- **PPO:** ***This policy applies to insured PPO plans.***
- **ASO:** ***For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.***
- **INDIVIDUAL:** ***For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.***
- **MEDICARE:** ***Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).***
- **MEDICAID:** ***Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at:*** *http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.*
- ***MICHILD: For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.***

V. CODING INFORMATION

A. Bone –Anchored Hearing Aids

ICD-9 Codes that may support medical necessity:

389.00 Unspecified conductive hearing loss
389.01 Conductive hearing loss, external ear
389.02 Conductive hearing loss, tympanic membrane
389.03 Conductive hearing loss, middle ear

389.04	Conductive hearing loss, inner ear
389.05	Conductive hearing loss, unilateral
389.06	Conductive hearing loss, bilateral
389.08	Conductive hearing loss of combined types
389.10	Unspecified sensorineural hearing loss
389.11	Sensory hearing loss, bilateral
389.12	Neural hearing loss, bilateral
389.13	Neural hearing loss, unilateral
389.14	Central hearing loss, bilateral
389.15	Sensorineural hearing loss, unilateral
389.16	Sensorineural hearing loss, asymmetrical
389.17	Sensory hearing loss, unilateral
389.18	Sensorineural hearing loss of combined types, bilateral
744.00	Unspecified congenital anomaly of ear causing impairment of hearing
744.01	Congenital absence of external ear causing impairment of hearing
744.02	Other congenital anomaly of external ear causing impairment of hearing
744.03	Congenital anomaly of middle ear, except ossicles, causing impairment of hearing
744.04	Congenital anomalies of ear ossicles
744.05	Congenital anomalies of inner ear
744.09	Other congenital anomalies of ear causing impairment of hearing
381.10	Simple or unspecified chronic serous otitis media
381.19	Other chronic serous otitis media
381.2	Chronic mucoid otitis media
381.20	Simple or unspecified chronic mucoid otitis media
381.29	Other chronic mucoid otitis media
381.3	Other and unspecified chronic nonsuppurative otitis media
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site
173.2	Other malignant neoplasm of skin of ear and external auditory canal
216.2	Benign neoplasm of ear and external auditory canal
225.1	Benign neoplasm of cranial nerves
237.72	Neurofibromatosis, Type 2 (acoustic neurofibromatosis)
235.9	Neoplasm of uncertain behavior of other and unspecified respiratory organs
238.2	Neoplasm of uncertain behavior of skin
239.8	Neoplasm of unspecified nature of other specified sites
V10.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses

380.14 Malignant otitis externa
380.15 Chronic mycotic otitis externa
380.16 Other chronic infective otitis externa
380.2 Other otitis externa
380.50 Acquired stenosis of external ear canal, unspecified as to cause
380.51 Secondary to trauma
380.52 Secondary to surgery
380.53 Secondary to inflammation
380.81 Exostosis of external ear canal
380.89 Other
380.9 Unspecified disorder of external ear

CPT/HCPCS Codes:

69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy

L8690 Auditory osseointegrated device, includes all internal and external components *(Bundled for Medicare and Medicaid)*L8691 Auditory osseointegrated device, external sound processor, replacement *(Not Covered for Medicaid)*

B. Cochlear Impant

ICD-9 Codes that may support medical necessity:

389.10 Unspecified sensorineural hearing loss
389.11 Sensory hearing loss, bilateral
389.12 Neural hearing loss, bilateral
389.13 Neural hearing loss, unilateral
389.14 Central hearing loss, bilateral
389.15 Sensorineural hearing loss, unilateral
389.16 Sensorineural hearing loss, asymmetrical
389.17 Sensory hearing loss, unilateral
389.18 Sensorineural hearing loss of combined types, bilateral

CPT/HCPCS Codes:

69930 Cochlear device implantation, with or without mastoidectomy

92601 Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming

92602 Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603 Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604 Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming

L8614 Cochlear device, includes all internal and external components *(Bundled for Medicare and Medicaid)*

P&O benefit:
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 device, replacement
L8619 Cochlear implant external speech processor, 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
L8624 Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each

C. Auditory Brainstem Implant

ICD-9 Codes that may support medical necessity:
237.70 Neurofibromatosis, unspecified
237.71 Neurofibromatosis, type 1 [von Recklinghausen's disease]
237.72 Neurofibromatosis, Type 2 (acoustic neurofibromatosis)

CPT/HCPCS Codes:
64999 Unlisted procedure, nervous system
S2235 Implantation of auditory brain stem implant (*Code not billable for **Priority**Medicare orMedicaid)*
92640 Diagnostic analysis with programming of auditory brainstem implant, per hour *(Not covered for Medicaid)*
L8699 Prosthetic implant, not otherwise specified

D. Hearing Aids

ICD-9 Codes that may support medical necessity:
387.0 Otosclerosis involving oval window, nonobliterative
387.1 Otosclerosis involving oval window, obliterative
387.2 Cochlear otosclerosis
387.8 Other otosclerosis
387.9 Unspecified otosclerosis

388.12 Noise-induced hearing loss

388.2	Unspecified sudden hearing loss
388.45	Acquired auditory processing disorder
389.00	Unspecified conductive hearing loss
389.01	Conductive hearing loss, external ear
389.02	Conductive hearing loss, tympanic membrane
389.03	Conductive hearing loss, middle ear
389.04	Conductive hearing loss, inner ear
389.05	Conductive hearing loss, unilateral
389.06	Conductive hearing loss, bilateral
389.08	Conductive hearing loss of combined types
389.10	Unspecified sensorineural hearing loss
389.11	Sensory hearing loss, bilateral
389.12	Neural hearing loss, bilateral
389.13	Neural hearing loss, unilateral
389.14	Central hearing loss, bilateral
389.15	Sensorineural hearing loss, unilateral
389.16	Sensorineural hearing loss, asymmetrical
389.17	Sensory hearing loss, unilateral
389.18	Sensorineural hearing loss of combined types, bilateral
389.20	Mixed hearing loss, unspecified
389.21	Mixed hearing loss, unilateral
389.22	Mixed hearing loss, bilateral
389.7	Deaf mutism, not elsewhere classifiable
389.8	Other specified forms of hearing loss
389.9	Unspecified hearing loss
744.00	Unspecified congenital anomaly of ear causing impairment of hearing
744.01	Congenital absence of external ear causing impairment of hearing
744.02	Other congenital anomaly of external ear causing impairment of hearing
744.03	Congenital anomaly of middle ear, except ossicles, causing impairment of hearing
744.04	Congenital anomalies of ear ossicles
744.05	Congenital anomalies of inner ear
744.09	Other congenital anomalies of ear causing impairment of hearing
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site
173.2	Other malignant neoplasm of skin of ear and external auditory canal
216.2	Benign neoplasm of ear and external auditory canal
235.9	Neoplasm of uncertain behavior of other and unspecified respiratory organs

238.2 Neoplasm of uncertain behavior of skin
239.8 Neoplasm of unspecified nature of other specified sites
V10.22 Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
V19.2 Family history of deafness or hearing loss
V20.2 Routine infant or child health check
V41.2 Problems with hearing

V53.2 Fitting and adjustment of hearing aid
V72.11 Encounter for hearing examination following failed hearing screening
V72.19 Other examination of ears and hearing

CPT/HCPCS Codes:
(Coverage of services may be limited by provider type or specialty)
92551 Screening test, pure tone, air only
92552 Pure tone audiometry (threshold); air only
92553 Pure tone audiometry (threshold); air and bone
92555 Speech audiometry threshold;
92556 Speech audiometry threshold; with speech recognition
92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92561 Bekesy audiometry; diagnostic
92562 Loudness balance test, alternate binaural or monaural
92563 Tone decay test
92564 Short increment sensitivity index (SISI)
92565 Stenger test, pure tone
92567 Tympanometry (impedance testing)
92568 Acoustic reflex testing; threshold
92569 Acoustic reflex testing; decay
92571 Filtered speech test
92572 Staggered spondaic word test *(Not covered for Medicaid)*
92575 Sensorineural acuity level test
92576 Synthetic sentence identification test
92577 Stenger test, speech
92579 Visual reinforcement audiometry (VRA)
92582 Conditioning play audiometry
92583 Select picture audiometry *(Not covered for Medicaid)*
92584 Electrocochleography (*Not covered for Medicaid)*
92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587 Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588 Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)

92590	Hearing aid examination and selection; monaural
92591	Hearing aid examination and selection; binaural
92592	Hearing aid check; monaural (*Not covered for Medicaid)*
92593	Hearing aid check; binaural *(Not covered for Medicaid)*
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electroacoustic evaluation for hearing aid; binaural
92596	Ear protector attenuation measurements
V5008	Hearing screening
V5010	Assessment for hearing aid
V5011	Fitting/orientation/checking of hearing aid *(Covered for Medicare and Mediciad only)*
V5014	Repair/modification of a hearing aid *(itemized invoice must accompany claim)*
V5020	Conformity evaluation
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
V5090	Dispensing fee, unspecified hearing aid *(Not covered for Medicaid)*
V5095	Semi-implantable middle ear hearing prosthesis *(Bundled for Medicare and Medicaid)*
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5160	Dispensing fee, binaural
V5170	Hearing aid, CROS, in the ear
V5180	Hearing aid, CROS, behind the ear
V5200	Dispensing fee, CROS
V5210	Hearing aid, BICROS, in the ear
V5220	Hearing aid, BICROS, behind the ear
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)
V5243	Hearing aid, analog, monaural, ITC (in the canal)
V5244	Hearing aid, digitally programmable analog, monaural, CIC
V5245	Hearing aid, digitally programmable, analog, monaural, ITC
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
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 aid, 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 *(Not covered for Medicaid)*
V5263 Hearing aid, disposable, any type, binaural *(Not covered for Medicaid)*
V5264 Ear mold/insert, not disposable, any type
V5266 Battery for use in hearing device *(Covered for Priotiy Medicare and Medicaid only)*
V5267 Hearing aid supplies/accessories

V5298 Hearing aid, not otherwise classified
V5299 Hearing service, miscellaneous
(Explanatory notes must accompany claims billed with unlisted codes.)

Not Covered:
92559 Audiometric testing of groups
92560 Bekesy audiometry; screening

V5070 Glasses, air conduction
V5080 Glasses, bone conduction
V5150 Binaural, glasses
V5190 Hearing aid, CROS, glasses
V5230 Hearing aid, BICROS, glasses
V5265 Ear mold/insert, disposable, any type
V5268 Assistive listening device, telephone amplifier, any type
V5269 Assistive listening device, alerting, any type
V5270 Assistive listening device, television amplifier, any type
V5271 Assistive listening device, television caption decoder
V5272 Assistive listening device, TDD
V5273 Assistive listening device, for use with cochlear implant
V5274 Assistive listening device, not otherwise specified
V5275 Ear impression, each

VI. REFERENCES

1. "Cochlear Implants and Auditory Brainstem Implants", Aetna Coverage Policy Bulletins, Number: 0013, 2005 www.aetna.com/cpb/data/CPBA0013.html

2. Medicare Coverage database, NCD 50.3, Cochlear Implantation 7/2005

3. "Cochlear and auditory Brainstem Implants', Cigna HealthCare Coverage Position # 0190, 10/2004