

HEARING AUGMENTATION*:

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

Effective Date: February 1, 2017

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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. 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 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. The implantation of the bone-anchored hearing device is covered for Medicaid and Healthy Michigan Plan members with unilateral or

bilateral conductive or mixed conductive and sensorineural hearing loss, where the condition prevents the restoration of hearing using a conventional air-conduction hearing aid, when the following criteria are met:

- a. 5 yrs. or older
 - b. One of the following:
 - i. Unilateral sensorineural hearing loss (single-sided deafness)
 - 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. Conductive loss due to ossicular disease and not appropriate for surgical correction or unable to be aided by conventional hearing devices.
 - v. Tumors of the external ear canal and/or tympanic cavity.
 - c. Audiology criteria:
 - i. Unilateral or bilateral conductive or mixed hearing loss:
 1. Puretone average bone conduction thresholds better than or equal to 65 dB HL in ear to be implanted.
 2. A speech recognition score better than 60% using appropriate speech recognition testing.
 - ii. Unilateral profound sensorineural hearing loss:
 1. Confirmed profound hearing loss (greater than 90dB HL) in one ear, with confirmed bone conduction thresholds in the opposite ear of 40 dB HL or better.
5. Bilateral BAHA devices are not covered for Medicaid and Healthy Michigan Plan members:

B. Cochlear Implants

1. Cochlear implants (unilateral or bilateral) are a covered benefit according to InterQual® for severe bilateral sensorineural hearing loss when preauthorized by Priority Health.

Note: For Medicaid/Healthy Michigan Plan: Confirmation of bilateral profound sensorineural hearing loss is defined as follows:

- PTA equal to or greater than 90 dB HL for children ages 12 months to 23 months.
- PTA equal to or greater than 70 dB HL for children 24 months to 17 yrs.
- PTA equal to or greater than 70 dB HL for adults over 17 years of age).

For Medicaid/Healthy Michigan Plan members, bilateral cochlear implantation is only covered for members ages 12 months through 20 years.

2. 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.
3. The Cochlear implant must be used in accordance with FDA-approved labeling.
4. Cochlear Implant Accessories/Replacement/Upgrade
 - a. A cochlear implant includes external components (i.e., a speech processor, a microphone headset and an audio input selector). Replacement of a cochlear implant and/or its external components is considered medically necessary when the existing device can not be repaired or when replacement is required because a change in the member's condition makes the present unit non-functional and improvement is expected with a replacement unit.
 - b. Separate assessment will be performed of the medical necessity of recommended accessories and upgrades for a cochlear implant. The member's current condition, the member's capabilities with his/her current cochlear implant, and the member's capabilities of the upgrade or accessory will be considered in determining whether the upgrade or accessory offers clinically significant benefits to the member.
 - c. Upgrade to or replacement of an existing external speech processor, controller or speech processor and controller (integrated system) is considered medically necessary for an individual whose response to existing components is inadequate to the point of interfering with the activities of daily living or when components are no longer functional and cannot be repaired. Upgrade to or replacement of an existing external speech processor, controller or speech processor and controller (integrated system) is considered not medically necessary when such request is for convenience or to upgrade to a newer technology when the current components remain functional.

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 devices
 - f. Hearings aids ordered while a member has coverage but delivered after termination of coverage.

E. Hearing Care (including Hearing Aids) for Medicaid/Healthy Michigan Plan Members

Please refer to the Priority Health Medicaid or Healthy Michigan Plan Handbook and Certificate of Coverage.

- F. **Fully implantable middle ear hearing aids (i.e. Esteem[®])** are not covered even if benefits are available for a hearing aid. They are considered experimental and investigational.
- G. **Intraoral bone conduction hearing aids (e.g. Soundbite Hearing System)** are not covered even if benefits are available for a hearing aid. They are considered experimental and investigational. The Soundbite Hearing System was removed from the market in 2015.
- H. **Hybrid cochlear implants** are considered investigational and not medically necessary for all indications.

II. MEDICAL NECESSITY REVIEW

- Required (except hearing aids) Not Required Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. 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 than 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 noise, 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.

One of the most commonly used speech recognition tests is the Hearing In Noise Test (HINT), which tests speech recognition in the context of sentences. This test uses common, simple sentences such as "How are you feeling?" or "The weather looks good today." HINT reliably and efficiently

measures word recognition abilities to determine cochlear implant candidacy. HINT consists of 25 equivalent 10-sentence lists that may be presented in either condition (i.e., quiet, noise) to assess sentence understanding. The HINT test is first administered in quiet, using 2 lists of 10 sentences, scored for the number of words correctly identified. HINT in noise uses sentences administered at +10 signal to noise ratio (Sargent, 2000). For adults, the current cutoff for cochlear implant candidacy is a HINT score of less than 40%; for children, the current cutoff is a score less than 30%.

Alternatives to the HINT test for assessing open-set sentence recognition include the CUNY Sentence Test and Central Institute for the Deaf (CID) Test. The words and sentences used for these tests are recorded on tape and used by all cochlear implant centers. All of the tests are of a man's voice and played at the 70 Decibel range.

Central Institute for the Deaf test consists of a list of 20 sentences. Unlike HINT sentences, CID sentences are uncommon sentences that you would not hear on a regular basis. An example of this type of sentence would be something like this: "The vacuum is in the back of the closet" or "The book is on the top shelf next to the pencil".

The Lexical Neighborhood Test (LNT) and the Multi-syllabic Lexical Neighborhood Test (MLNT), developed by Indiana University in 1995, are 2 new open-set tests of word recognition. These tests include words that the child repeats, and have been used to assess recognition of individual words and phonemes in children who are cochlear implant candidates. The LNT and MLNT are based on the lexical characteristics of word frequency and neighborhood density, and include words found in the vocabularies of children age 3 to 5. Results from these tests with pediatric cochlear implant users have shown that their lexicons appear to be organized into similarity neighborhoods, and these neighborhoods are accessed in open-set word recognition tests. Studies have shown that normal hearing 3- and 4-year old children are able to recognize all the words from these 2 open-set speech perception tests at very high levels of performance. Therefore, these results have been used as a benchmark for children with hearing impairments.

- 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 unilateral hearing loss, single-sided deafness and people with

mixed hearing losses who cannot otherwise wear 'in the ear' or 'behind the ear' hearing aids. 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. Placement involving invasive surgery carries a risk of complications (Banga)

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 Nucleus 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.

V. CODING INFORMATION

ICD-10 Codes that may apply:

C30.1	Malignant neoplasm of middle ear
C44.201 - C44.299	Other and unspecified malignant neoplasm of skin of ear and external auricular canal
D22.20 - D23.22	Melanocytic nevi of ear and external auricular canal

D23.20 - D23.22	Other benign neoplasm of skin of ear and external auricular canal
H65.20 - H65.499	Chronic otitis media
H80.00 – H80.93	Otosclerosis
H90.0 – H90.A32	Conductive hearing loss
H91.01 - H91. 93	Other and unspecified hearing loss
Q16.0 - Q16.9	Congenital malformations of ear causing impairment of hearing
Q85.02	Neurofibromatosis, type 2
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z01.10	Encounter for examination of ears and hearing without abnormal findings
Z01.110	Encounter for hearing examination following failed hearing screening
Z01.118	Encounter for examination of ears and hearing with other abnormal findings
Z01.12	Encounter for hearing conservation and treatment
Z46.1	Encounter for fitting and adjustment of hearing aid
Z82.2	Family history of deafness and hearing loss
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z97.4	Presence of external hearing-aid

A. Bone–Anchored Hearing Aids

CPT/HCPCS Codes:

69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone <i>(Not covered for Priority Medicare)</i>
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone <i>(No prior authorization required)</i>
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
- 92700 Unlisted otorhinolaryngological service or procedure (*Explanatory notes must accompany claim*) *Not separately payable for BAHA fitting*
- L8690 Auditory osseointegrated device, includes all internal and external components (*Not separately payable for Medicaid*)
- L8692 Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
- 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 (*Not covered for Medicaid*)

B. Cochlear Implant

CPT/HCPCS Codes:

- 69930 Cochlear device implantation, with or without mastoidectomy
- L8614 Cochlear device, includes all internal and external components

No prior authorization required for analysis/programming codes

- 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

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
- L8625 External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each *(Not Covered for Medicaid)*
- 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

C. Auditory Brainstem Implant

CPT/HCPCS Codes:

- 64999 Unlisted procedure, nervous system
- S2235 Implantation of auditory brain stem implant *(Code not billable for Priority Health Medicare; Not covered for Priority Health Medicaid)*
- 92640 Diagnostic analysis with programming of auditory brainstem implant, per hour *(Not covered for Priority Health Medicaid)*
- L8699 Prosthetic implant, not otherwise specified *(Explanatory notes must accompany claim)*

D. Hearing Aids

CPT/HCPCS Codes:

- *Coverage of services may be limited by provider type or specialty.*
- *No prior auth required for these services.*
- **Services and supplies that may be covered as optional, purchased benefits for Priority Medicare – see plan documents.*

General Hearing Services - not subject to hearing aid benefits

- 92550 Tympanometry and reflex threshold measurements
- 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)
- 92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
- 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

- 92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
- 92571 Filtered speech test
- 92572 Staggered spondaic word test *(Not covered for Priority Health 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 Priority Health Medicaid)*
- 92584 Electrocochleography *(Not covered for Priority Health 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)
- 92596 Ear protector attenuation measurements *(Not covered for Priority Health Medicaid)*
- 92620 Evaluation of central auditory function, with report; initial 60 minutes *(Not covered for Priority Health Medicaid)*
- 92621 Evaluation of central auditory function, with report; each additional 15 minutes *(Not covered for Priority Health Medicaid)*
- 92625 Assessment of tinnitus (includes pitch, loudness matching, and masking)
- 92626 Evaluation of auditory rehabilitation status; first hour
- 92627 Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
- 92630 Auditory rehabilitation; prelingual hearing loss
- 92633 Auditory rehabilitation; postlingual hearing loss

- 0208T Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only
- 0209T Pure tone audiometry (threshold), automated (includes use of computer-assisted device);air and bone
- 0210T Speech audiometry threshold, automated (includes use of computer-assisted device);
- 0211T Speech audiometry threshold, automated (includes use of computer-assisted device);with speech recognition
- 0212T Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated

- V5008 Hearing screening *(Not covered for Priority Health Medicaid)*

- Hearing Aid Services** - subject to hearing aid benefits/rider
- 92590* Hearing aid examination and selection; monaural
 - 92591* Hearing aid examination and selection; binaural

 - 92592* Hearing aid check; monaural (*Not covered for Priority Health Medicaid*)
 - 92593* Hearing aid check; binaural (*Not covered for Priority Health Medicaid*)

 - 92594* Electroacoustic evaluation for hearing aid; monaural
 - 92595* Electroacoustic evaluation for hearing aid; binaural

 - V5010* Assessment for hearing aid
 - V5011* Fitting/orientation/checking of hearing aid (*Not Covered for Priority Commercial plans*)
 - 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 Priority Health Medicaid*)
 - V5100* Hearing aid, bilateral, body worn
 - V5110 Dispensing fee, bilateral
 - V5120* Binaural, body
 - V5130* Binaural, in the ear
 - V5140* Binaural, behind the ear
 - V5150* Binaural, glasses (*Not covered for Priority Health Commercial or Medicaid plans*)
 - V5160 Dispensing fee, binaural
 - V5170* Hearing aid, CROS, in the ear
 - V5180* Hearing aid, CROS, behind the ear
 - V5190 Hearing aid, CROS, glasses (*Not covered for Priority Health Commercial or Medicaid plans*)
 - V5200 Dispensing fee, CROS
 - V5210* Hearing aid, BICROS, in the ear
 - V5220* Hearing aid, BICROS, behind the ear
 - V5230* Hearing aid, BICROS (*Not covered for Priority Health Commercial or Medicaid plans*)
 - 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 Priority Health Medicaid)*
- V5263 Hearing aid, disposable, any type, binaural *(Not covered for Priority Health Medicaid)*
- V5264 Ear mold/insert, not disposable, any type
- V5266 Battery for use in hearing device *(Covered for Priority Health Medicaid only)*
- V5267 Hearing aid supplies/accessories *(Notes detailing items must accompany claim)*

- 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

- 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
- V5281 Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type
- V5282 Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type
- V5283 Assistive listening device, personal fm/dm neck, loop induction receiver
- V5284 Assistive listening device, personal fm/dm, ear level receiver
- V5285 Assistive listening device, personal fm/dm, direct audio input receiver
- V5286 Assistive listening device, personal blue tooth fm/dm receiver
- V5287 Assistive listening device, personal fm/dm receiver, not otherwise specified
- V5288 Assistive listening device, personal fm/dm transmitter assistive listening device
- V5289 Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type
- V5290 Assistive listening device, transmitter microphone, any type

G. Implantable Middle Ear Hearing Aid – Not Covered

CPT/HCPCS Codes:

- 69799 Unlisted procedure, middle ear (*Explanatory notes must accompany claim*)
- S2230 Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
- V5095 Semi-implantable middle ear hearing prosthesis

H. Intraoral Bone Conduction Hearing Aid – Not Covered

CPT/HCPCS Codes:

- V5267 Hearing Aid or assistive listening device/supplies/accessories, not otherwise specified (*Explanatory notes must accompany claim*)
- V5298 Hearing aid, not otherwise classified (*Explanatory notes must accompany claim*)
- L9900 Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code (*Explanatory notes must accompany claim*)

I. Hybrid cochlear implants – Not Covered

CPT/HCPCS Codes:

See Cochlear Implant

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