

# Hearing Services and Devices

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[Instructions for Use](#)

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Related Commercial Policies
<ul style="list-style-type: none"> <li><a href="#">Cochlear Implants</a></li> <li><a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable</a></li> </ul>

## Coverage Rationale

Cochlear implantation, hearing aids, and auditory implants are covered in accordance with Medicare coverage criteria.

Some members have supplemental benefit for hearing aids. Refer to the member's EOC to determine coverage eligibility for the supplemental hearing aid benefit.

### Surgically Implanted Auditory Devices Osseointegrated Implants

Osseointegrated implants (i.e., devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer) are covered. The device must be used in accordance with the FDA approved labeling.

Refer to the following FDA websites for a current list of indications for each device:

- <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm>
- <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/rl.cfm>

Example includes bone anchored hearing aid (BAHA) in accordance with the FDA approved indications; based on the FDA 510(k) Summary for BAHA; available at [http://www.accessdata.fda.gov/cdrh\\_docs/pdf8/K080363.pdf](http://www.accessdata.fda.gov/cdrh_docs/pdf8/K080363.pdf).

The Baha Cordelle II sound processor is intended for use with the Baha auditory osseointegrated implant for the following patients and indications:

- Patients who have a conductive or mixed hearing loss and can still benefit from sound amplification. The pure tone average bone-conduction hearing threshold (measured at 0.5, 1, 2, and 3 kHz) should be better than or equal to 65 dB HL.
- Bilateral fitting of the Cordelle II is intended for patients who meet the above criterion in both ears, with bilaterally symmetric moderate to severe conductive or mixed hearing loss. Symmetrical bone-conduction thresholds are defined as less than a 10 dB average difference between ears (measured at 0.5, 1, 2, and 3 kHz), or less than a 15 dB difference at individual frequencies.
- Patients who suffer from unilateral sensorineural deafness in one ear with normal hearing in the other ear (i.e. single-sided deafness or "SSD"). Normal hearing is defined as a pure tone average air-conduction hearing threshold (measured at 0.5, 1, 2, and 3 kHz) of better than or equal to 20 dB HL.
- Baha for SSD is also indicated for any patient 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.

**Notes:**

- For repair, maintenance, and replacement, refer to the Medicare Advantage Medical Policy titled [Durable Medical Equipment \(DME\), Prosthetics, Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#).
- Refer to the [Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants](#).

**Hybrid Cochlear Implants**

Medicare does not have a National Coverage Determination (NCD) for cochlear hybrid implants. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cochlear Implants](#).

**Hearing Aids and Auditory Implants That are Not Covered**

Hearing aids and auditory implants that do not meet the criteria in the [Surgically Implanted Auditory Devices](#) section are not covered.

**Note:** Some members have supplemental benefit for hearing aids. Refer to the member’s EOC to determine coverage eligibility for the supplemental hearing aid benefit.

Hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids are not covered.

Section 1862(a)(7) of the Social Security Act states that no payment may be made under part A or part B for any expenses incurred for items or services “where such expenses are for ... hearing aids or examinations therefore...” This policy is further reiterated at 42 CFR 411.15(d) which specifically states that “hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids” are excluded from coverage.

Hearing aids are amplifying devices that compensate for impaired hearing. Hearing aids include air conduction devices that provide acoustic energy to the cochlea via stimulation of the tympanic membrane with amplified sound. They also include bone conduction devices that provide mechanical energy to the cochlea via stimulation of the scalp with amplified mechanical vibration or by direct contact with the tympanic membrane or middle ear ossicles.

Refer to the [Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants](#).

Examples of hearing aids and auditory implants that are not covered include but are not limited to totally Implanted Hearing Systems such as the Esteem® Implantable Hearing System.

Medicare does not have a NCD for totally implanted hearing systems. LCDs/LCAs do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable](#).

**Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor

*CPT® is a registered trademark of the American Medical Association*

HCPCS Code	Description
L8690	Auditory osseointegrated device, includes all internal and external components
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each

HCPSC Code	Description
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment

## Definitions

**Surgically Implanted Auditory Devices:** Surgically Implanted Auditory Devices that produce perception of sound by replacing the function of the middle ear, cochlea or auditory nerve are covered as prosthetics only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss or surgery.

## Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the [Medicare Coverage Database](#), if no NCD, LCD, or LCA is found, refer to the criteria as noted in the [Coverage Rationale](#) section above.

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	States/Territories
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
Notes	
*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers.	
**For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.	

## Policy History/Revision Information

Date	Summary of Changes
11/01/2024	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>Reformatted and reorganized policy; transferred content to new template</li> <li>Changed policy type classification from “Coverage Summary” to “Medical Policy”</li> <li>Updated <i>Instructions for Use</i></li> </ul> <p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Added reference link to the UnitedHealthcare Commercial Medical Policy titled: <ul style="list-style-type: none"> <li><i>Cochlear Implants</i></li> <li><i>Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable</i></li> </ul> </li> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Posturography</i></li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Removed content/language addressing the following services (refer to the <a href="#">Medicare Coverage Database</a> for applicable coverage guidelines): <ul style="list-style-type: none"> <li>Audiology services</li> <li>Cochlear implants and auditory brainstem implants (CPT code 69930 and HCPCS codes L7510, L8614, and L8619)</li> <li>Hearing examinations (CPT codes 92590 and 92591)</li> <li>Hearing screening services</li> </ul> </li> </ul>

Date	Summary of Changes
	<p><b>Hybrid Cochlear Implants</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the <i>Medicare Coverage Database</i></li> </ul> <p><b>Hearing Aids and Auditory Implants That are Not Covered</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the <i>Medicare Coverage Database</i></li> </ul> <p><b>Applicable Codes</b></p> <p><b>CPT Codes</b></p> <ul style="list-style-type: none"> <li>Updated list of applicable CPT codes (previously located in the <i>Coverage Rationale</i> section); removed 69710, 69716, 69729, 69930, 92590, and 92591</li> </ul> <p><b>HCPCS Codes</b></p> <ul style="list-style-type: none"> <li>Updated list of applicable HCPCS codes (previously located in the <i>Coverage Rationale</i> section); removed L7510, L8614, L8619, V5030, and V5261</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>Added definition of “Surgically Implanted Auditory Devices” (previously located in the <i>Coverage Rationale</i> section)</li> </ul> <p><b>Centers for Medicare &amp; Medicaid (CMS) Related Documents</b></p> <ul style="list-style-type: none"> <li>Updated list of documents available in the <i>Medicare Coverage Database</i> to reflect the most current information</li> <li>Added list of applicable <i>Medicare Administrative Contractors (MACs) With Corresponding States/Territories</i></li> <li>Added notation to indicate: <ul style="list-style-type: none"> <li>The Wisconsin Physicians Service Insurance Company (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers</li> <li>For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version MCS043.10</li> </ul>

## Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Policy is believed to be

accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.