NO. 91544-R15

HEARING AUGMENTATION:

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

Effective date: 03/01/2026 **Last reviewed**: 02/2026

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Policy scope: This policy defines medical necessity, coverage, and documentation requirements for hearing augmentation technologies including bone-anchored/bone-conduction hearing devices, cochlear implants and air-conduction hearing aids.

Related policies:

- Digital Therapeutics # 91645
- Category III Current Procedural Terminology (CPT®) Codes # 91636
- Prosthetics- External # 91306

SUMMARY OF CHANGES – R15

Additions:

- New Policy Scope section
- New FDA/Regulatory section
- New Medical/Professional Society Guidelines section
- New Government Regulations section listing applicable CMS NCDs or LCDs

Clarifications:

- Updated background and references

Changes:

- Added new related CPT codes for 2026

I. MEDICAL NECESSITY CRITERIA

A. Bone Anchored Hearing Aids (BAHA)

1. 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. For unilateral or bilateral conductive hearing loss, or mixed (conductive and sensorineural) hearing loss: The implantation of the bone-anchored hearing device(s) is medically necessary when applicable InterQual® criteria are met.
3. For unilateral sensorineural hearing loss: The implantation of the bone-anchored hearing device is medically necessary when applicable InterQual® criteria are met.

For Medicaid and Healthy Michigan Plan: Unilateral and bilateral implantable and non-implantable BAHAs are considered medically necessary when the criteria specified in the current Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual are met.

B. Cochlear Implants

1. Cochlear implants (unilateral or bilateral) for severe sensorineural hearing loss are medically necessary when InterQual® criteria are met.
2. Hybrid cochlear implants are medically necessary when InterQual® criteria are met.
3. 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. 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 cannot 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.

For Medicaid/Healthy Michigan Plan: Cochlear implants may be considered medically necessary when the criteria specified in the current Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual are met.

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 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.

Note: For digital therapeutic software intended for use with a hearing aid, see the *Digital Therapeutics* medical policy #91645

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. The Buffalo Model for the evaluation of central auditory processing disorder (CAPD) is experimental and investigational.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
NCD - Cochlear Implantation (50.3)	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	LCD - Speech-Language Pathology (L34046)
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	LCD - Speech-Language Pathology (L33580)
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	LCD - Vestibular and Audiologic Function Studies (L35007)
Palmetto GBA	LCD - Vestibular Function Testing (L34537)

WPS Insurance Corporation	None identified

III. 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. 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.

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.

Once the type and severity of hearing loss are established, appropriate treatment options can be considered, beginning with non-invasive amplification.

Hearing Aids
Hearing aids are FDA-regulated medical devices designed to improve audibility and speech understanding for individuals with hearing loss. Consistent with modern professional guidance from the American Academy of Audiology (AAA), the American Speech-Language-Hearing Association (ASHA), and the U.S. Food and Drug Administration (FDA), all contemporary prescription hearing aids are digital signal-processing devices and historically used categories such as analog and digitally

programmable analog are no longer applicable (ASHA, n.d.; U.S. Food and Drug Administration [FDA], 2022).

Current society-based classification emphasizes three domains: device style, technology level, and evidence-supported features. Device style directly affects acoustic performance, dexterity requirements, comfort, and cosmetic preference. Commonly prescribed options include:

1. **Behind-the-Ear (BTE)** devices, which are durable, versatile, and recommended for a wide range of hearing losses—including pediatric patients who require frequent earmold changes (FDA, 2022).
2. **Receiver-in-Canal (RIC)** devices, the most widely used adult style, offering improved comfort and reduced occlusion due to placement of the receiver inside the ear canal (FDA, 2022).
3. **In-the-Ear (ITE)** custom devices, suitable for individuals with dexterity limitations and available in full-shell or half-shell configurations (FDA, 2022; ASHA, n.d.).
4. **Smaller custom devices**, including **In-the-Canal (ITC)**, **Completely-in-Canal (CIC)**, and **Invisible-in-Canal (IIC)** styles, which offer greater discretion but may have shorter battery life and fewer advanced features (FDA, 2022).

In addition to style, hearing aids are categorized by technology levels rather than outdated digital/analog terminology. Society guidelines describe basic, advanced, and premium tiers. Basic devices provide foundational amplification, simple directional microphones, and standard noise reduction. Advanced devices incorporate improved digital noise reduction (DNR) and more sophisticated microphone systems, enhancing performance in challenging listening environments. Premium devices offer complex adaptive algorithms, automatic environment classification, AI-assisted signal processing, and advanced connectivity. American Academy of Audiology (AAA) emphasizes evidence-supported features—including digital noise reduction, feedback suppression, and multichannel processing—for improving listening comfort and shaping amplification across frequencies (AAA, 2023).

Taken together, the transition to fully digital devices, updated style categories, and standardized technology tiers reflect current best practice from AAA, ASHA, and the FDA. These modern classifications support individualized hearing-aid selection and fitting, ensuring that devices are matched to a patient's hearing profile, communication needs, and personal preferences.

For individuals who demonstrate limited benefit from appropriately fitted hearing aids, cochlear implant evaluation may be indicated. Speech recognition assessment for cochlear implant (CI) candidacy no longer relies on the Hearing in Noise Test (HINT). Modern clinical guidelines and CI center protocols have shifted away from HINT due to ceiling effects and limited sensitivity. Contemporary CI programs follow the Minimum Speech Test Battery Version 3 (MSTB-3), which incorporates validated adult and pediatric speech-recognition materials that better capture functional auditory performance (Zeitler et al., 2024).

The AzBio Sentence Test in quiet and noise is the preferred adult measure (Zeitler et al., 2024). AzBio is administered at 60 dBA in quiet and/or +10 dB SNR in noise and scored by percent of correctly repeated words. Current manufacturer and professional society guidance considers adults to have limited benefit when sentence recognition scores are

≤50% in the ear to be implanted and ≤60% in the contralateral or binaural condition (Cochlear Americas, n.d.). The American Cochlear Implant Alliance (ACIA) 2024 Adult Guidelines endorse the revised 60/60 referral rule, recommending CI evaluation when the ear being considered demonstrates a pure-tone average (PTA) ≥ 60 dB HL and unaided monosyllabic word recognition ≤ 60% (Zeitler et al., 2024).

For children, candidacy assessment uses open-set pediatric measures including the Lexical Neighborhood Test (LNT) and Multisyllabic Lexical Neighborhood Test (MLNT), which assess age-appropriate word recognition. Children are generally CI candidates when MLNT or LNT scores are ≤30%, indicating limited benefit from amplification (Cochlear Americas, n.d.). The ACIA Pediatric Guidelines also emphasize ear-specific performance, functional progress in auditory and language development, quality-of-life considerations, and family/caregiver readiness (Warner-Czyz et al., 2022). Although HINT, CID, and CUNY materials are still available, they are no longer recommended as primary determinants of CI candidacy. Modern evidence and expert consensus have replaced these legacy materials with AzBio and MSTB-aligned assessments (Zeitler et al., 2024).

Middle Ear Implants
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.

Bone-Anchored Hearing Aid (BAHA)
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.

Cochlear Implant
The Cochlear implant is an electronic prosthesis surgically implanted into the inner ear that bypasses damaged structures in the inner ear and converts sound into electrical impulses that 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. The American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) considers unilateral and bilateral cochlear implantation as appropriate treatment for adults and children over 9 months of age with moderate to profound hearing loss who have failed a trial with appropriately fitted hearing aids. The AAO-HNS also endorses cochlear implantation for cases of asymmetric or unilateral sensory hearing loss in adult patients.

There are two types of cochlear implants:

1. **Traditional cochlear implants** and hybrid cochlear implants. The traditional cochlear implant does not have an attached external hearing aid and is intended for use by an individual with loss of high-frequency hearing with no residual low-frequency hearing.
2. **The hybrid cochlear implant** has an external hearing aid attached to the processor and is intended residual low-frequency hearing sensitivity and severe to profound high frequency sensorineural hearing loss.

Auditory Brainstem Implant (ABI)
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.
Central auditory processing disorder (CAPD) refers to inefficient and/or ineffective processing and utilization of auditory information by the central nervous system. CAPD may be clinically significant in that patients have normal hearing sensitivity yet have difficulty interpreting sounds in complex situations such as speech or with background noise. The purposes of central auditory testing are firstly to identify the presence of abnormalities in or dysfunction of the central auditory nervous system (CANS) and diagnose CAPD, and then to describe the nature and extent of the disorder for purposes of developing management and intervention programs for affected individuals. Accurate diagnosis is dependent on the administration and interpretation of sensitive, efficient, and well-normed behavioral and electrophysiologic measures of central auditory function (AAA, 2010). However, it is challenging to distinguish CAPD from other language and learning disabilities, and there is ongoing debate as to whether CAPD represents a distinct clinical entity (Back, 2021; Cacace, 2022). Considerable variation exists in criteria used to define and diagnose CAPD. The diagnosis cannot be made with audiologic testing alone and typically requires a battery of behavioral tests.

The Buffalo Model
The Buffalo Model involves the evaluation and remediation of auditory processing disorder (APD). The model uses three tests: Staggered Spondaic Word (SSW) Test, Phonemic Synthesis (PS) Test, and the Speech in Noise Test combined into a diagnostic battery to determine which of four categories a patient falls into. The four categories in the Buffalo Model include:

1) Decoding: difficulty processing auditory information rapidly and tends to respond more slowly;
2) Tolerance-Fading Memory: difficulty understanding speech in adverse listening situations, along with short-term memory problems and reduced tolerance to noise;
3) Integration: difficulty integrating auditory and other types of information, such as visual; and
4) Organization: these individuals tend to make sequencing errors (Pavlick, 2010).

The category a patient falls into also helps determine where in the brain the dysfunction originated. Based on a patient's diagnostic profile, an individualized therapy program is

developed. Various therapeutic procedures have been used to remediate the underlying auditory processing difficulties. There is insufficient evidence of effectiveness the Buffalo Model on long-term outcomes (Moore, 2010).

A small retrospective study of 20 children receiving auditory-processing therapy based on the Buffalo Model reported improvements on several test measures and parent-reported listening behaviors. However, the study lacked a control group, used non-standardized therapy procedures, and relied exclusively on Buffalo Model–specific measures, limiting generalizability and validity. Because of these significant methodological limitations and the absence of high-quality, controlled trials, there remains insufficient evidence to support the Buffalo Model as an evidence-based diagnostic or therapeutic approach for auditory processing disorder (APD) (Kaul & Lucker, 2016).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)	Position Statement: Cochlear Implantation for Single Sided Deafness in Adults - American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Position Statement: Active Middle Ear Implants - American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Position Statement: Cochlear Implants - American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Position Statement: Bone Conduction Hearing Devices - American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)
American Academy of Audiology (AAA)	CAPD-Guidelines-8-2010-1.pdf_539952af956c79.73897613-1.pdf Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs - American Academy of Audiology PediatricAmplificationGuidelines.pdf
American Speech-Language-Hearing Association (ASHA)	Sensorineural Hearing Loss Central Auditory Processing Disorder Hearing Aids For Adults

American Cochlear Implant (ACIA) Alliance	American Cochlear Implant Alliance Task Force Guidelines for Clinical Assessment and Management of Adult Cochlear Implantation for Single-Sided Deafness - American Academy of Audiology Ear and Hearing Ear and Hearing American Cochlear Implant Alliance Task Force: Recommendations for Determining Cochlear Implant Candidacy in Adults - PubMed
National Institute for Health and Care Excellence (NICE)	Overview | Hearing loss in adults: assessment and management | Guidance | NICE Cochlear implants for children and adults with severe to profound deafness
Ontario Health Technology Assessment Series	recommendation-implantable-devices-for-single-sided-deafness-en.pdf Implantable Devices for Single-Sided Deafness and Conductive or Mixed Hearing Loss - Health Quality Ontario (HQO)
Association of the Scientific Medical Societies in Germany; German Society of Oto-rhino-laryngology, Head and Neck Surgery	German_Guidelines_Cochlea-Implantat-Versorgung-zentral-auditorische-Implantate_2020.pdf
French Society of Otorhinolaryngology, Head and Neck Surgery (SFORL) (Hermann et al., 2019)	French Society of ENT (SFORL) guidelines. Indications for cochlear implantation in adults - ScienceDirect Guidelines (short version) of the French Society of Otorhinolaryngology (SFORL) on pediatric cochlear implant indications - ScienceDirect

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo),	Notice date

	or 510(k) Number	
Nucleus® 24 Cochlear Implant System (Cochlear Americas)	P970051	01/10/2022
Nucleus® 22 Cochlear Implant System (CI1000 Series); Nucleus® 8 Sound Processor; Kanso® 3 Sound Processor) (Cochlear Americas)	P840024	07/03/2025
Nucleus® Hybrid™ L24 Cochlear Implant System (Cochlear Americas)	P130016	03/10/2014
Nucleus® 24 Auditory Brainstem Implant System (Cochlear Americas)	P000015	10/20/2000
HiResolution™ Bionic Ear System (Previously known as Clarion Multi-Strategy Cochlear Implant) (Advanced Bionics)	P960058	06/26/1997
COCHLEAR BAHA IMPLANT SYSTEM, COCHLEAR BAHA ATTRACT	K131240	11/07/2013
COCHLEAR BAHA IMPLANT SYSTEM	K121317	10/12/2012
Cochlear Osia System	K240155	04/18/2024
Cochlear™ Osia® System; Cochlear™ Osia® OSI300 Implant; Cochlear™ Magnet Cassette; Cochlear™ Non-Magnetic Cassette; Cochlear™ Osia® 2(I) Sound Processor; Cochlear™ Osia® Fitting Software 2; Cochlear™ Osia® Smart App	K231204	08/18/2023
Cochlear Osia 2 System, Cochlear Osia OSI200 Implant, Cochlear Osia 2 Sound Processor, Cochlear Osia Fitting Software 2, Cochlear MRI Kit	K220922	07/27/2022
Cochlear Osia OSI200 Implant, Cochlear Osia 2 Sound Processor, Osia Fitting Software 2.0, Osia SmartApp, Cochlear Osia Surgical Instruments	K191921	11/15/2019
Cochlear Osia OSI100 Implant, Cochlear Osia Sound Processor, Osia Intraoperative Test Software, Osia Fitting Software, Cochlear Osia Surgical Instruments	K190589	07/03/2019
COMBI 40+ COCHLEAR IMPLANT SYSTEM MED-EL CI System Synchrony and Synchrony 2 (Med-El Corp.)	P000025	08/20/2001 10/03/2024
KARL STORZ MICRO-INSTRUMENT FOR COCHLEAR IMPLANTATION	K946332	06/05/1995
TransEAR Bone Conduction Hearing Aid	K050653	07/01/2005

Sentio Ti Implant Kit / Sentio 1 Mini / Genie Medical BAHS (Oticon Medical AB)	K240614	07/10/2024
Cochlear Baha® Auditory Osseointegrated Implant System: Model BI 300 Implant and Model BA300 Abutment	K100360	07/01/2010
BONEBRIDGE System, Bone Conduction Implant Kit (BCI 602 Implant Kit), BCI 602 Sizer Kit, BCI 602 Lifts (1mm)	K191457	09/18/2019
Sophono Bone Conduction Systems (S) Configuration and (M) Configuration (Sophono, Inc.)	K153391	06/16/2016
OTOMAG BONE CONDUCTION HEARING SYSTEM (Sophono, Inc.)	K123962	04/08/2013
OTOMAG BONE CONDUCTION HEARING SYSTEM MODEL ALPHA 1 (S) AND ALPHA 1 (M) (Sophono, Inc.)	K102199	05/23/2011
OTOMAG BONE CONDUCTION HEARING SYSTEM (Sophono, Inc.)	K100193	05/18/2010
TRANSEAR BONE CONDUCTION HEARING AID (Ear Technology Corp.)	K062404	09/08/2006
TRANSEAR BONE CONDUCTION HEARING AID (United Hearing Systems, Inc.)	K050653	07/01/2005
SECOND EAR BONE CONDUCTION HEARING AID (Wordcomp International Communication Group (Wicg)	K953872	04/12/1996
AUDIOMETER, MA30, AIR & BONE CONDUCTION (Maico Hearing Instruments, Inc.)	K770617	04/07/1977
Baha 7 Sound Processor; Baha Fitting Software 7 (P2121898); Baha Smart App (iOS) (P1646054); Baha Smart App (Android) (P1646035); Baha SoundBand	K250215	05/29/2025
Cochlear Baha 6 Max Sound Processor, Cochlear Baha Fitting Software 6, Cochlear Baha Smart App	K202048	02/23/2021
contact forte Alpha (Bhm-Tech Produktionsgesellschaft Mbh)	K243041	04/25/2025
Ponto 5 SuperPower (Oticon Medical AB)	K213733	12/16/2021
Ponto 5 Mini	K211640	08/10/2021
Ponto 5 SuperPower	K213733	12/16/2021
Cochlear Baha Connect System	K182116	12/19/2018

VI. CODING

ICD-10 Codes that may support medical necessity

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

CPT/HCPCS Codes

Bone–Anchored Hearing Aids

69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex
69726	Removal, entire osseointegrated implant, skull; with percutaneous

attachment to external speech processor
69727 Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex
69728 Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69729 Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69730 Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
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
L8691 Auditory osseointegrated device, external sound processor, replacement
L8692 Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
L8693 Auditory osseointegrated device abutment, any length, replacement only
L8694 Auditory osseointegrated device, transducer/actuator, replacement only, each

Cochlear Implant/Hybrid Cochlear implant

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
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

Auditory Brainstem Implant

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)

Hearing Aids

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
92562 Loudness balance test, alternate binaural or monaural
92563 Tone decay test
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)
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)
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)
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; post lingual hearing loss
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report
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

92628	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on

	treatment options with report, and, when performed, assessment of cognitive and communication status; first 30 minutes
92629	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; each additional 15 minutes (List separately in addition to code for primary procedure)
92631	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; first 30 minutes
92632	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; each additional 15 minutes (List separately in addition to code for primary procedure)
92634	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes
92635	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)
92636	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment[s], device connection[s], and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; first 30 minutes
92637	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment[s], device connection[s], and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech-in-noise, when performed (List separately in addition to code for primary procedure)
92639	Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure)
92641	Hearing device verification, electroacoustic analysis

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
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
V5160	Dispensing fee, binaural
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)
V5190	Hearing aid, contralateral routing, monaural, glasses (Not covered for Priority Health Commercial or Medicaid plans)
V5200	Dispensing fee, contralateral, monoaural
V5211	Hearing aid, contralateral routing system, binaural, ite/ite
V5212	Hearing aid, contralateral routing system, binaural, ite/itc
V5213	Hearing aid, contralateral routing system, binaural, ite/bte
V5214	Hearing aid, contralateral routing system, binaural, itc/itc
V5215	Hearing aid, contralateral routing system, binaural, itc/bte
V5221	Hearing aid, contralateral routing system, binaural, bte/bte
V5230	Hearing aid, contralateral routing system, binaural (Not covered for Priority Health Medicaid)
V5240	Dispensing fee, contralateral routing system, binaural
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
V5263 Hearing aid, disposable, any type, binaural
V5264 Ear mold/insert, not disposable, any type
V5266 Battery for use in hearing device
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:

V5070 Glasses, air conduction
V5080 Glasses, bone conduction
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
92642 Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)

Implantable Middle Ear Hearing Aid – *Not Covered*

0951T Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor
0952T Totally implantable active middle ear hearing implant; revision or

	replacement, with mastoidectomy and replacement of sound processor
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components
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

Intraoral Bone Conduction Hearing Aid – *Not Covered*

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)

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

To access InterQual guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the 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. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, 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.

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