Priority Health

MEDICAL POLICY
No. 91544-R14

HEARING AUGMENTATION:

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

Effective Date: March 1, 2025	**Review Dates: 7/07, 8/07, 10/07, 8/08, 8/09, 8/10, 8/11, 8/12, 8/13, 8/14, 8/15, 8/16, 8/17, 8/18, 5/19, 11/19, 5/20, 5/21, 5/22, 2/23, 2/24, 2/25**
Date of Origin: August 8, 2007	**Status: Current**

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

Related policies*: Digital Therapeutics* medical policy #91645

Summary of Changes

- Addition:
  - I. D – Cross reference to the Digital Therapeutics medical policy # 91645
  - I. H – The Buffalo Model for the evaluation of central auditory processing disorder is experimental and investigational.

I. POLICY 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.
5. 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 is experimental and investigational.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, 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, please refer to the Priority Health Provider Manual.

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

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) and/or the Evidence of Coverage (EOC); 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. Hearing loss can be due to the aging process, exposure to loud nose, certain medications, infections, head or ear traumas, congenital or hereditary factors, diseases, as well as a number of other causes.

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

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 signals to noise ratio. 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.

Hearing Aids: 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.

There are essentially three levels of hearing aid technology:

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.

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 fited 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: 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. 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.

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 typical requires a battery of behavioral tests. 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).

V. CODING INFORMATION

ICD-10 Codes that <u>may</u> 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 *(Not covered for Priority Medicare)*
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone *(No Prior Authorization required for removal)*
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 *(No Prior Authorization required for removal)*
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 *(No Prior Authorization required for removal)*

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 *(No Prior Authorization required for removal)*

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

B. Cochlear Implant/Hybrid Cochlear implant

CPT/HCPCS Codes:

69930 Cochlear device implantation, with or without mastoidectomy

L8614 Cochlear device, includes all internal and external components

<u>*No prior authorization required for analysis/programming codes*</u>

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

<u>*P&O benefit:*</u>

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

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
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
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 *(Not covered for Priority Health Medicaid)*
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
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 *(Not covered for Priority Health Medicaid or Medicare)*
V5263 Hearing aid, disposable, any type, binaural *(Not covered for Priority Health Medicaid or Medicare)*
V5264 Ear mold/insert, not disposable, any type
V5266 Battery for use in hearing device *(Not covered for Priority Health Commercial or Medicare plans)*
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

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)*

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