

# Hearing Services and Devices

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guideline
• <a href="#">Posturography</a>

## Coverage Guidelines

Hearing screening and audiologist services are covered when Medicare coverage criteria are met.

**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.

**Note:** The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determination, Local Coverage Determinations, and Local Coverage Articles). (Accessed March 20, 2024)

### Hearing Screening Services

Hearing screening services are covered when performed in the physician's office.

**Note:** These may include use of an office screening audiometer, tuning fork, or whispered number recognition. Medicare considers these services incident to a physician’s office visit.

### Audiology Services

Hearing and balance assessment services are termed “audiology services,” regardless of whether they are furnished by an audiologist, physician, nonphysician practitioner (NPP), or hospital.

Audiological diagnostic testing refers to tests of the audiological and vestibular systems, e.g., hearing, balance, auditory processing, tinnitus and diagnostic programming of certain prosthetic devices, performed by qualified audiologists.

Examples of appropriate reasons for ordering audiological diagnostic tests that could be covered include, but are not limited to:

- Evaluation of suspected change in hearing, tinnitus, or balance;
- Evaluation of the cause of disorders of hearing, tinnitus, or balance;
- Determination of the effect of medication, surgery, or other treatment;

- Reevaluation to follow-up changes in hearing, tinnitus, or balance that may be caused by established diagnoses that place the patient at probable risk for a change in status including, but not limited to otosclerosis, atelectatic tympanic membrane, tympanosclerosis, cholesteatoma, resolving middle ear infection, Menière's disease, sudden idiopathic sensorineural hearing loss, autoimmune inner ear disease, acoustic neuroma, demyelinating diseases, ototoxicity secondary to medications, or genetic vascular and viral conditions;
- Failure of a screening test (although the screening test is not covered);
- Diagnostic analysis of cochlear or brainstem implant and programming; and
- Audiology diagnostic tests before and periodically after implantation of auditory prosthetic devices

If a physician refers a member to an audiologist for testing related to signs or symptoms associated with hearing loss, balance disorder, tinnitus, ear disease, or ear injury, the audiologist's diagnostic testing services should be covered even if the only outcome is the prescription of a hearing aid.

**Notes:**

- Audiological diagnostic services are not covered when the diagnostic information required to determine the appropriate medical or surgical treatment is already known to the physician, or the diagnostic services are performed only to determine the need for or the appropriate type of a hearing aid, unless member has a supplemental hearing aid benefit.
- Audiological treatment is not covered. There is no provision in the law for Medicare to pay audiologists for therapeutic services. For example, vestibular treatment, auditory rehabilitation and auditory processing treatment, while they are within the scope of practice of audiologists, are not diagnostic tests, and therefore, shall not be billed by audiologists to Medicare or UnitedHealthcare. Services related to hearing aid evaluation and fitting are not covered regardless of how they are billed. However, diagnostic testing services of an audiologist are covered when performed under the order of a physician for the management and adjustment of a covered surgically implanted hearing device.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §80.3 – Audiology Services](#). (Accessed March 20, 2024)

**Hearing Examinations (CPT Codes 92590 and 92591)**

Hearing examinations for the prescription, fitting or adjustment of standard hearing aids are not covered. Refer to the [Medicare Benefit Policy Manual, Chapter 16, §90 – Routine Services and Appliances](#). (Accessed March 20, 2024)

**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.

**Cochlear Implants and Auditory Brainstem Implants (CPT Code 69930 and HCPCS Codes L7510, L8614, and L8619)**

Cochlear implants and auditory brainstem implants (i.e., devices that replace the function of cochlear structures or auditory nerve and provide electrical energy to auditory nerve fibers and other neural tissue via implanted electrode arrays) are covered when criteria are met. Refer to the [NCD for Cochlear Implantation \(50.3\)](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/ LCAs are available at <https://www.cms.gov/medicare-coverage-database/search.aspx>.

For repair, maintenance, and replacement, refer to the *Repairs, Maintenance, and Replacement* section of the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#).

(Accessed March 20, 2024)

## **Osseointegrated Implants (CPT Codes 69710, 69714, 69716, and 69729 and HCPCS Codes L8690, L8691, and L8692)**

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 Coverage Summary 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](#).

(Accessed March 20, 2024)

## **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](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed March 20, 2024)

## **Hearing Aids and Auditory Implants That are Not Covered (HCPCS Codes V5030 and V5261)**

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 National Coverage Determination (NCD) for totally implanted hearing systems. 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 [Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable \(for Commercial Only\)](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed March 20, 2024)

## Supporting Information

Computerized Dynamic Posturography				
Accessed March 20, 2024				
ID#	Title	Contractor Type	Contractor	States/Territories
L34537 (A56497)	<a href="#">Vestibular Function Testing</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34427 (A53064)	<a href="#">Outpatient Occupational Therapy</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34428 (A53065)	<a href="#">Outpatient Physical Therapy</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
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## Policy History/Revision Information

Date	Summary of Changes
03/01/2024	<p><b>Coverage Guidelines</b></p> <p><b>Surgically Implanted Auditory Devices</b></p> <p>Osseointegrated Implants (CPT Codes 69710, 69714, 69716, and 69729 and HCPCS Codes L8690, L8691, and L8692)</p> <ul style="list-style-type: none"> <li>• Updated list of applicable CPT/HCPCS codes; added 69729</li> </ul> <p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version MCS043.09</li> </ul>

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary 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, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies 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.

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