

Hearing Aids and Devices Including Wearable, Bone Anchored and Semi-Implantable (for North Carolina Only)

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[➔ Instructions for Use](#)

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Related Policy

- [Cochlear Implants \(for North Carolina Only\)](#)
- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for North Carolina Only\)](#)

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

Hearing Aids

Hearing aids are proven and medically necessary under certain circumstances. For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Hearing Aid Services, 7, Hearing Aid Services](#).

Implantable Bone Conduction Hearing Aids (BAHA)

Implantable bone conduction hearing aids (BAHA) are proven and medically necessary under certain circumstances. For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Physician, 1A-36, Implantable Bone Conduction Hearing Aids \(BAHA\)](#).

External Parts Replacement and Repairs

For clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Auditory Implant External Parts, 13B, Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Fitting and Testing of Hearing Aids	
92590	Hearing aid examination and selection; monaural
92591	Hearing aid examination and selection; binaural
92592	Hearing aid check; monaural
92593	Hearing aid check; binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electoracoustic evaluation for hearing aid; binaural
Semi-Implantable Electromagnetic Hearing Aids (SEHA)	
69799	Unlisted procedure, middle ear
Bone Anchored Hearing Aids (BAHA)	
69710	Implantation or replacement 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	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
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

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HCPCS Code	Description
Fitting and Testing of Hearing Aids	
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
V5010	Assessment for hearing aid
V5011	Fitting/orientation/checking of hearing aid
V5014	Repair/modification of a hearing aid
V5020	Conformity Evaluation
V5264	Ear mold/insert, not disposable, any type
V5265	Ear mold/insert, disposable, any type
V5275	Ear impression, each
Semi-Implantable Electromagnetic Hearing Aids (SEHA)	
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
V5095	Semi-implantable middle ear hearing prosthesis
Bone Anchored Hearing Aids (BAHA)	
L8690	Auditory osseointegrated device, includes all internal and external components

HCPCS Code	Description
Wearable Hearing Aids	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
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
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
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
V5070	Glasses, air conduction
V5080	Glasses, bone conduction
V5100	Hearing aid, bilateral, body worn
V5120	Binaural, body
V5130	Binaural, in the ear
V5140	Binaural, behind the ear
V5150	Binaural, glasses
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
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, glasses
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

HCPCS Code	Description
Wearable Hearing Aids	
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
V5267	Hearing Aid or assistive listening device/supplies/accessories, not otherwise specified (Note: For plans that cover hearing aids, this code requires manual review to determine what the item is before a coverage determination can be made.)
V5298	Hearing aid, not otherwise classified

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Hearing Aids Services, No: 7. <https://medicaid.ncdhhs.gov/media/12383/download?attachment>. Accessed February 28, 2023.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Implantable Bone Conduction Hearing Aids (BAHA) No: 1A-36. https://files.nc.gov/ncdma/documents/files/1A-36_3.pdf. Accessed February 28, 2023.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Soft Band and Implantable Bone Conduction Hearing Aids External Parts Replacement and Repair, No: 13B. https://files.nc.gov/ncdma/documents/files/13B_2.pdf. Accessed February 28, 2023.

Policy History/Revision Information

Date	Summary of Changes
05/01/2023	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Hearing Aids and Bone Anchored Hearing Aids (for North Carolina Only)</i> <p>Related Policies</p> <ul style="list-style-type: none"> Added reference link to the Medical Policy titled <i>Cochlear Implants (for North Carolina Only)</i> <p>Applicable Codes</p> <ul style="list-style-type: none"> Updated list of applicable CPT/HCPCS codes: <ul style="list-style-type: none"> Added 69729* and 69730* Removed 69711, 69726, 69727, V5266, and V5299 Revised description for 69716*, 69717*, and 69719* (*annual edit) <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CSNCT0396.05

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the

federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.