Sentara Health Plans

Commercial

Hearing Aids, Implants And Wearable Devices, Surgical 20

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Effective Date	9/1/2026
Next Review Date	5/2027
Coverage Policy	Surgical 20
Version	9

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Various electronic devices are available that may be implanted or worn to assist with hearing.

Types of devices:

Bone-anchored hearing aid – (BAHAs) bone-anchored auditory implants, bone-conducted hearing device - The device is anchored to the mastoid bone, embedded behind the ear with a titanium bone implant to a removable external sound processor/ microphone that attaches to a small piece that sticks out of the skin.

Cochlear implant – uniaural (monaural) or binaural (bilateral) - electronic device with electrodes implanted inside the cochlea to directly stimulate the auditory nerve which is amplifies sound from an external receiver implanted under the skin behind the ear.

Electric Acoustic Stimulation (EAS) combines cochlear implants with hearing aid technology to address high and low frequency hearing loss

External Osseointegrated device with external sound processor are non-bone-anchored hearing aids for young children (less than 5 years of age).

Hybrid cochlear implant devices – internal cochlear implanted device with an external sound processor/microphone

S**emi- and Fully Implantable Middle Ear device**s use a magnet that is implanted onto the ossicles of the middle ear, the processor is worn externally on the scalp over or behind the ear. The sound processor then receives, amplifies and causes vibrations of the bones in the middle ear to transform the signals for hearing. Middle Ear Hearing Aids, Implantable and Semi-Implantable for individuals who cannot hear with conventional hearing aids or cannot use conventional hearing aids for medical reasons.

Criteria:

Hearing Aids, Implants And Wearable Devices are considered medically necessary when request is for **1 or more** of the following:

- **Hybrid cochlear implant devices** (i.e. Nucleus® Hybrid™ L24 Cochlear Implant System etc.) is considered medically necessary for **ALL** of the following:
    - Age 18 years or older with **1 or more** of the following:
        - bilateral severe-to-profound high-frequency sensorineural hearing loss but with residual low-frequency hearing sensitivity allowing hearing of low-frequency sounds
        - Moderate hearing loss in the low-frequencies (that is, hearing thresholds no poorer than 60 decibels hearing level up to and including 500 hertz [averaged over 125, 250, and 500 hertz]) in the effected ear selected for implantation
        - Severe to profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 hertz greater than or equal to 75 decibels hearing level) in the effected ear
        - Moderately severe-to-profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 hertz greater than or equal to 60 decibels hearing level) in the contralateral ear
    - Individual has limited benefit from appropriately fit bilateral hearing aids
    - Abnormal speech perception scores as evidenced by ALL of the following:
        - Consonant-Nucleus-Consonant word recognition score from 10% to 60% in the ear to be implanted
        - Consonant-Nucleus-Consonant word recognition score in the contralateral ear equal to or better than in the ear to be implanted, but not more than 80% in the best-aided condition
    - Individual does not have lesions in the auditory nerve and acoustic areas of the central auditory pathway (nervous system)
    - Individual is does not have active middle ear infections
    - Individual is able to participate in a post-hybrid cochlear implant rehabilitation program so they can achieve benefit from the hybrid cochlear implant device
- **Fully Implantable hearing aids** (e.g., the Esteem implantable hearing system and the Carina prosthesis) and **semi/partially implantable hearing aids** (e.g., the Maxum system and the Vibrant Soundbridge) are considered medically necessary for **ALL** of the following:
    - Age 5 years or older
    - Individual who have been diagnosed with moderate-to-severe sensorineural hearing impairment
    - can not tolerate an ear mold because of medical conditions (such as auricular atresia or severe chronic otitis externa);
    - absence of middle ear disease
- **External Osseointegrated device with external sound processor** also known as non-bone-anchored hearing aids (BAHA Soft Band, BAHA SoundArc, Ponto System w/ headband or MED-EL adhere) with **ALL** of the following:
    - as a bridge to an implantable BAHA for young children (less than 5 years of age)
    - conductive or mixed conductive and sensorineural hearing loss moderate to severe sensorineural hearing loss

Cochlear Implants, Bone Attached Hearing Aid Implants and Auditory Brain Stem Implants are **NOT COVERED** for **ANY** of the following:

- Upgrades to an existing, functional external system to achieve aesthetic improvement, such as smaller profile components, or a switch from a body-worn, external sound processor to a behind-the-ear (BTE) model
- Tinnitus Masking Devices including the Neuromonics Oasis Tinnitus TX System for all indications

Document History:

Revised Dates:

- 2026: May – Implementation date of September 1, 2026. Annual review. New definitions for devices. Add new CPT codes for Fully/Totally implantable middle ear devices (0951T – 0955T).
- 2025: May – Implementation date of August 1, 2025. Follow MCG for criteria and rewrite misc criteria, remove codes that no longer belong
- 2025: January – Procedure coding updated to align with changes in service authorization.
- 2024: June – expanded criteria references updated
- 2022: February, May

- 2021: May, December
- 2020: April (unarchived), June
- 2019: November (archived)
- 2016: February, April
- 2015: July
- 2014: April, October
- 2013: March, November
- 2012: March, August
- 2011: March, July
- 2010: April
- 2009: March
- 2008: March
- 2007: October
- 2002: March
- 2000: November
- 1998: December
- 1996: July

Reviewed Dates:

- 2018: July
- 2017: November
- 2015: June
- 2010: March
- 2005: September
- 2004: September, October
- 2003: March, October
- 2001: November
- 1999: December
- 1994: February

Origination Date: April 1992

Coding:

Medically necessary with criteria:

Coding	Description
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 [when specified as implantation of semi-implantable or fully implantable hearing aid]
69949	Unlisted procedure, inner ear [when specified as implantation of hybrid cochlear device]
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
L8699	Prosthetic implant, not otherwise specified [when specified as hybrid cochlear device, including all internal and external components]

S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
  Note that if an individual is approved for a hearing implant, the medically necessary accessories needed for proper use of the hearing implant would be approved as well.
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
  - Refer to MCG Auditory Brainstem Implants (A-0410), Cochlear Implant (A-0177), Hearing Aids, Bone Anchored and Bone Conduction (A-0564)
  - Please refer to Prior Authorization List for most up to date requirement **Search PAL List: Sentara Health Plans**
- Special Notes:
  - Commercial
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

Cochlear Implants, Bone Attached Hearing Aid Implants, Auditory Brain Stem Implants, SHP Surgical 20, Cochlear Implant, Deafness, sensorineural hearing loss, hearing loss, Hearing Aids, Bone Anchored, Bone Conduction, Auditory Brainstem Implants, Auditory implant, Brainstem implant, cochlear nerve, Otosclerosis, acoustic neuropathy, Schwannoma, Middle Ear Implantable, Semi-Implantable Electromagnetic Hearing Aids, SEHA, Hybrid cochlear implant devices, Bone-anchored hearing aid, BAHA, BAHS, MED-EL