Sentara Health Plans

Medicaid

Hearing Aids, Implants And Wearable Devices, Surgical 20

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Effective Date	8/1/2025
Next Review Date	5/2026
Coverage Policy	Surgical 20
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

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

Cochlear implant – uniaural (monaural) or binaural (bilateral) - electronic device with electrodes implanted inside the cochlea to amplify sound to an external receiver implanted under the skin behind the ear.

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

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.

Osseointegrated device with external sound processor

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:

- 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
69799	Unlisted procedure, middle ear [when specified as implantation of semi-implantable or fully implantable hearing aid]
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
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.

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 Virginia Medicaid products.
  - Use MCG Auditory Brainstem Implants (A-0410), Cochlear Implant (A-0177), Hearing Aids, Bone Anchored and Bone Conduction (A-0564)
- Authorization Requirements:
  - Pre-certification by the Plan is required.

- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - 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.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
    - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

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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NCD Cochlear Implantation 50.3. (2023, 3). Retrieved 4 2025, from CMD NCD: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=245&ncdver=3&keyword=Cochlear&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Position Statement: Bone Conduction Hearing Devices. (2021, 4). Retrieved 4 2025, from American Academy of Otolaryngology — Head and Neck Surgery (AAO-HNS): https://www.entnet.org/resource/position-statement-bone-conduction-hearing-devices/

Provider Manuals. (2025). Retrieved 4 2025, from DMAS: https://www.dmas.virginia.gov/for-providers/

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