External Hearing Aids, Auditory Brainstem Implant, Bone-Anchored Hearing Devices and Audiological Testing

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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 8

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary external hearing aids, auditory brainstem implant, bone-anchored hearing devices and audiological testing.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Hearing Impairment – A reduction in the ability to perceive sound. Hearing impairments can vary from slight to profound and are generally classified as conductive hearing loss, sensorineural hearing loss or mixed hearing loss.

PROCEDURES

1. A prior authorization may be required.

2. Hearing aids

Prescribed U.S. Food and Drug Administration (FDA)-approved hearing aids are eligible for payment (per the FDA, hearing aids marketed for use by the general public should have FDA approval). Any hearing aid that is not FDA approved will be denied as noncovered.

3. Bone conduction implants

Unilateral or bilateral fully or partial Bone Anchored Hearing Devices (BAHA), may be considered medically necessary as prosthetic devices when the following indications and criteria are met:

The BAHA is indicated for conductive, mixed hearing loss or unilateral deafness hearing loss. This includes at least ONE of the following:

- Congenital or surgically induced malformation (e.g., atresia) of the external ear, ear canal, or middle ear, or
- Infection of the ear canal resulting in chronic draining ears, or
- Fixation of the ossicles (middle ear bones), or
- Single sided deafness (SSD) due to: (allow stimulation of the functioning cochlea)
    - Viral infections (CMV, HSV, measles, or others); or
    - Meniere's Disease; or
    - Trauma; or
    - Sudden deafness; or
    - Acoustic Neuroma.
- There must be a functioning cochlea or cranial nerve VIII for the BAHA to work; and
- The following audiologic criteria must be met:
    - Patient aged 5 years or older;
    - A pure tone average (PTA) bone-conduction threshold measured at 0.5, 1, 2, and 3 kHz of better than or equal to 45 dB (OBC and BP100 devices), 55 dB (Intenso device) or 65 dB (Cordele II device).
    - As an alternative to an air-conduction CROS hearing aid in patients 5 years of age and older with single-sided sensorineural deafness and normal hearing in the other ear; and the pure tone average air conduction threshold of the normal ear should be better than 20 dB measured at 0.5, 1, 2, and 3 kHz.
- 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.

BAHA may also be considered medically necessary for the patients who cannot wear conventional hearing aids due to tumors of the external canal and/or tympanic cavity; or dermatitis of the external canal; or severe chronic external otitis or otitis media, or hypersensitivity reactions to earmolds.

For bilateral implantation, patients should meet the above audiologic criteria, and have a symmetrically conductive or mixed hearing loss as defined by a difference between left and right-side bone conduction threshold of less than 10 dB on average measured at 0.5, 1, 2 and 3 kHz, or less than 15 dB at individual frequencies.

One (1) headband per year may be considered medically necessary. More than one (1) headband per year will be denied as not medically necessary.

Quantity level limits or quantity of supplies that exceed the frequency guidelines listed on the policy will be denied as not medically necessary. BAHA for any other indication than listed above is considered not medically necessary.

Other uses of bone-conduction (bone-anchored) hearing aids, including use in patients with bilateral sensorineural hearing loss, are considered experimental/investigational and, therefore noncovered because the safety and and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

4. Auditory brainstem implant

Unilateral use of an auditory brainstem implant (using surface electrodes on the cochlear nuclei) may be considered medically necessary in patients with neurofibromatosis type II, 12 years of age or older, who are rendered deaf due to bilateral resection of neurofibromas of the auditory nerve.

An auditory brainstem implant is considered experimental/investigational, and, therefore, noncovered for any other condition than listed above, including non-neurofibromatosis type 2 indications because the safety and and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Bilateral use of an auditory brainstem implant is considered experimental/investigational, and, therefore, noncovered because the safety and and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

One (1) headband per year may be considered medically necessary. More than one (1) headband per year will be denied as not medically necessary.

Processor replacement may be considered medically necessary one (1) per five (5) years. Processor replacement greater than one (1) per five (5) years will be denied as not medically necessary.

Quantity level limits or quantity of supplies that exceed the frequency guidelines listed on the policy will be denied as not medically necessary.

5. Audiological testing

Audiological testing is eligible as a diagnostic procedure, when not screening in nature.

Audiological testing performed without a physician evaluation and an order for the testing prior to testing are deemed to be screening in nature and is considered not medically necessary.

6 Aural Rehabilitation

An audiologist performs the primary evaluation of the status of an aural rehabilitation program under the direction of physicians or speech-language pathologists within their scope of practice.

The speech-language pathologist is typically responsible for evaluating the client's receptive and expressive communication skills and providing the services to anchor improvement.

7. Assistive Listening Devices

Assistive listening devices are used to improve speech intelligibility by reducing the degrading effects of distance and background noise. These devices are functionally similar to a personal sound amplifier system. These devices do not replace the function of the middle ear, cochlea, or auditory nerve. Therefore, they are not considered as prosthetic devices and are noncovered.

8. Post-payment audit statement

   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

9. Place of service: inpatient/outpatient

   Experimental/investigational (E/I) services are not covered regardless of place of service.

   External hearing aids, auditory brainstem implant, bone-anchored hearing devices, and audiological testing is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
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.
V5190	Hearing aid, contralateral routing, monaural, 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).
V5211	Hearing aid, contralateral routing device, binaural, LTE/ITE.
V5212	Hearing aid, contralateral routing device, binaural, LTE/ITC.
V5213	Hearing aid, contralateral routing device, binaural, LTE/BTE.
V5214	Hearing aid, contralateral routing system, binaural, LTC/ITC.

V5215	Hearing aid, contralateral routing device, binaural, LTC/BTE.
V5221	Hearing aid, contralateral routing device, binaural, BTE/BTE.
V5230	Hearing aid, contralateral routing device, 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.
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
V5298	Hearing aid, not otherwise specified.
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor.
61530	Craniectomy, bone flap, craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy.
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus.
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy.

69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy.
L8692	Auditory osseointegrated devise, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment.
V5095	Semi-implantable middle ear hearing prosthesis.
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
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each.
92550	Tympanometry and reflex threshold measurements.
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.
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.
92584	Electrocochleography.
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report.
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report.

92640	Diagnostic analysis with programming of auditory brainstem implant, per hour.
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.
92562	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report.
V5008	Hearing screening.

DIAGNOSIS CODES

COVERED DIAGNOSIS CODES FOR PROCEDURE CODES 61520, 61530, 61598, 69714, 69715, L8691, L8692, L8694, V5095

Codes						
C30.1	D22.20	D22.21	D22.22	D23.20	D23.21	D23.22
H60.8X1	H60.8X2	H60.8X3	H60.8X9	H60.60	H60.61	H60.62
H60.63	H60.90	H60.91	H60.92	H60.93	H60.399	H61.90
H61.91	H61.92	H61.93	H61.391	H61.392	H61.393	H61.399
H62.8X1	H62.8X2	H62.8X3	H62.8X9	H65.20	H65.21	H65.22
H65.23	H65.30	H65.31	H65.32	H65.33	H65.411	H65.412
H65.413	H65.419	H65.491	H65.492	H65.499	H66.3X1	H66.3X2
H66.3X3	H66.3X9	H66.10	H66.11	H66.13	H66.40	H66.41
H66.42	H66.43	H66.90	H66.91	H66.92	H66.93	H66.001
H66.002	H66.003	H66.004	H66.005	H66.006	H66.007	H66.009
H66.011	H66.012	H66.013	H66.014	H66.015	H66.016	H66.017
H66.019	H67.1	H67.2	H67.3	H67.9	H90.0	H90.2
H90.6	H90.8	H90.11	H90.12	H90.3	H90.41	H90.42
H90.71	H90.72	Q16.0	Q16.1	Q16.3	Q16.4	H91.93
F80.9						

COVERED DIAGNOSIS FOR PROCEDURE CODES FOR 92640

Codes						
237.72	Q85.02					

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

American Academy of Otolaryngology-Head and Neck Surgery. Position Statement: Bone Conduction Hearing Devices. September 17, 2016. Accessed January 16, 2019.

American Academy of Otolaryngology-Head and Neck Surgery. Position Statement: Active Middle Ear Implants.

Amonoo-Kuofi K, Kelly A, Neeff M, et al. Experience of bone-anchored hearing aid implantation in children younger than 5 years of age. Int J Pediatr Otorhinolaryngol. 2015; 79(4): 474-480.

Crowson, MG; Tucci D.\L. Mini Review of the Cost-Effectiveness of Unilateral Osseointegrated Implants in Adults: Possibly Cost-Effective for the Correct Indication Audiol Neurotol 2016;21:69-71.

Dimitriadis PA, Farr MR, Allam A, Ray J. Three-year experience with the cochlear BAHA attracts implant: a systematic review of the literature. BMC Ear Nose Throat Disord. 2016; 16:12.

Kara A, Iseri M, Durgut M, Topdag M, Ozturk M. Comparing audiological test results obtained from a sound processor attached to a Softband with direct and magnetic passive bone conduction hearing implant systems. Eur Arch Otorhinolaryngol 2016; 273(12):4193-4198.

Lundin K, Stillesjö F, Nyberg G, Rask-Andersen H. Self-reported benefit, sound perception, and quality-of-life in patients with auditory brainstem implants (ABIs). Acta Oto-Laryngol. 2016; 136(1):62-67.

Shokri T, Czarnecki B, Baker A, Isildak H. Hearing Rehabilitation Implementing a Transcutaneous Bone Conduction Device: Single-Center Experience. Ear Nose Throat J. 2019, (9).

Wong K., Kozin E, Kanumuri K et al., Auditory Brainstem Implants: Recent Progress and Future Perspectives. Front. Neurosci. 2019:13:10.

POLICY UPDATE HISTORY

11/10/2021	Approved in Medical Policy Committee
12/2021	Approved in QI/UM
11/30/2022	Approved in Medical Policy Committee
12/2022	Approved in QI/UM