

Medical Policy Hearing Devices

Policy Number: 025

	Commercial and Connector/Qualified Health Plans*	MassHealth	Medicare Advantage*
Authorization required	X	X	X
No notification or authorization			
Not covered			

* Not all plans cover this service; please check plan's benefit package to verify coverage.

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for assistive hearing devices.

Coverage Guidelines

Mass General Brigham Health Plan covers assistive hearing devices when medically necessary and in accordance with Massachusetts law. The specialist and/or the primary care provider are responsible for providing all necessary clinical information for the determination of benefit coverage including presenting condition(s), history of hearing loss, and medical necessity rationale. Mass General Brigham Health Plan does not cover hearing/listening devices or device features that are to be principally used for convenience and are not medically necessary, or devices or device features that are considered experimental and investigational (e.g., semi-implantable and fully implantable middle ear hearing aids).

Air Conduction Hearing Aids and Non-Implantable Bone Conduction Hearing Aids

Medical necessity for Air Conduction Hearing Aids and Non-Implantable Bone Conduction Hearing Aids is determined through InterQual® criteria which Mass General Brigham Health Plan has customized. To access the Mass General Brigham Health Plan Hearing Aids Custom criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu or see below:

1. Members must meet all of the following criteria:
 - a. One of the following:
 - i. If member 18 years of age or older, and if indicated, medical examination of ears prior to dispensing hearing aid; or
 - ii. If member under 18 years of age, medical examination of ears performed by otolaryngologist or otologist up to six months prior to dispensing hearing aid; and
 - b. Hearing loss confirmed by licensed audiologist examination up to six months before dispensing hearing aid; and
 - c. If air conduction hearing aid requested, member must meet one of the following:
 - i. Conductive, sensorineural, or mixed hearing loss, member must meet all of the following:
 1. Hearing loss \geq 26 dB in at least one ear; and
 2. One of the following:
 - a. Pattern of hearing loss cannot be appropriately accommodated by over-the-counter (OTC) hearing aid; or
 - b. Patient not a candidate for OTC hearing aid; and

3. Hearing aid will be fitted, dispensed, and validated by an audiologist or hearing air specialist; and
4. Member will trial the selected hearing aid for at least 30 days; and
5. Documentation supports individualized functional goals and expectations of hearing aid; and
6. If member under 18 years of age, both of the following:
 - a. Selected hearing aid device style appropriate for patient age and developmental status; and
 - b. Parent or caregiver willing to assist patient in adapting to hearing aid; and
7. One of the following:
 - a. Unilateral hearing loss; or
 - b. Bilateral hearing loss; or
- ii. Auditory neuropathy spectrum disorder (ANSO), member must meet all of the following:
 1. Hearing impairment confirmed by auditory brainstem response (ABR) and otoacoustic emission (OAE) testing; and
 2. Hearing aid will be fitted, dispensed, and validated by an audiologist or hearing aid specialist; and
 3. Member will trial hearing aid for at least 30 days; and
 4. Documentation supports individualized goals and expectations of hearing aid use; and
 5. If member under 18 years of age, both of the following:
 - a. Selected hearing aid device style appropriate for patient age and developmental status; and
 - b. Parent or caregiver willing to assist patient in adapting to hearing aid; and
 6. One of the following:
 - a. Unilateral hearing loss; or
 - b. Bilateral hearing loss; or
- d. If non-osseointegrated, transcutaneous bone conduction hearing device is requested, member must meet all of the following:
 - i. One of the following:
 1. Air conduction or contralateral routing signal hearing aids are contraindicated or not tolerated; or
 2. Requesting bone conduction hearing aid trial prior to osseointegration of bone-anchored hearing aid or patient not a candidate for osseointegration; and
 - ii. Hearing aid will be fitted, dispensed, and validated by audiologist or hearing aid specialist; and
 - iii. Documentation supports individualized functional goals and expectations of hearing aid use; and
 - iv. If member under 18 years of age, parent or caregiver willing to assist patient in adapting to hearing aid.

Cochlear Implants

Medical necessity for Cochlear implantation for adults 18 years of age and older is determined through InterQual® criteria. To access the criteria, log into Mass General Brigham Health Plan's provider website at [MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrighamhealthplan.org) and click the InterQual® Criteria Lookup link under the Resources Menu.



Medical necessity for Cochlear implantation for children under the age of 18 is determined through InterQual® criteria which Mass General Brigham Health Plan has customized. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu, or see below:

Mass General Brigham Health Plan covers medically necessary Cochlear implantation for children under the age of 18 with bilateral sensorineural or single-sided or asymmetric sensorineural hearing loss who meet the following medical criteria:

1. Bilateral sensorineural hearing loss in members under the age of 18 when the following criteria a-c are met:
 - a. Has one of the following conditions:
 - i. Continued hearing loss after hearing aid trial; or
 - ii. Pneumococcal meningitis by history; or
 - iii. Cochlear ossification by imaging; and
 - b. Has met the following conditions:
 - i. Moderately severe to profound hearing loss of ≥ 70 dB HL at 500, 1000, and 2000 Hz; and
 - ii. Speech or auditory perception testing failed or not feasible; and
 - iii. Child or caregiver capable of participating in postoperative aural rehabilitation; and
 - iv. Vaccinations up-to-date or waiver signed; and
 - c. ALL of the following:
 - i. Cochlear patency by CT or MRI; and
 - ii. No lesions of the acoustic nerve or central auditory pathway by MRI; and
 - iii. No active infection of the external or middle ear or mastoid cavity; and
 - iv. No tympanic membrane perforation by physical examination; and
 - d. Child is at least 6 months old; or
2. Single-sided or asymmetric sensorineural hearing loss in members under the age of 18 when the following criteria a-e are met:
 - a. Intended ear has moderately severe to profound hearing loss of ≥ 70 dB HL at 500, 1000, and 2000 Hz; and
 - b. One of the following is met:
 - i. Contralateral ear has normal or mild hearing loss of ≤ 30 dB HL at 500, 1000, 2000, and 4000 Hz; or
 - ii. Contralateral ear has mild to moderately severe hearing loss of 31 to 55 dB HL at 500, 1000, 2000, and 4000 Hz; and
 - c. Has met the following conditions:
 - i. Speech or auditory perception testing failed or not feasible; and
 - ii. Child or caregiver capable of participating in postoperative aural rehabilitation; and
 - iii. Vaccinations up-to-date or waiver signed; and
 - d. ALL of the following:
 - i. Cochlear patency by CT or MRI; and
 - ii. No lesions of the acoustic nerve or central auditory pathway by MRI; and
 - iii. No active infection of the external or middle ear or mastoid cavity; and
 - iv. No tympanic membrane perforation by physical examination; and
 - e. Child is at least 9 months old. (Review required for a child under the age of 9 months.)

Bone Anchored Hearing Devices (BAHD) or Bone Anchored Hearing Aid (BAHA)



Mass General Brigham Health Plan medical necessity criteria for BAHD for members who are at least 5 years old is determined through a custom subset accessible through InterQual®. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu, or see below:

1. Conductive or mixed hearing loss in members who are unable to use conventional air conduction hearing aids and when a-e of the following criteria are met:
 - a. Has one of the following conditions:
 - i. Congenital, surgical, or acquired malformations of the external ear canal or middle ear canal; or
 - ii. Tumors of the external canal and/or tympanic cavity; or
 - iii. Severe, chronic otitis externa or otitis media, hypersensitivity to ear molds used in air conduction hearing aids or recalcitrant dermatitis of the external ear; and
 - b. Has one of the following audiologic findings:
 - i. The processor requested is appropriate to meet the needs of the member based on their pure tone average bone conduction threshold, measured at 500 Hz, 1000 Hz, 2000 Hz & 3000 Hz; or
 - ii. For bilateral implantation, patients meet above audiologic criteria and have a symmetrically conductive or mixed-hearing loss as defined by a difference of less than 10 dB on average between left- and right-side bone conduction thresholds measured at 500 Hz, 1000 Hz, 2000 Hz & 3000 Hz; or less than 15 dB at individual frequencies; and
 - c. A non-permanent, BAHD test band/soft band has been tried and has improved the member's word recognition and speech comprehension - particularly in noisy environments; and
 - d. Member has been counseled regarding reasonable expectations of the BAHD performance; and
 - e. Member is motivated to use the device.
2. Single-sided deafness, and normal (at least a 25 dB threshold) or only mildly reduced bone conduction hearing in the good ear (26-40 dB) measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz, and when a-d of the following criteria are met:
 - a. A conventional CROS or (bi)CROS aid (whichever is most appropriate) has been considered and is felt not to be a viable option;
 - b. A non-permanent, BAHD test band/soft band has been tried and has improved the member's word recognition and speech comprehension particularly in noisy environments;
 - c. Member has been counseled regarding reasonable expectations of the BAHD performance; and
 - d. Member is motivated to use the device.

Exclusions for BAHD and BAHA

1. Bone-anchored hearing devices for any reason other than those listed.
2. For all conditions/diagnosis not covered under this coverage criteria.
3. For pure bilateral sensorineural hearing loss.
4. Replacement or repair of a processor when:
 - a. It is still under manufacture warranty;
 - b. It is lost, stolen or damaged due to improper care, or misuse, or neglect (Mass General Brigham Health Plan may require proof of the stolen or damaged item. Proof consists of a police report, pictures, or corroborating statement); or
 - c. The member has a functioning model and a newer or upgraded model is not medically necessary.
5. Devices or device features that are to be principally used for convenience and are not medically necessary, or devices or device features that are considered experimental and investigational.



6. Non-medically necessary accessories such as but not limited to: Bluetooth accessories, accessories for recreational use, accessories for water use, duplicate accessories.

Brainstem Implant

Mass General Brigham Health Plan medical necessity criteria for unilateral auditory brain stem implant (using surface electrodes on the cochlear nuclei) is determined through a custom subset accessible through InterQual®. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu, or see below:

1. Member has neurofibromatosis type II; and
2. Member is 12 years of age or older; and
3. Member has been rendered deaf due to bilateral resection of the cochlear nerve.

Exclusions

1. Brainstem implants for any reason other than those listed above.
2. For all conditions/diagnosis not covered under this coverage criteria.

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

At the time of Mass General Brigham Health Plan's most recent policy review, Medicare does not have NCDs/LCDs for air conduction hearing aids not, non-implantable bone conduction hearing aids, semi- and fully-implantable middle ear hearing aids, bone-anchored hearing devices or hearing aids, or auditory brainstem implants. Medicare does have an [NCD for Cochlear Implantation \(50.3\)](#).

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for coverage determinations for its MassHealth ACO members. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth does not have guidelines for air conduction hearing aids, non-implantable bone conduction hearing aids, semi- and fully-implantable middle ear hearing aids, bone-anchored hearing devices or hearing aids, or auditory brainstem implants. MassHealth has [Guidelines for Medical Necessity Determination for Cochlear Implantation](#).**

Definitions

Air Conduction Hearing Aid: A wearable aid or device, not including surgical implants, which is inserted directly into the ear or worn with an ear mold and air conduction receiver or bone oscillator attachment and any part, attachment, or accessory, but excluding batteries, cords, and accessories thereto, designed for or offered for the purpose of aiding or compensating for hearing loss.

Non-implantable Bone Conduction Hearing Aid (e.g., CROS, biCROS): A non-surgically implanted, wearable aid or device with the bone vibrator tightly held in place on the mastoid process via a headband. It delivers sound from that ear, routing it transcranially via bone conduction to the cochlea of the normal ear. For a patient with an unaidable ear and normal hearing in the opposite ear, the bone conduction aid can provide improved awareness and recognition of speech arriving on the side of the poor ear.

Semi-Implantable & Fully Implantable Hearing Aid: Hearing device which consists of an audio processor, a receiver, and an implanted electromagnetic transducer to provide contact with the ossicles or is close to a magnet implanted on the ossicles. The audio processor detects and converts sounds into electric currents, which



are transmitted to the receiver and conveyed to the electromagnetic transducer, where they are converted into a magnetic field that vibrates the ossicles, either by direct contact with the ossicles or by acting on (attracting and repelling) the magnet implanted on the ossicles. Some examples are:

1. Vibrant Soundbridge
2. Sound tec
3. Direct System
4. Esteem implantable hearing system

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
V5014	Repair/modification of a hearing aid
V5030	Hear Aid Monaural Bdy Wrn Air Condt
V5040	Hear Aid Monaural Bdy Worn BN Condt
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 CROS 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 BICROS Glasses
V5242	Hearing Aid Analog Monaural CIC
V5243	Hearing Aid Analog Monaural ITC
V5244	Hearing Aid Prog Analog Monaural CIC
V5245	Hearing Aid Prog Analog Monaural ITC
V5246	Hearing Aid Prog Analog Monaural ITE
V5247	Hearing Aid Prog Analog Monaural BTE
V5248	Hearing Aid Analog Binaural CIC
V5249	Hearing Aid Analog Binaural ITC
V5250	Hearing Aid Prog Analog Binaural CIC



V5251	Hearing Aid Prog Analog Binaural ITC
V5252	Hearing Aid Prog Binaural ITE
V5253	Hearing Aid Prog 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 Dispbl Type Monaural
V5263	Hearing Aid Dispbl Type Binaural
V5264	Ear mold/insert, not disposable, any type
V5265	Ear mold/insert, disposable, any type
L8614	Cochlear device, includes all internal and external components
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
L8690 (BAHA)	Auditory osseointegrated device, includes all internal and external components
L8691 (BAHA)	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
L8693 (BAHA)	Auditory osseointegrated device abutment, any length, replacement only
L8694 (BAHA)	Auditory osseointegrated device, transducer/actuator, replacement only, each
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
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



69930	Cochlear device implantation, with or without mastoidectomy
S2235	Implantation of auditory brain stem implant

Related Policies

- [Hearing Aids Provider Payment Policy Guidelines](#)

Effective

November 2024: Ad hoc review. Clarified MassHealth variation language. Updated criteria for Cochlear implantation for children. Added criteria from custom InterQual® subsets for air conduction and non-implantable bone conduction hearing aids, BAHA/D and auditory brainstem implant. Codes updated.

October 2024: Ad hoc review. Customized InterQual® criteria for Cochlear implantation for children. References updated. Clarified Medicare Advantage language. Added MassHealth variation language.

July 2024: Annual review.

July 2023: Annual review. Medicare Advantage added to table one page 1. Medicare variation language added. References updated.

January 2023: Codes updated.

August 2022: Annual review. Under Bone Anchored Hearing Devices (BAHD) or Bone Anchored Hearing Aid (BAHA), item B i. – removed reference to specific models. References updated.

July 2021: Annual review. References updated.

July 2020: Annual review. Codes updated. References updated.

July 2019: Annual review. References updated. Code update.

September 2018: Annual review.

August 2017: Annual review.

February 2017: Changes reflect the addition of InterQual® criteria for Air Conduction Hearing Aids and Non-Implantable Bone Conduction Hearing Aids and Cochlear Implants.

August 2016: Annual review.

August 2015: Clarification of replacement or repair of hearing devices or components under exclusions

August 2014: Edited exclusion language, Modified BAHD criteria to allow for new devices as technology progresses and added Bluetooth BAHD and Cochlear implants and accessories to exclusions.

May 2013: Effective date.

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Massachusetts General Law Chapter 176B Section 4EE

*MGL: [Chapter 233 of the Acts of 2012](#)

Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, that shall be delivered, issued or renewed within the Commonwealth shall provide as benefits to all individual subscribers or members within the Commonwealth and to all group members having a principal place of employment in the Commonwealth, coverage for such person's children 21 years of



age or younger, who are insured under such certificates or agreements, for the cost of 1 hearing aid per hearing impaired ear up to \$2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the child's treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting, and adjustments and supplies, including ear molds. The insured may choose a higher-priced hearing aid and may pay the difference in cost above the \$2,000 limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments, or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

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