

## Auditory Osseointegrated Implant (AOI) Devices

Issue Date: November 7, 2016

Authority: [32 CFR 199.4\(d\)\(3\)\(vii\)](#), 10 USC 1077(a)(15) and (e)(1)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODE RANGE

69714, 69715, 69717, 69718

### 2.0 HCPCS PROCEDURE CODES

L8690, L8691, L8693

### 3.0 DESCRIPTION

An AOI device, such as the implantable Bone Anchored Hearing Aid (BAHA) system, replaces the function of the middle ear (a part of the human body). AOI devices are based on the process of osseointegration through which living tissue integrates with titanium in the implant over a period of three to six months, allowing amplified and processed sound to be conducted via the skull bone directly to the cochlea.

### 4.0 POLICY

**4.1** AOI devices, such as the implantable BAHA, are covered as a prosthetic device when necessary due to significant conditions resulting from trauma, congenital anomalies, or disease.

**4.2** The AOI device is covered in accordance with the U. S. Food and Drug Administration (FDA) labeled indications. For AOI coverage when the device is used off-label see [Chapter 8, Section 5.1](#).

**4.3** Necessary and appropriate services and supplies, including hearing exams provided by authorized providers, are covered.

**4.4** Authority to provide a prosthetic device includes coverage of the following:

**4.4.1** Any accessory or item of supply that is used in conjunction with the device for the purpose of achieving therapeutic benefit and proper functioning;

**4.4.2** Services necessary to train the recipient of the device in the use of the device;

**4.4.3** Repair of the device for normal wear and tear or damage;

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**TRICARE Policy Manual 6010.57-M, February 1, 2008**

Chapter 7, Section 8.3

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**4.4.4** Replacement of the device if the device is lost or irreparably damaged or the cost of repair would exceed 60% of the cost of replacement.

**5.0 EXCLUSIONS**

**5.1** A non-osseointegrated, non-implantable hearing device (e.g., BAHA Softband, HCPCS code L8692) is considered a hearing aid and is not covered under this policy. However, such a device may be covered for an active duty dependent who meets the criteria for coverage of a hearing aid at [Chapter 7, Section 8.2](#).

**5.2** A semi-implantable hearing aid or system that uses magnetic coupling for acoustic transmission (CPT<sup>2</sup> code 69710) is excluded as unproven.

**6.0 EFFECTIVE DATE**

June 30, 2016.

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