

Prosthetic Hearing Devices

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

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1.0 CPT PROCEDURE CODE RANGE

69710, 69711, 69714, 69715, 69717, 69718

2.0 HCPCS PROCEDURE CODES

L8690, L8691, L8693

3.0 DESCRIPTION

3.1 Fully-implantable Auditory Osseointegrated Implant (AOI) device, such as the Bone Anchored Hearing Aid (BAHA) system is based off the process of osseointegration through which living tissue integrates with titanium in the implant, allowing amplified and processed sound to be conducted via the skull bone directly to the cochlea. An AOI device replaces the function of the middle ear (a part of the human body).

3.2 Partially-implantable AOI, such as a magnetic coupling, is an alternative where the sound processor connects to the bone percutaneously via a skin abutment. With these devices, acoustic transmission occurs transcutaneously via magnetic coupling of the external sound processor and the internally implanted device components. The bone conduction hearing system consists of a sound processor, magnetic connection, and an implant. The sound processor picks up sound, changes it into vibrations, and sends it directly to the inner ear bypassing ear canal and middle ear.

3.3 Middle Ear Implants (MEIs) can be either semi-implantable or fully-implantable. With semi-implantable MEIs, the external part consists of an audio processor, which includes a microphone, speech processor, and radio frequency transmitter. The internal, implanted part consists of a radio frequency receiver, electronic components, and a mechanical vibrator. With fully-implantable MEIs, all of the components, including the battery and microphone, are implanted. Both semi-implantable and fully-implantable MEIs create an electromagnetic field that vibrates and stimulates the ossicles, sending signals to the cochlea.

3.4 Cochlear implants. See [Chapter 4, Section 22.2](#).

3.5 Auditor Brainstem Implants (ABIs). ABIs consist of an external processor worn on the ear and an internally implanted component. The external processor picks up sound, converts it into an electronic signal, and sends the signal to the internal component that is implanted in the brainstem. ABIs are used to treat deafness caused by damage to the cochlear or auditory nerves in the ear.

4.0 POLICY

4.1 Prosthetic hearing devices are covered as prosthetic devices when medically necessary because of significant conditions resulting from trauma, congenital anomalies, or disease and the devices have been approved by the U.S. Food and Drug Administration (FDA). See Chapter 8, Section 5.1 for TRICARE policy of FDA approval of medical devices and "off-label uses."

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

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

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

4.3.2 Services necessary to train the recipient of the device in the use of the device;

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

4.3.4 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.

4.3.5 Effective November 8, 2017, semi-implantable hearing aids or systems that use magnetic coupling AOs for acoustic transmission (CPT code 69710) are covered as prosthetic devices.

4.3.6 Effective November 8, 2017, semi-implantable or fully implantable middle ear implants or systems that use electromagnetic field transmission (CPT code 69714) are covered as prosthetic devices.

5.0 EXCLUSION

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.

6.0 EFFECTIVE DATE

June 30, 2016.

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