

# Hearing Aids and Auditory Implants

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[Instructions for Use](#)

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## Related Commercial Policy

- [Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable](#)

## Coverage Rationale

**Note:** Some members may have a supplemental benefit for hearing aids. Refer to the member's EOC to determine coverage eligibility for the supplemental hearing aid benefit.

### Auditory Implants

Certain devices that produce perception of sound by replacing the function of the middle ear, cochlea or auditory nerve are payable by Medicare as prosthetic devices. These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss or surgery. The following are prosthetic devices:

- Cochlear implants and auditory brainstem implants, i.e., devices that replace the function of cochlear structures or auditory nerve and provide electrical energy to auditory nerve fibers and other neural tissue via implanted electrode arrays.
- Osseointegrated implants, i.e., devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer.
- Refer to the [Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants](#).

### Osseointegrated Implants (e.g., Baha® System, Ponto® System, or Bonebridge® System)

Coverage criteria apply; refer to the [Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants](#).

The device must be used in accordance with the FDA approved labeling. Refer to the [Medicare Benefit Policy Manual, Chapter 14, §10 - Coverage of Medical Devices](#).

Refer to the following FDA website for more information on each device: [Devices@FDA](#).

#### Notes:

- For repair, maintenance, and replacement, refer to the [Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices](#).
- Refer to the [Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants](#).

### Hearing Aids and Auditory Implants That are Not Covered

Hearing aids and auditory implants that do not meet the criteria in the [Auditory Implants](#) section are not covered.

**Note:** Some members may have a supplemental benefit for hearing aids. Refer to the member's EOC to determine coverage eligibility for the supplemental hearing aid benefit.

Hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids are not covered.

Section 1862(a)(7) of the Social Security Act states that no payment may be made under part A or part B for any expenses incurred for items or services “where such expenses are for ... hearing aids or examinations therefore...” This policy is further reiterated at 42 CFR 411.15(d) which specifically states that “hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids” are excluded from coverage.

Hearing aids are amplifying devices that compensate for impaired hearing. Hearing aids include air conduction devices that provide acoustic energy to the cochlea via stimulation of the tympanic membrane with amplified sound. They also include bone conduction devices that provide mechanical energy to the cochlea via stimulation of the scalp with amplified mechanical vibration or by direct contact with the tympanic membrane or middle ear ossicles.

Refer to the [Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants](#).

Examples of hearing aids and auditory implants that are not covered include but are not limited to totally implantable middle ear hearing systems such as the Esteem® Implantable Hearing System.

Medicare does not have an NCD for totally implantable middle ear hearing systems. LCDs/LCAs do not exist at this time.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor

*CPT® is a registered trademark of the American Medical Association*

HCPSC Code	Description
L8690	Auditory osseointegrated device, includes all internal and external components
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

## Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the [Medicare Coverage Database](#), if no NCD, LCD, or LCA is found, refer to the criteria as noted in the [Coverage Rationale](#) section above.

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	States/Territories
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX, VA**

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	States/Territories
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA**, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
Notes	
*Wisconsin Physicians Service Insurance Corporation: Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers.	
**For the state of Virginia: Part B services for the city of Alexandria and the counties of Arlington and Fairfax are excluded for the Palmetto GBA jurisdiction and included within the Novitas Solutions, Inc. jurisdiction.	

## Policy History/Revision Information

Date	Summary of Changes
08/01/2025	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>Hearing Services and Devices</i></li> </ul> <p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Cochlear Implants</i></li> </ul> <p><b>Coverage Rationale</b></p> <p><b>Auditory Implants</b></p> <ul style="list-style-type: none"> <li>Modified content heading; previously named <i>Surgically Implanted Auditory Devices</i></li> <li>Added language to indicate: <ul style="list-style-type: none"> <li>Certain devices that produce perception of sound by replacing the function of the middle ear, cochlea, or auditory nerve, are payable by Medicare as prosthetic devices</li> <li>These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss, or surgery</li> <li>The following are prosthetic devices: <ul style="list-style-type: none"> <li>Cochlear implants and auditory brainstem implants, i.e., devices that replace the function of cochlear structures or auditory nerve and provide electrical energy to auditory nerve fibers and other neural tissue via implanted electrode arrays</li> <li>Osseointegrated implants, i.e., devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer</li> </ul> </li> <li>Refer to the <i>Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants</i></li> </ul> <p><b>Osseointegrated Implants (e.g., Baha® System, Ponto® System, or Bonebridge® System)</b></p> <ul style="list-style-type: none"> <li>Modified content heading; added list of examples of brand name devices</li> <li>Revised language to indicate: <ul style="list-style-type: none"> <li>Coverage criteria apply; refer to the <i>Medicare Benefit Policy Manual, Chapter 16, §100 - Hearing Aids and Auditory Implants</i></li> <li>The device must be used in accordance with the FDA approved labeling; refer to the <i>Medicare Benefit Policy Manual, Chapter 14, §10 - Coverage of Medical Devices</i></li> <li>Refer to the following U.S. Food and Drug Administration (FDA) website for more information on each device: <a href="#">Devices@FDA</a></li> <li>For repair, maintenance, and replacement, refer to the <i>Medicare Benefit Policy Manual, Chapter 15, §120 - Prosthetic Devices</i></li> <li>[For general exclusions from coverage], refer to the <a href="#">Medicare Benefit Policy Manual, Chapter 16, §100 – Hearing Aids and Auditory Implants</a></li> </ul> </li> </ul> <p><b>Hearing Aids and Auditory Implants That are Not Covered</b></p> <ul style="list-style-type: none"> <li>Replaced language indicating: <ul style="list-style-type: none"> <li>“Some members have supplemental benefit for hearing aids” with “some members <i>may</i> have a supplemental benefit for hearing aids”</li> </ul> </li> </ul> </li></ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ “Examples of hearing aids and auditory implants that are not covered include but are not limited to totally <i>implanted</i> hearing systems, such as the Esteem® Implantable Hearing System” with “examples of hearing aids and auditory implants that are not covered include but are not limited to totally <i>implantable middle ear</i> hearing systems, such as the Esteem® Implantable Hearing System”</li> <li>○ “Medicare does not have a National Coverage Determination (NCD) for totally <i>implanted</i> hearing systems” with “Medicare does not have an NCD for totally <i>implantable middle ear</i> hearing systems”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Removed <i>Definitions</i> section</li> <li>● Archived previous policy version MMP394.13</li> </ul>

## Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural

Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate's requirements need to be followed.