Hearing Devices

LOB(s):	State(s):
☒ *Commercial* ☐ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☐ *Medicaid*	☐ *Oregon*

Commercial Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Hearing devices improve auditory perception and are used to address varying degrees of hearing loss. Coverage determination for the following devices may be based on whether the device is a covered benefit under the member's health plan, by applicable regulatory coverage requirements, or medical necessity determination:

- Hearing aids (air-conduction) amplify sound transmitted through the external and middle ear and are the most common treatment for hearing loss. These devices are addressed through benefit plan provisions and are subject to contractual limitations and exclusions rather than medical necessity criteria.
- Bone conduction and bone anchored hearing devices transmit sound vibrations through the bones of the skull directly to the cochlea, and may be implanted or externally worn (e.g., headband or adhesive systems).
- Cochlear implants are surgically implanted devices that bypass damaged portions of the ear and directly stimulate the auditory nerve. Signals generated by the implant are sent by way of the auditory nerve to the brain, which recognizes the signals as sound.

Criteria/Procedure

Commercial

Prior Authorization is Required (except for hearing aids).

I. Hearing Devices

A. Hearing Aids (air conduction)

1. Initial Coverage of Hearing Aids

a. Coverage for hearing aids is subject to the terms of the member's benefit plan. See the member benefit book for applicable coverage provisions, limitations, and exclusions.

2. Replacement of Hearing Aids

a. Replacement of hearing aids are subject to the terms of the member's benefit plan. See the member benefit book for applicable coverage provisions, limitations, and exclusions.

B. Bone Anchored and Bone Conduction Hearing Devices

1. PacificSource considers initial coverage of Bone Anchored and Bone Conduction Hearing Devices medically necessary when **ALL** of the following conditions are met:

a. Age restrictions per benefit plan

b. MCG A-0564 (AC), Hearing Aids, Bone Anchored and Bone Conduction criteria

2. PacificSource considers the replacement of Bone Anchored and Bone Conduction Hearing Devices medically necessary when **ALL** of the above conditions of B.1. are met **AND** the existing device cannot be repaired or is no longer functional for the member's current clinical needs.

C. Cochlear Implant

1. PacificSource considers initial coverage of a Cochlear Implant medically necessary when **ALL** of the following conditions are met:

a. Cochlear Implants are covered by benefit plan

b. MCG A-0177(AC), Cochlear Implant criteria

2. PacificSource considers the replacement of a Cochlear Implant medically necessary when **ALL** of the above conditions of C.1. are met **AND** the existing device cannot be repaired or is no longer functional for the member's current clinical needs.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Bone Anchored and Bone Conduction

69710 Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone

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

69716 Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex

69717 Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor

69719 Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex

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

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

L8693 Auditory osseointegrated device abutment, any length, replacement only

L8694 Auditory osseointegrated device, transducer/actuator, replacement only, each

V5040 Hearing aid, monaural, body worn, bone conduction

Cochlear Implants

69930 Cochlear device implantation, with or without mastoidectomy

L8614 Cochlear device, includes all internal and external components

L8615 Headset/headpiece for use with cochlear implant device, replacement

L8616 Microphone for use with cochlear implant device, replacement

L8617 Transmitting coil for use with cochlear implant device, replacement

L8618 Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement

L8619 Cochlear implant, external speech processor and controller, integrated system, replacement

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).
HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

References

American Academy of Audiology. (2019). Clinical practice guideline: Cochlear implants. https://www.audiology.org/practice-guideline/clinical-practice-guideline-cochlear-implants/

American Academy of Otolaryngology–Head and Neck Surgery. (2021, revised 2025). Position statement: Bone conduction hearing devices. https://www.entnet.org/resource/position-statement-bone-conduction-hearing-devices/

American Speech-Language-Hearing Association. (n.d.). Practice portal: Hearing aids and implantable hearing devices. https://www.asha.org/practice-portal/

Centers for Medicare & Medicaid Services. (2022). National coverage determination (NCD) for cochlear implantation (50.3). https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=245

MCG Health. Cochlear Implant, A-0177 (AC).

MCG Health. Hearing Aids, Bone Anchored and Bone Conduction, A-0564 (AC).

Appendix

Policy Number:

Effective: 5/21/2026 **Next review:** 1/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): MCA 33-22-128

External entities affected: N/A

OPs Approval: 6/2026