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## Auditory Osseointegrated and Auditory Brainstem Devices

**Note:** This article was revised to contain Web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

Physicians and providers billing Medicare carriers or fiscal intermediaries (FIs) for auditory osseointegrated and auditory brainstem devices.

### Provider Action Needed



#### **STOP – Impact to You**

The definition of “hearing aids” in the Medicare Claims Processing Manual was modified to exclude certain implanted devices from the category of hearing aid.



#### **CAUTION – What You Need to Know**

Medicare contractors will not pay for any part A or part B expenses incurred for items or services related to “hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids.” (42 CFR 411.15(d)) These items and services are excluded from coverage. However, the definition of hearing aids now indicates that auditory osseointegrated (code L8699) devices and auditory brainstem (code L8614) devices are prosthetic devices that are eligible for Medicare payment.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



### GO – What You Need to Do

Be aware that Medicare contractors **will pay** for osseointegrated auditory and brainstem auditory devices as prosthetic devices but only when indicated: where hearing aids are medically inappropriate or cannot be used due to congenital malformations, chronic disease, severe sensorineural hearing loss, or surgery.

## Background

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Medicare now defines hearing aids as follows:

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.

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; that is, devices that replace the function of cochlear structures or auditory nerves and provide electrical energy to auditory nerve fibers and other neural tissue via implanted electrode arrays.
- Osseointegrated implants; that is, devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer.

Hospital outpatient departments and physicians should bill related implantation services using the current codes for osseointegrated implantation (such as 69714, 69715, 69717, and 69718) for device code L8699. In addition, physicians should bill the appropriate services for implantation of the auditory brainstem device (code L8614), using the codes for tumor resection (61520, 61530, 61598), if indicated, and also a code for cranial neurostimulators (61875).

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## Additional Information

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Additional information about coverage for cochlear implantation can be found in CR3796 and the accompanying MLN Matters article, MM3796. The *Additional Information* section of MM3796 also outlines the policy guidelines for cochlear implantation coverage, and a listing of Healthcare Common Procedural Coding System (HCPCS) codes associated with cochlear implantation.

To view CR3796, Transmittal #601: Cochlear Implantation, go to <http://www.cms.hhs.gov/Transmittals/downloads/R601CP.pdf> on the CMS website. To view the associated MLN Matters article, MM3796, on Cochlear Implantation, go to <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3796.pdf> on the CMS website.

The official instruction issued to your carrier/intermediary regarding this change may be found by going to <http://www.cms.hhs.gov/Transmittals/downloads/R39BP.pdf> on the CMS website.

For additional information relating to this issue, please refer to your local carrier or FI. To find the toll free phone number for your local carrier or FI, go to <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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