



## Medica Central Coverage Policy

<b>Policy Name:</b> Air Conduction Hearing Aids (Wearable and Bone Anchored) MP9807
<b>Effective Date:</b> 03/01/2026

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

<p><b>NOTE:</b> Coverage for hearing aids varies in The Health Plan's plan documents. Refer to the member's plan document for specific benefit information.</p>
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### Coverage Policy

#### Air-Conduction (Standard Wearable) Hearing Aids

Air-conduction (standard wearable) hearing aids are **COVERED** for an FDA approved device used for the FDA approved applications when the following criteria are met:

1. The individual's hearing loss has been evaluated by a licensed audiologist, which includes documentation of the individual's ability to use the hearing aid appropriately.
2. Hearing loss is tested within 6 months of the hearing aid fitting and shows:
  - a. For adults (18 years of age or older):
    - 1) Sensorineural hearing loss is tested at a threshold of greater than 30 decibels hearing (dB HL) documented in at least two of the following frequencies in the ear(s) to be aided: 500 Hertz (Hz), 1,000 Hz, 2,000 Hz, 3,000 Hz, 4,000 Hz.
    - 2) Pure tone average sensorineural threshold is tested at frequencies of 500, 1,000, 2,000, 3,000, and 4,000 Hz (see I.B.1, above) and measures 26 dB HL or higher
  - b. For individuals less than 18 years of age both of the following criteria are met:
    - 1) Sensorineural hearing loss is tested at a threshold of greater than 25 dB HL at a frequency of 500 Hz or higher in the ear(s) to be aided.
    - 2) Medical clearance from a health care provider is documented within 6 month of the hearing aid fitting.

**NOTE:** Refer to specific state statutes for mandated criteria.

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### Bone-Anchored Hearing Aids (BAHA)

Bone-anchored hearing aids (BAHA) are **COVERED** for an FDA approved device used for the FDA approved applications when the following criteria are met:

1. The individual is 5 years of age or older.  
NOTE: Children under the age of 5 may be eligible for a soft headband with a partially or fully-implanted transcutaneous bone conduction hearing aid when other criteria are met.
2. Use of conventional AC hearing aids have failed or are not appropriate.
3. The individual's hearing loss has been evaluated by a licensed audiologist, which includes documentation of the individual's ability to use the BAHA appropriately.
4. Hearing loss displays **one of the following**:
  - a. Unilateral or bilateral conductive or mixed hearing loss refractory to previous medical or surgical interventions.
  - b. Unilateral pure sensorineural hearing loss.
5. Pure tone average bone conduction hearing threshold has been measured at a frequency of 500, 1,000, 2,000, and 3,000 Hz less than or equal to the threshold level appropriate for the BAHA device to be implanted in the affected ear(s) (e.g., 45, 55, or 65 dB HL)
6. When a bilateral implant is being recommended, the individual meets **both of the following**:
  - a. Criterion 1.-3., above, has been met
  - b. Symmetrically conductive or mixed hearing loss (e.g., 10 dB average difference between ears measured at 500, 1,000, 2,000, 3,000 and/or 4,000 Hz, or less than a 15 dB difference at individual frequencies.

The following device/services are considered not medically necessary and therefore **NOT COVERED**:

1. Intra-oral bone conduction hearing aids (e.g., SoundBite Hearing System)
2. Vibrant Soundbridge middle ear hearing aid
3. Over-the-counter (OTC) hearing aids (e.g., Jabra Enhance; Eargo; Lexie; Audicus; Elehear)
4. Upgrades to hearing aids, external devices, or components for any of the following:
  - a. The current device(s) is(are) functional
  - b. The current device(s) is(are) still covered under warranty
  - c. Request for newer technology is solely based on convenience or a desired model change.
5. Alternative listening devices. Examples include, but are not limited to:
  - a. Advanced hearable devices
  - d. Smartphone/wireless products
  - e. Non-conventional hearing devices
  - f. Personal Sound Amplification Products (PSAPs).

### Description

Sensorineural hearing loss (SNHL), also known as pure sensorineural hearing loss, accounts for

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the majority hearing loss cases. It is hearing impairment that occurs when there is damage to the inner ear (the cochlea and auditory nerve) or the nerve pathways from the inner ear to the brain. It is the most common type of hearing loss and can result in difficulty hearing both soft sounds and speech, even at loud volumes. Individuals with SNHL often experience muffled hearing, difficulty understanding speech (especially in noisy environments), a sensation of fullness in the ear, ringing in the ears (tinnitus), and dizziness.

- Asymmetrical sensorineural hearing loss (ASNHL) occurs when the degree of hearing loss is significantly different between the two ears (i.e., one ear experiences more hearing loss than the other). Asymmetrical hearing loss is not the same as unilateral (one-sided) hearing loss, as ASNHL still involves some degree of hearing loss in both ears.
- Severe to profound single-sided deafness (i.e., unilateral sensorineural hearing loss) occurs when one ear has a severe or profound hearing loss (typically 70 dB HL or greater), while the other ear has normal or near-normal hearing. This means the individual is essentially deaf in one ear.

Devices employing air-conduction of sound are amplifying devices designed to help compensate for hearing loss and include:

- Standard air conduction hearing aids, the most common type of hearing aids, which are worn outside the ear or within the ear canal. They use a microphone to receive sound waves which are then amplified, sent to a speaker (receiver), and delivered to the ear canal. The ear drum and bones within the middle ear receive the vibrations which, in turn, stimulates the inner ear and the brain's auditory pathways.
- Bone-anchored hearing aids (BAHA) are surgically implanted prosthetic devices which transmit sound through the skull bone directly to the inner ear (i.e., bypassing the external auditory canal and eardrum). A small titanium device is surgically implanted into the bone behind the ear (mastoid bone), and an external, removal sound processor is connected to the implant. The implant integrates with the bone over time to create a secure anchor.

### FDA Approval

Hearing aids and implants of all types require FDA registration or approval. The FDA regulates hearing aids as medical devices. While most hearing aids are classified as Class I or II devices, requiring registration only, others require full FDA Premarket Approval (PMA). Multiple hearing aid devices have received FDA registration or approval. Examples include, but are not limited to:

Air-conduction hearing aids:

Standard air-conduction hearing aids:

- Oticon
- Phonak
- ReSound
- Signia
- Starkey
- Widex.

Bone-anchored hearing aids:

- BAHA
- Ponto.



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### Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

### CPT Codes

Use applicable CPT or HCPCS codes.

Original Effective Date: 03/01/2026

Re-Review Date(s):

Administrative

Update(s):

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