

March 20, 2024

Re: Coding and Coverage for Auditory Osseointegrated Device Services

Dear:

I am writing on behalf of the American Academy of Audiology (the Academy) to call your attention to the lack of coverage and reimbursement of Auditory Osseointegrated Device (AOD) *services* for Medicaid beneficiaries in your State. The Academy is the largest organization of, by, and for audiologists nationwide. We are dedicated to the provision of quality hearing and balance care services through professional development, education, research, and increased public awareness of hearing and balance disorders.

AODs are also referred to as bone-anchored hearing aids (BAHAs), bone-conduction hearing aids (BCHAs), or bone conduction hearing devices (BCHDs); and are U.S. Food and Drug Administration–approved medical devices designed to stimulate the cochlea directly through skull vibration. Bone conduction hearing devices have proven to be an effective intervention for individuals with medical disorders that affect the outer and/or middle ear and are unresponsive to medical or surgical treatment. AODs are indicated for conductive or mixed hearing losses, or for single-sided deafness. AODs can also come in various forms (e.g., surgical, nonsurgical, fully-implanted, semi-implanted, percutaneous, transcutaneous, etc.). AODs must be activated, fitted, programmed, and verified to ensure the device is meeting the needs of the patient.

In the past, AOD fitting and follow-up procedures were not recognized services by many payers as the effectiveness previously could not be established based on the available published peer-reviewed literature. As such, before January 2024, AOD-related *service procedures* did not have a separate and distinct CPT code and were reported using unlisted CPT 92700. However, since the initial AOD literature in the 1970s, hundreds of articles have been written on the efficacy of AODs for aiding in the course of treatment for certain hearing disorders. We have included relevant literature references at the end of this correspondence.

Effective January 1, 2024, two Category I CPT codes (92622 – Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes; and 92623 – Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes) were established to report analysis, programming, and verification of an auditory osseointegrated sound processor. The rigorous AMA CPT process requires that Category I CPT codes meet the following criteria:

- Equipment necessary for the performance of the procedure or service has received FDA clearance or approval.
- The procedure is performed by many physicians and/or other qualified health care professionals in the U.S.
- The procedure service is performed with a frequency consistent with the intended clinical use.
- The procedure is consistent with current medical practice.
- The clinical efficacy of the procedure or service is well documented in the literature.

AOD services (e.g., activation, fitting, programming, and verification) are now a widely accepted and effective clinical tool to support the successful use of these devices. Denial of these procedures may interfere with

timely access to intervention, assessment, and management for individuals with hearing disorders, including infants, children, and adults.

Conductive hearing loss is common among infants and children due to conditions such as otitis media with effusion. Other disorders resulting in conductive or mixed hearing loss include but are not limited to aural atresia, anatomical defect of the outer or middle ear, external ear canal stenosis or obstruction, tympanic membrane perforation, nasopharyngeal tumor, cholesteatoma, otosclerosis, and ossicular chain discontinuity. Research has demonstrated that AOD as a targeted intervention for conductive and mixed hearing loss, as well as single-sided deafness, can mitigate the deleterious effects of hearing loss for both pediatric and adult populations. AOD service procedures represent an integral part of the treatment plan to ensure these medical devices are adequately programmed and functioning appropriately to meet the hearing needs of patients.

Audiologists play a critical role in providing access to cost-effective care for vulnerable individuals, especially older adults in need of timely access to hearing care and associated interventions. The Academy appreciates the opportunity to share this information with you to ensure that Medicaid recipients receive the clinically appropriate care they need. We urge you to include these codes in your state's Medicaid coverage. The codes are recognized by the Centers for Medicare and Medicaid Services and other payers.

If you require additional information about how audiologists regularly engage in the delivery of AOD services, we welcome the opportunity to discuss this further. If you have any questions, please contact Kathryn Werner, Vice President of Public Affairs, the Academy, at (703) 226-1044, or kwerner@audiology.org.

Sincerely,

Bopanna Ballachanda, PhD
President, American Academy of Audiology

Select References:

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