



Louisiana

Semi-Implantable and Fully Implantable Middle Ear Hearing Aids

Policy # 00425

Original Effective Date: 09/17/2014

Current Effective Date: 10/12/2020

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Note: Implantable Bone-Conduction and Bone-Anchored Hearing Aids is addressed separately in medical policy 00004.

Note: Cochlear Implant is addressed separately in medical policy 00017.

Note: Auditory Brainstem Implant is addressed separately in medical policy 00475.

Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers semi-implantable and fully implantable middle ear hearing aids to be **investigational**.*

Policy Guidelines

For reference, the package insert of the Vibrant Soundbridge device describes the following patient selection criteria:

- Pure-tone air-conduction threshold levels that fall at or within the limits outlined in Table PG1.
- Word recognition score of $\geq 50\%$, using recorded material
- Normal middle ear anatomy
- Psychologically and motivationally suitable with realistic expectations of the benefits and limitations of the device.

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Table PG1. Pure-Tone Air-Conduction Threshold Levels

Limits	Frequency, kHz					
	0.5	1	1.5	2	3	4
Lower limit	30	40	45	45	50	50
Upper limit	65	75	80	80	85	85

The Maxum System is indicated for use in adults (≥ 18 years of age) who have moderate-to-severe sensorineural hearing loss and desire an alternative to an acoustic hearing aid. Before receiving the device, it is recommended that patients have experience with appropriately fitted hearing aids.

The Esteem device is indicated for patients with hearing loss meeting the following criteria:

- 18 years of age or older
- Stable bilateral sensorineural hearing loss
- Moderate (40-70 dB) to severe (71-90 dB) sensorineural hearing loss defined by pure-tone average
- Unaided speech discrimination test score $\geq 40\%$
- Normally functioning eustachian tube
- Normal middle ear anatomy
- Normal tympanic membrane
- Adequate space for Esteem implant determined via high-resolution computed tomography scan
- Minimum 30 days of experience with appropriately fit hearing aids.

Background/Overview

Hearing Loss

Hearing loss is described as conductive, sensorineural, or mixed, and can be unilateral or bilateral. Normal hearing is the detection of sound at or below 20 decibels (dB). The American Speech Language Hearing Association, has defined the degree of hearing loss based on pure-tone average detection thresholds as mild (20-40 dB), moderate (40-60 dB), severe (60-80 dB), and profound (≥ 80 dB).

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Treatment

Sound amplification through the use of an air-conduction hearing aid can provide benefit to patients with sensorineural, conductive, or mixed hearing loss. Contralateral routing of the signal is a system in which a microphone on the affected side transmits a signal to an air-conduction hearing aid on the normal or less affected side.

Patients with moderate-to-severe sensorineural hearing loss are typically fitted with external acoustic hearing aids. Conductive hearing loss may be treated with acoustic or bone-conduction hearing aids when surgical or medical interventions are unable to correct hearing loss. However, these hearing aids may not be acceptable to patients, either due to issues related to anatomic fit, sound quality, or personal preference. In some cases, external acoustic hearing aids cannot be used due to external ear pathologies (eg, otitis externa).

Semi- and Fully Implantable Middle Ear Hearing Aids

Semi-implantable and fully implantable middle ear hearing aids are alternatives to external acoustic hearing aids. Two semi-implantable devices have the U.S. Food and Drug Administration (FDA) approval: the Vibrant Soundbridge and the Maxum System. The devices consist of three components: a magnet that is implanted onto the ossicles of the middle ear, a receiver, and a sound processor. The Soundbridge device is implanted subcutaneously behind the ear while the processor is worn externally on the scalp over the receiver unit and held in place by a magnet. The Maxum System device is placed in the user's ear canal while the processor rests over the external ear. In general, the sound processor receives and amplifies the sound vibrations and transforms the sound pressure into electrical signals received by the receiver unit. The receiver unit then transduces these electrical signals into electromagnetic energy and creates an alternating electromagnetic field with the magnetic component (floating mass transducer) implanted on the ossicles of the middle ear. This electromagnetic field results in attractive and repulsive forces on the magnetic implant, causing vibration of the bones of the middle ear similar to normal hearing.

One fully implantable middle ear hearing aid has the FDA approval: the Esteem Implantable Hearing System. Similar to the semi-implantable devices, the fully implantable device consists of a sensor, a sound processor, and a driver connected to the ossicles. The sensor detects vibrations of the tympanic membrane and transforms the vibrations into electrical signals that are processed by the sound processor. The processor transduces these signals via piezoelectric transduction, as opposed to the electromagnetic transduction used in the semi-implantable devices. A piezoelectric transducer (the

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sensor) is placed at the head of the incus and converts mechanical vibrations detected from the tympanic membrane into electrical signals delivered to the stapes by another piezoelectric transducer (the driver).

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Two semi-implantable devices were approved by the FDA through the premarket approval process: the Vibrant[®] Soundbridge[™] (MED-EL Corp.) in 2000 and the Direct System[™] (Soundtec) in 2001. The Soundtec System was discontinued by the manufacturer Ototronix in 2004 due to performance issues; it was re-released in 2009 under the name Maxum[™] System. Approved FDA labeling for both states that the devices are "...intended for use in adults, 18 years of age or older, who have a moderate to severe sensorineural hearing loss and desire an alternative to an acoustic hearing aid." FDA product code: MPV.

In 2010, the Esteem[®] Implantable Hearing System (Envoy Medical, St. Paul, MN), a fully implantable middle ear hearing aid, was approved by the FDA through the premarket approval process. FDA-approved labeling for the Esteem hearing implant indicates it is "intended to alleviate hearing loss... in adults 18 years of age or older with stable bilateral sensorineural hearing loss." FDA product code: OAF.

Another fully implantable middle ear hearing aid, the Carina[®] Fully Implantable Hearing Device, is in development (Otologics, now Cochlear), but does not have the FDA approval. Phase 1 and 2 trials have been conducted in the United States under investigational device exemptions.

Rationale/Source

Moderate-to-severe sensorineural hearing loss is often treated with external acoustic hearing aids, while conductive hearing loss can be treated with acoustic or bone-conduction hearing aids when surgical or medical interventions do not correct hearing loss. Semi-implantable and fully implantable middle ear hearing aids detect sound and transduce signals directly to the ossicles in the middle ear and have been used as an alternative to external acoustic hearing aids.

For individuals who have hearing loss who receive semi-implantable or fully implantable middle ear hearing aids, the evidence includes the single-arm interventional studies submitted to the Food and

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Drug Administration, systematic reviews, and a number of observational series. The relevant outcomes include symptoms, functional outcomes, quality of life, and treatment-related morbidity. The data have suggested implantable middle ear hearing aids may provide some improvement in hearing compared with conventional external acoustic hearing aids in patients with sensorineural hearing loss. However, given the safety and effectiveness of external acoustic hearing aids and the increased risks inherent in a surgical procedure, the semi- and fully implantable device must be associated with clinically significant improvement in various hearing parameters compared with external hearing aids. While safety concerns appear to be minimal, only a limited number of patients have been included in the clinical trials, and with a median duration of follow-up less than five years. Studies of patients with conductive or mixed hearing loss and aural atresia, when external acoustic hearing aids are not an option, have also demonstrated a hearing benefit with semi-implantable middle ear hearing aids. However, these studies are few and limited to small numbers of patients. Therefore, conclusions on the safety and effectiveness of semi-implantable hearing aids are limited. Comparisons of semi-implantable devices with alternative hearing devices such as implantable bone-conduction and bone-anchored hearing aids would also be useful to determine device appropriateness for patients who are unable to use external air-conduction hearing aids. The evidence is insufficient to determine the effects of the technology on health outcomes.

Supplemental Information

Practice Guidelines and Position Statements

The American Academy of Otolaryngology Head and Neck Surgery (2016) issued a position statement on implantable hearing devices, recently updated, which stated:

“The American Academy of Otolaryngology-Head and Neck Surgery considers active middle ear implants as appropriate treatment for adults with moderate to severe hearing loss when performed by a qualified otolaryngologist-head and neck surgeon. Based on available literature demonstrating that clinically selected adults receive substantial benefit, implanting active middle ear implants is accepted medical practice in those who benefit from amplification but are unable to benefit from the amplification provided by conventional hearing aids. Use of active middle ear implants, which have been Food and Drug Administration (FDA)-approved for these indications, should adhere to the restrictions and guidelines specified by the appropriate governing agency....”

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U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

No national coverage determination has been published. The Medicare Benefit Policy Manual references hearing aids and auditory implants, stating that hearing aids are excluded from coverage. However, devices producing the “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 benefit manual does not specifically refer to semi- or fully implantable hearing aids as prosthetic devices.

Ongoing and Unpublished Clinical Trials

A search of ClinicalTrials.gov in December 2019 did not identify any ongoing or unpublished trials that would likely influence this review.

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- 09/04/2014 Medical Policy Committee review
- 09/17/2014 Medical Policy Implementation Committee approval. New policy.
- 08/03/2015 Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.
- 09/03/2015 Medical Policy Committee review
- 09/23/2015 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 09/08/2016 Medical Policy Committee review
- 09/21/2016 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 01/01/2017 Coding update: Removing ICD-9 Diagnosis Codes
- 09/07/2017 Medical Policy Committee review
- 09/20/2017 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 09/06/2018 Medical Policy Committee review
- 09/19/2018 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 09/05/2019 Medical Policy Committee review
- 09/11/2019 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 09/03/2020 Medical Policy Committee review
- 09/09/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 09/2021

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Code Type	Code
CPT	69799
HCPCS	S2230, V5095
ICD-10 Diagnosis	H90.3, H90.41-H90.42, H90.5, H90.A11-H90.A12, H90.A21-H90.A22, H90.A31-H90.A32

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into

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standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

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