



Subject: Auditory Brainstem Implants*

Effective Date: May 29, 2008

Department(s): Utilization Management

Policy: Auditory brainstem implants are reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to define medical necessity criteria for an implantable hearing prosthesis indicated in a subset of profoundly deaf individuals.

Procedure:

A. Candidates for auditory brainstem implants must meet all of the following criteria:

1. The patient has the diagnosis of neurofibromatosis Type 2 (ICD-9 237.72) (ICD-10 Q85.02).
2. The patient is 12 years of age or older
3. Total deafness is anticipated from removal of bilateral eighth nerve tumors OR is already present from prior removal of bilateral eighth nerve tumors

B. The proper code for implantation of an auditory brainstem implant is **HCPCS S2235**.

C. The proper code for diagnostic analysis with programming of auditory brainstem implant, per hour, is **CPT 92640**.

D. For all patients with auditory brainstem implants, post-implantation rehabilitation is reimbursable within the limits of the individual Plan design for speech therapy.

E. Initial and replacement batteries for the auditory brainstem implant are reimbursable.(**HCPCS L7367, L8621**)

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.