Medical Coverage Policy | Semi-Implantable and Fully-Implantable Middle Ear Hearing Aids

EFFECTIVE DATE: 10|01|2015
POLICY LAST REVIEWED: 04|01|2026

OVERVIEW

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.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

Semi-implantable and fully implantable middle ear hearing aids are not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Re-insertion of the device after removal is not covered.

Commercial Products

Semi-implantable and fully implantable middle ear hearing aids are considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

Re-insertion of the device after removal is considered not medically necessary.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for limitations of benefits/coverage when services are not covered/not medically necessary.

BACKGROUND

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 (PTA) detection thresholds as mild (20-40 dB), moderate (40-60 dB), severe (60-80 dB), and profound (≥80 dB).

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 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-implantable and fully implantable middle ear hearing aids have been developed as an alternative to external acoustic hearing aids.

Semi- and Fully Implantable Middle Ear Hearing Aids

Two semi-implantable devices have Food and Drug Administration (FDA) approval: the Vibrant Soundbridge (MED-EL Corp.) and the Maxum System (Ototronix). The devices consist of 3 components: a magnetic component 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 that are 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 FDA approval: the Esteem Implantable Hearing System (Envoy Medical). 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 sensor) is placed at the head of the incus and converts mechanical vibrations detected from the tympanic membrane into electrical signals that are delivered to the stapes by another piezoelectric transducer (the driver).

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."

In 2010, the Esteem Implantable Hearing System (Envoy Medical, St. Paul, MN), a fully implantable middle ear hearing aid, was approved by 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."

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

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 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.

CODING

Medicare Advantage Plans and Commercial Products

The following codes are not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

0951T Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor (New Code Effective 7/1/2025)

0952T Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor (New Code Effective 7/1/2025)

0953T Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor (New Code Effective 7/1/2025)

0954T Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers (New Code Effective 7/1/2025)

S2230 Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear

V5095 Semi-implantable middle ear hearing prosthesis

RELATED POLICIES

Hearing Aid Mandate

PUBLISHED

Provider Update, June 2026
Provider Update, June 2025
Provider Update, April 2024
Provider Update, July 2023
Provider Update, October 2022

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