Clinical Policy: Bone-Anchored Hearing Aid

Reference Number: CP.MP.93
Date of Last Revision: 06/22

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Bone-anchored hearing aids (BAHAs) are an alternative to conventional hearing aids when physical or medical complications prevent adequate functional improvement in hearing. Sound quality of BAHAs is superior to traditional air-conduction hearing aids, and pain/discomfort is largely diminished with BAHAs.[2]

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® that bone-anchored hearing aids (BAHAs) are **medically necessary** for members/enrollees with all of the following indications:

A. *Implantable device* for age ≥ 5 years; or *head band device* for age < 5 years or medically unable to have an implant;
B. Unilateral or bilateral conductive and/or mixed hearing loss (i.e., conductive and sensorineural hearing loss) or unilateral sensorineural hearing loss (i.e., sensorineural deafness in one ear and normal hearing in the other ear);
C. Pure tone average bone conduction threshold (measured at 0.5, 1, 2, and 3kHz) ≤ 70 dBHL (decibels hearing level) and an unaided speech discrimination score not worse than 60%;
D. For bilateral BAHA, there is a mean maximum difference <10 dB between the right bone conduction threshold and left bone conduction threshold;
E. For unilateral deafness, the hearing ear should have a bone conduction threshold of ≤ 20dB;
F. One of the following indications:
    1. Congenital or surgically induced malformations of the ear canal such that it does not exist or cannot accommodate a standard air-conduction hearing aid;
    2. Chronic infection or dermatitis of the middle or outer ear that is exacerbated by a standard air-conduction hearing aid;
    3. Allergic reactions to standard air-conduction hearing aids;
    4. Unilateral deafness occurred after removal of an acoustic neuroma from trauma, from a viral or vascular insult, or from idiopathic causes;
    5. Tumors of the external canal and/or tympanic cavity;
    6. Air-conduction hearing aid ineffective due to large conductive hearing loss (inadequate gain, uncomfortable occlusion, and feedback effects).

II. BAHAs for any other indication are considered **not medically necessary** because effectiveness has not been established.

III. It is the policy of health plans affiliated with Centene Corporation that ***replacement*** of a BAHA and/or its external components (external sound processor) is considered **medically necessary** when any one of the following is present:

A. The existing device(s) is no longer functional and cannot be repaired;
B. A change in condition makes the existing unit(s) inadequate for the hearing-related activities of daily living, and improvement is expected with replacement unit(s);
C. The current sound processor is at least five years old.

IV. It is the policy of Health Plans affiliated with Centene Corporation that ***replacement or upgrade*** of an existing, properly functioning BAHA and/or its external components (external sound processor) is considered **not medically necessary** when requested only for convenience or to simply upgrade to a newer technology before the timeframe noted in section III.

Background
Hearing loss affects up to 20% of the population in the United States, and approximately 738,000 people in the U.S. experience severe to profound hearing loss with 8% being under 18 years of age.[1] Although the reliability and effectiveness of hearing aids has improved over time, there are still limitations to conventional air-conduction hearing aids.

Physical and medical complications such as chronic ear infections and canal deformities can make it difficult to impossible for some to wear hearing aids. Poorly fitting ear molds can lead to bothersome feedback and inadequate functional gain. Implantable hearing devices can improve reliability and functional gain over the standard air-conduction hearing aids when some of these issues exist.

Compared to bone conduction hearing aids held against the skull with a headband, implantable bone conduction hearing aids have advantages such as better tolerability and improved sound quality.[8] The bone-anchored hearing aid (BAHA) is the most widely used implantable bone-anchored prosthetic hearing aid device.[8] BAHAs are indicated for people with conductive hearing loss, mixed hearing loss, or single sided profound sensorineural hearing loss to achieve improved auditory acuity by transmitting the sound directly through the bone into the inner ear. There are three devices currently available for use, and the appropriate device is selected based upon the patient's hearing level.

A BAHA consists of a titanium implant surgically inserted into the skull attached to an abutment of which a small portion protrudes through the skin and forms a snap attachment point for a removable bone conduction hearing aid or processor.[8] The BAHA is implanted unilaterally or bilaterally, and children are usually around six years old before an implantable BAHA is feasible due to the need for 3 to 4 mm of bone to ensure osseointegration.[7] The processor is adjusted to the patient's level of hearing, much like in a traditional hearing aid fitting. When complications occur, the majority of them are related to skin issues around the implant. Proper skin care and hygiene at the surgical and abutment sites are essential to maintain good skin integrity.

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are

included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69717	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor

HCPCS Code	Description
L8690	Auditory osseointegrated device, includes all internal and external components
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
L8693	Auditory osseointegrated device abutment, any length, replacement only
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each

ICD-10-CM Diagnosis Codes

ICD 10 CM Code	Description
H60.00-H62.8X9	Diseases of external ear
H65.20- H65.23	Chronic serous otitis media
H65.30- H65.33	Chronic mucoid otitis media
H65.411- H65.499	Other chronic non-suppurative otitis media
H71.00- H71.93	Cholesteatoma of middle ear
H80.00- H80.93	Otosclerosis
H90.0-H90.8	Conductive and sensorineural hearing loss
H91.01- H91.93	Other and unspecified hearing loss
Q16.0- Q16.9	Congenital malformation of ear causing impairment of hearing

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed, specialist reviewed	11/13	12/13
Added the indication for soft headbands for children <6 yrs and those unable to have an implant	11/14	12/14
Reworded policy/criteria for clarity Updated template	12/15	1215
Updated template, added dermatitis to criteria I.D.2, added criteria I.D.5: "tumors of the external canal and/or tympanic cavity". Updated hearing loss statistics in background.	11/16	12/16
References reviewed and updated.	11/17	12/17
Added criteria in III stating that BAHA or its components may be replaced if no longer functioning or if a change in the member/enrollee's condition necessitates it. Added criteria in IV that a replacement or upgrade simply for convenience or to upgrade to a newer technology is not medically necessary. Added indication for "Air-conduction hearing aid ineffective owing to large conductive hearing loss (inadequate gain, uncomfortable occlusion, and feedback effects)." Added specific dB threshold criteria for BAHA for single-sided deafness and bilateral hearing loss, per 2011 guidelines.	09/18	09/18
Added criteria for sound processor replacement if it is over 5 years old.	10/18	10/18
Annual review. Coding checked. Diagnosis code H90.0 added. References reviewed and updated. Specialty review completed. Changed "unilateral" to "single sided" throughout the policy.	09/19	09/19
References reviewed and updated. Removed HCPCS code L8613, added L8692. Added ICD-10 code H61.111-H61.119	07/20	08/20
Annual review. Reworded I.B. with no clinical significance. Revised I.E from "threshold of 20dB" to "threshold of ≤ 20dB." In I.F.4., added idiopathic causes to the list of causes of unilateral deafness. Revised description of HCPCS L8691 and added L8694. Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date." Replaced "member" with "member/enrollee." References reviewed, updated and reformatted. Reviewed by specialist.	08/21	08/21
Annual Review. Description updated with no impact on criteria. Criteria I. updated to include abbreviation of BAHA. Criteria III.C. wording updated for clarity. Background updated with no impact on criteria. References reviewed and updated. Removed deleted codes 69715 and 69718. Added new codes 69716, 69719, 69726, and 69727.	06/22	06/22

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of member/enrollees. This clinical policy is not intended to recommend treatment for member/enrollees. Member/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid member/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare member/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.