

Clinical Policy: Bone-Anchored Hearing Aid

Reference Number: LA.CP.MP.93

Date of Last Revision: 8/22

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 Louisiana Healthcare Connections 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 for members 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 ≤ 20 dB;
 - 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 Louisiana Healthcare Connections that **replacement** of a BAHA(s) 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 a replacement unit(s);
- C. The current sound processor is at least five years old.

IV. It is the policy of Louisiana Healthcare Connections 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 have 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

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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, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
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

ICD-10-CM Code	Description
H800.00- 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
Converted corporate to local policy.	08/15/2020	
Annual review. Reworded I.B. with no clinical significance. Revised I.E from “threshold of 20dB” to “threshold of \leq 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. Added “and may not support medical necessity” in coding implications . Reviewed by specialist.	2/22	4/10/22
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.	8/22	

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. LHCC 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.

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