Prevea360 Health Plan Coverage Policy

Policy Name:	**Bone Anchored Hearing Aid (BAHA) MP9018**
Effective Date:	**09/01/2024**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Prevea360 Health Plan. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Prevea360 Health Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number.
https://www.prevea360.com/Providers/Provider-communications-library

Prevea360 Health Plan coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is not scheduled for routine review of the scientific literature.

Coverage for hearing aids, including the bone anchored hearing aid (BAHA), varies in our plans. Please refer to the member's plan document for specific coverage information.

Description

Hearing aids can be described generally as belonging in one of two categories, air conduction hearing aids (ACHAs) and bone conduction hearing aids. ACHAs are the more commonly used of the two categories to assist those with hearing impairment. ACHAs facilitate hearing by amplifying sound and conducting the sound waves through air to the middle ear and ear drum. However, patients who have external or middle-ear obstruction or chronic ear infections that prevent the ability to wear a device in the ear canal may not benefit for ACHAs.

Bone conduction hearing aids, including the BAHA, use the conduction of sound waves through bone to facilitate hearing. The BAHA device consists of a sound processor and titanium screw attached to an external abutment. The screw is surgically implanted in the skull behind the ear. The skin behind the ear is grafted with thinner tissue without hair follicles to simplify care of the implant site. The minimally invasive surgical procedure is performed under general or local anesthesia, generally in an outpatient surgical setting. The procedure itself requires 30-60 minutes. Healing of the site and integration of the device into the bone is complete in approximately three months. At that time, the sound processor is linked to the skull via the abutment on the titanium screw. The processor transmits sound vibrations to the implant which sets up vibrations within the skull and inner ear. The stimulation of nerve fibers in the inner ear facilitates hearing.

Prevea360 Health Plan Coverage Policy

FDA Approval

The Branemark Bone-Anchored Hearing Aid (BAHA®) system was approved by the FDA in 1995 for adult patients with malformations of the external ear, chronically draining ear, a pure tone threshold hearing loss of greater than or equal to 45 decibels, and/or inability or unwillingness to use the air conduction hearing aid. The approval was extended in 1999 for use in children five years of age and older. In 2002, the BAHA was approved for single-sided deafness due to sensorineural deafness. Additionally, the BAHA Divino (Entific Medical Systems, Inc. Mpls, MN) received 510 (k) approval August 2004. The BAHA Intenso (Cochlear Americas. Englewood, CO) received 510 (k) approval August 2008. The COCHLEAR BAHA BP100 (Cochlear Bone Anchored Systems AB. Centennial, CO) received 510 (k) approval June 2009.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **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.
- **69715** - with 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

HCPC Codes:

- **L8690** - Auditory osseointegrated device, includes all internal and external components
- **L8691** - Auditory osseointegrated device, external sound processor, replacement
- **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
- **S2230** - Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
- **V5095** - Semi-implantable middle ear hearing prosthesis

Prevea360 Health Plan Coverage Policy

	Committee/Source	Dates
Document Created:	UR/Management Committee	June 28, 1989
Revised:	____	October 28, 1993
	Utilization Management Committee/ Medical Affairs/ Otolaryngology	October 8, 2003
	Utilization Management Committee/Medical Affairs	February 11, 2004
	Utilization Management Committee/Medical Affairs/ HAYES, Inc. 8/2005	September 14, 2005
:	Utilization Management Committee/Medical Affairs/Otolaryngology Dept.	May 9, 2007
	Utilization Management Committee/Medical Affairs	January 16, 2008
	Medical Director Committee/Medical Affairs	July 21, 2010
	Medical Director Committee/Medical Affairs	July 27, 2011
	Medical Director Committee/Medical Affairs	December 18, 2013
	Medical Policy Committee/Quality and Care Management Division	May 18, 2016
	Medical Policy Committee/Quality and Care Management Division	November 16, 2016
	Medical Policy Committee/Quality and Care Management Division	May 17, 2017
	Medical Policy Committee/Quality and Care Management Division	June 20, 2018
	Medical Policy Committee/Health Services Division	June 19, 2019
	Medical Policy Committee/Health Services Division	December 18, 2019
	Medical Policy Committee/Health Services Division	March 17, 2021
	Medical Policy Committee/Health Services Division	January 19, 2022
	Medical Policy Committee/Health Services Division	August 17, 2022
	Medical Policy Committee/Health Services Division	October 18, 2023
	Medical Policy Committee/Health Services Division	August 21, 2024
Reviewed:	Health Services	October 20, 1997
	Health Services	February 12, 1999
	Managed Care Division/ Medical Affairs Department	March 20, 2000
	Managed Care Division / Medical Affairs Department	April 11, 2001
	UMC/CMO/Director UM	March 13, 2002
	UM Committee (UMC)/Director UM/UMC Chair	March 12, 2003
	UM Committee (UMC)/Director UM/UMC Chair	March 10, 2004
	UM Committee (UMC)/Director UM/ UMC Chair	March 9, 2005
	Reformatted	September 2005
	UM Committee (UMC)/Director UM/UMC Chair	March 8, 2006
	UM Committee (UMC)/Director UM/UMC Chair	March 14, 2007
	UM Committee (UMC)/Director UM/UMC Chair	March 12, 2008
	UM Committee (UMC)/Director UM/UMC Chair	April 8, 2009
	Medical Director Committee/Medical Affairs	July 21, 2010
	Medical Director Committee/Medical Affairs	July 27, 2011
	Medical Director Committee/Medical Affairs	July 18, 2012

Prevea360 Health Plan Coverage Policy

	Committee/Source	Dates
Reviewed:	Medical Director Committee/Medical Affairs	August 15, 2012
	Medical Director Committee/Medical Affairs	December 18, 2013
	Medical Director Committee/Medical Affairs	April 16, 2014
	Medical Director Committee/Medical Affairs	April 15, 2015
	Medical Policy Committee/Quality and Care Management Division	April 20, 2016
	Medical Policy Committee/Quality and Care Management Division	May 18, 2016
	Medical Policy Committee/Quality and Care Management Division	November 16, 2016
	Medical Policy Committee/Quality and Care Management Division	May 17, 2017
	Medical Policy Committee/Quality and Care Management Division	June 20, 2018
	Medical Policy Committee/Health Services Division	June 19, 2019
	Medical Policy Committee/Health Services Division	December 18, 2019
	Medical Policy Committee/Health Services Division	June 17, 2020
	Medical Policy Committee/Health Services Division	March 17, 2021
	Medical Policy Committee/Health Services Division	January 19, 2022
	Medical Policy Committee/Health Services Division	August 17, 2022
	Medical Policy Committee/Health Services Division	October 18, 2023
	Medical Policy Committee/Health Services Division	August 21, 2024
Retired:	Medical Policy Committee/Health Services Division	April 20, 2022