



Bone Anchored Hearing Aid (BAHA)

Last Revision/Review Date: January 16, 2019

P&P # C.5.20

I. Unilateral BAHA

A. Documentation Required:

To facilitate the authorization process referral requests must include **ALL** the following:

1. Physician's order
2. Audiology report documenting hearing loss
3. Documentation of a medical condition affecting hearing
4. Trial of air conduction hearing aid results; OR documentation of why they can't be used (e.g., absence of auditory nerve secondary to tumor removal).

B. Criteria for Medical Necessity:

Bone Anchored Hearing Aid (BAHA) is considered medically necessary if the patient is five years of age or older (exception: members in the state of MN) with a pure tone average bone conduction threshold (measured at 0.5, 1.0, 2.0 and 3.0KHz) which is better than ("less than" or lower threshold is better hearing) or equal to 45dBHL and **ONE** of the following is met:

1. Unilateral conductive or mixed (conductive and sensorineural) hearing loss and at least **ONE** of the following are met:
 - a. Congenital or surgically induced malformations of the external ear canal or middle ear (e.g. atresia); **OR**
 - b. Severe chronic external otitis or otitis media; **OR**
 - c. Tumors of the external ear canal and/or tympanic cavity; **OR**
 - d. Conductive hearing loss with inability to use conventional hearing aid (e.g. otosclerosis with canal atresia); **OR**
 - e. Other conditions in which conventional hearing aid is contraindicated;
2. Unilateral sensorineural hearing loss with an intact auditory nerve and less than or equal to a pure tone average bone conduction threshold of 45 dBHL and at least **ONE** of the following are met:
 - a. Unilateral sensorineural hearing loss of unknown origin for greater than or equal to 6 months with **BOTH** of the following:
 - i. Patient has had an appropriate evaluation including MRI of the internal auditory canals;
 - ii. Medical record documentation indicates why the hearing loss cannot be corrected by the trial of a conventional hearing aid; **OR**
 - b. Unilateral deafness with normal hearing in the unaffected ear (e.g., unilateral deafness resulting from removal of an acoustic tumor).

Note: Routine audiologic testing for BAHA when the patient has unilateral sensorineural hearing loss is not required if the nerve has been removed by surgery.

II. Bilateral BAHA

A. Documentation Required:

To facilitate the authorization process referral requests must include **ALL** the following:

1. Physician's order
2. Audiology report documenting hearing loss
3. Documentation of a medical condition affecting hearing
4. Trial of air conduction hearing aid results; OR documentation as to why it cannot be used.

B. Criteria for Medical Necessity:

Bilateral Bone Anchored Hearing Aid (BAHA) is considered medically necessary if **ALL** the following are met:

1. The patient is five years of age or older; **AND**
2. The medical criteria for a BAHA to treat unilateral conductive or mixed (conductive and sensorineural) hearing loss has been met in both ears, **AND**
3. The patient must have moderate-to-severe conductive or mixed (conductive and sensorineural) hearing loss that meets the bone conduction thresholds below in both ears.

Symmetric bone conduction detection threshold is defined as better than ("less than" lower threshold is better hearing):

- a. 10dB average difference between ears (measured at 0.5, 1, 2 and 3 KHz); **OR**
- b. Better than 15 dB difference at individual frequencies.

III. Repair/Replacement of Unilateral or Bilateral BAHA Processor

A. Documentation Required

1. Physician or advanced practice provider (PA or NP) has documented the patient has had continued regular use.

B. Criteria for Medical Necessity

The repair or replacement of a unilateral or bilateral BAHA processor is medically necessary if **ALL** the following criteria are met:

1. The patient has been regularly using the BAHA processor; **AND**
2. The BAHA processor is not functioning; **AND**
3. The BAHA processor is no longer under warranty.

IV. Indications Considered Experimental, Investigational or not Medically Necessity for either the Unilateral or Bilateral BAHA:

1. Patients 4 years of age or younger (exception: state of MN members);

2. An implantable BAHA for bilateral pure sensorineural hearing loss and for all other indications not noted in the criteria above;
3. Intra-oral bone conduction hearing aids (SoundBite hearing system);
4. Non-osseointegrated hearing devices (e.g. Soft Band) are not covered under plans that exclude coverage of hearing aids.

CPT Codes:

69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy [bone-anchored hearing aid (BAHA), Ponto Pro]
69715	with mastoidectomy [bone-anchored hearing aid (BAHA), Ponto Pro]
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy [bone-anchored hearing aid (BAHA), Ponto Pro]
69718	with mastoidectomy [bone-anchored hearing aid (BAHA), Ponto Pro]

HCPCS 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

REFERENCES:

CMS Pub. 100-02 Medicare Benefit Policy Manual;

Chapter 15 – Covered Medical and Other Health Services; (for replacement); Section 120, Subsection A Prosthetic Devices.

Chapter 16 – General Exclusions From Coverage; Section 100 - Hearing Aids and Auditory Implants; Section 180 - Services Related to and Required as a Result of Services Which are Not Covered Under Medicare.

Hayes Inc. Bone-Anchored Hearing Aids Publication June 3, 2005. Archived July 03, 2010.

Smith RJH, Gooi A. Treatment of hearing impairment in children. Last reviewed February 2016. UpToDate Inc., Waltham, MA.

Weber PC. Sudden sensorineural hearing loss. Last reviewed February 2016. UpToDate Inc., Waltham, MA.

Weber PC. Evaluation of hearing loss in adults. Last reviewed March 2016. UpToDate Inc., Waltham, MA.