Important note
Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefit plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS’s Coverage Issues Manual can be found on the CMS website.

SERVICE: Bone-Anchored Hearing Aids

PRIOR AUTHORIZATION: Required.

POLICY: Indications for the BAHA include hearing loss from congenital ear problems, chronic supplicative otitis media, and in some cases otosclerosis as a third treatment option in those who cannot undergo stapedectomy. A second group of potential candidates are patients who suffer from an intractable skin reaction to any ear mold.

SWHP may consider implantable bone-anchored hearing aids (BAHAs) or temporal bone stimulators medically necessary prosthetics for persons age 5 years and older with a unilateral or bilateral conductive or mixed (conductive and sensorineural) hearing loss who have any of the following conditions, where the condition prevents restoration of hearing using a conventional air-conductive hearing aid, AND who meet the audiologic criteria below:

1. Congenital or surgically induced malformations of the external ear canal or middle ear (such as aural atresia); OR
2. Dermatitis of the external ear, including hypersensitivity reactions to ear molds used in air conduction hearing aids; OR
3. Hearing loss secondary to otosclerosis in persons who cannot undergo stapedectomy; OR
4. Severe chronic external otitis or otitis media; OR
5. Tumors of the external ear canal and/or tympanic cavity

Audiologic criteria:

- Unilateral implant: Conductive or mixed hearing loss with pure tone average bone conduction threshold (measured at 0.5, 1, 2, and 3 kHz) less than or equal to 45 dB HL (BAHA Divino, BAHA BP100), 55 dB HL (BAHA Intenso) or 65 dB HL (BAHA Cordelle II).
- Bilateral implant: Moderate to severe bilateral symmetric conductive or mixed hearing loss, meeting above-listed bone conduction thresholds in both ears. Symmetric bone conduction threshold is defined as less than:
  a. 10 dB average (measured at 0.5, 1, 2 and 4 kHz) or less than 15 dB at individual frequencies (BAHA Divino, BAHA BP100); or
  b. 10 dB average difference between ears (measured at 0.5, 1, 2, and 3 kHz), or less than a 15 dB difference at individual frequencies (BAHA Cordelle II, BAHA Intenso).
SWHP considers an implantable BAHA for conductive or mixed hearing loss experimental and investigational when criteria are not met, and is not a covered benefit for any other conditions.

SWHP considers the use of an implantable BAHA medically necessary in persons with unilateral sensorineural hearing loss (single-sided deafness, i.e. deafness in one ear while the other ear has normal hearing).

SWHP considers the use of an implantable BAHA experimental and investigational for bilateral pure sensorineural hearing loss, and for all other indications.

EXCLUSIONS AND LIMITATIONS: include but are not limited to:

- Bilateral pure sensorineural hearing loss.
- Upgrades to existing devices will only be covered after the initial expected lifespan of the device.

Accessories:
Usual medically necessary frequency of replacement for bone-anchored hearing aid parts

<table>
<thead>
<tr>
<th>Replacement Parts</th>
<th>Life Expectancy of Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headband</td>
<td>1 per year</td>
</tr>
<tr>
<td>Processor</td>
<td>1 per 5 years</td>
</tr>
</tbody>
</table>

Adapted from: Wisconsin Department of Health and Family Services, 2005.

OVERVIEW: The bone-anchored hearing aid (BAHA) is a bone-conduction hearing aid that allows direct bone-conduction through a titanium implant. The bone-anchored hearing aid transmits sound vibrations through the skull bone via a skin-penetrating titanium implant, and then are further transmitted to the cochlea, bypassing the middle ear. Several clinical trials have shown its efficacy in patients with a conductive or mixed (conductive and sensorineural) hearing loss.

MANDATES: There are no mandated benefits or regulatory requirements for SWHP to provide coverage for these services.

SUPPORTING DATA:
There is evidence in the peer-reviewed published medical literature to support the use of bone anchored hearing aids over air conduction hearing aids, however, most of the studies have focused on individuals who suffer from single sided deafness, with unilateral sensorineural deafness in one ear while the other ear has normal hearing. The FDA has cleared for marketing the bone anchored hearing aid for individuals aged 5 years and older who have conductive or mixed hearing loss and for patients with sensorineural deafness in one ear and normal hearing in the other. A unilateral implant is used for individuals with unilateral conductive or mixed hearing loss and for unilateral sensorineural hearing loss. According to the FDA-approved indications, a bilateral implant is intended for patients with bilaterally symmetric moderate to severe conductive or mixed hearing loss.

CODES:
Important note:
CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.
### MEDICAL COVERAGE POLICY

**SERVICE:** Bone-Anchored Hearing Aids  
**Policy Number:** 010  
**Effective Date:** 08/11/2015  
**Last Review:** 07/02/2015  
**Next Review Date:** 07/02/2016

<table>
<thead>
<tr>
<th>CPT Codes:</th>
<th>69710, 69711, 69714, 69715, 69717, 69718</th>
</tr>
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<tbody>
<tr>
<td>CPT Not Covered:</td>
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</tr>
<tr>
<td><strong>ICD9 Codes:</strong></td>
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</table>
| 160.1 - Malignant neoplasm of auditory tube, middle ear, and mastoid air cells  
| 171.0 - Malignant neoplasm of head, face and neck  
| 173.2 - Malignant neoplasm of skin of ear and external auditory canal  
| 212.0 - Benign neoplasm of nasal cavities, middle ear, and accessory sinuses  
| 215.0 - Benign neoplasm of head, face, and neck  
| 216.2 - Benign neoplasm of ear and external auditory canal  
| 232.2 - Carcinoma in situ of ear and external auditory canal  
| 380.32 - Acquired deformities of auricle or pinna [surgically induced malformations of external ear canal or middle ear]  
| 381.10 - Chronic serous otitis media, simple or unspecified [severe]  
| 381.20 - Chronic mucoid otitis media [severe]  
| 381.3 - Other and unspecified chronic nonsuppurative otitis media [severe]  
| 382.2 - Chronic atticocanal suppurative otitis media [severe]  
| 382.3 - Unspecified chronic suppurative otitis media [severe]  
| 382.9 - Unspecified otitis media [chronic severe]  
| 387.0 - 387.9 - Otosclerosis [causing hearing loss in persons who cannot undergo stapedectomy]  
| 389.00 - 389.08 - Conductive hearing loss  
| 389.15 - Sensorineural hearing loss, unilateral  
| 389.20 - 389.22 - Mixed conductive and sensorineural hearing loss 691.8 - Other atopic dermatitis and related conditions  
| 692.0 - 692.9 - Contact dermatitis and other eczema [external ear/hypersensitivity reactions]  
| 744.02 - Other anomalies of external ear with impairment of hearing [congenital malformations of external ear canal]  
| 744.03 - Anomaly of middle ear, except ossicles [congenital malformations of middle ear]  
| 744.04 - Anomalies of ear ossicles [congenital malformations of middle ear]  
| 744.3 - Unspecified anomaly of ear [congenital malformations of external ear canal or middle ear]  

| ICD10 Codes: |  
| C30.1 - Malignant neoplasm of auditory tube, middle ear, and mastoid air cells  
| C49.0 - Malignant neoplasm of head, face and neck  
| C44.201 - C44.299 - Other and unspecified malignant neoplasm of skin of ear and external auricular canal  
| D04.8 – Carcinoma in situ of skin of other sites  
| D14.0 - Benign neoplasm of nasal cavities, middle ear, and accessory sinuses  
| D21.0 – Benign neoplasm of connective and other soft tissue of head, face, neck  
| D23.20 – Other benign neoplasms of skin of unsp. ear and external auricular canal  
| H61.111 – H61.119 – Acquired deformity of pinna  
| H65.20 – H65.499 – Chronic nonsuppurative otitis media  
| H66.20- H66.3X9 – Chronic suppurative and unspecified otitis media  
| H80.00 – H80.93 – Otosclerosis [causing hearing loss in persons who cannot undergo stapedectomy]  
| H90.0 – H90.8 – Conductive and sensorineural hearing loss  
| Q16.0 – Q16.9 – Congenital malformations of ear causing hearing impairment  

| ICD9 Not Covered: |  
| 389.10 - 389.14 - Sensorineural hearing loss [other than unilateral] 389.16 - 389.18  

| Other CPT Codes | 69550 – 69554, 69660 – 69662, 92506 – 92508, 92590 – 92595, 92626 – 92627, 92630 – 92633, |
MEDICAL COVERAGE POLICY

SERVICE: Bone-Anchored Hearing Aids

Policy Number: 010
Effective Date: 08/11/2015
Last Review: 07/02/2015
Next Review Date: 07/02/2016

HCPCS Codes

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<tr>
<th>Code</th>
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<tr>
<td>L8690</td>
<td>Auditory osseointegrated device, includes all internal and external components</td>
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<tr>
<td>L8691</td>
<td>Auditory osseointegrated device, external sound processor, replacement</td>
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Other HCPCS Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>G0153</td>
<td>Services of speech and language pathologist in home health setting, each 15 minutes</td>
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<tr>
<td>S9128</td>
<td>Speech therapy, in the home, per diem</td>
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<td>V5008</td>
<td>V5299 - Hearing services</td>
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CMS:

POLICY HISTORY:

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<tr>
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REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.


