Clinical Policy: Bone Anchored Hearing Aids (Arkansas)

Reference Number: AR.CP.MP.93 Coding Implications
Last Review Date: 8/9/2022 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, and pain/discomfort is largely diminished, when compared to traditional air-conduction hearing aids.

Policy/Criteria

I. It is the policy of Ambetter from Arkansas Health and Wellness that BAHAs are **medically necessary** for member/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 Ambetter from Arkansas Health and Wellness 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; or
B. A change in the member/enrollee's 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. A sound processor replacement if the current processor is at least five years old for member/enrollee/enrollee's without craniofacial anomaly and every two years for member/enrollees with a craniofacial anomaly diagnosis.

IV. It is the policy of Ambetter from Arkansas Health and Wellness 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 percent of the population in the United States (Lin, Niparko, and Ferrucci, 2011). According to Blanchfield, et al., as many as 738,000 people in the U.S. experience severe to profound hearing loss, with 8% of these under age 18 (2001). 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.

Bone-anchored hearing aids 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. Children are typically about six years of age before an implantable BAHA is feasible because 3 to 4 mm of bone is needed to ensure osseointegration. The BAHA may be implanted either unilaterally or bilaterally.[8] 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, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy

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
H61.001- H61.039	Chondritis and perichondritis of external ear
H61.111- H61.119	Acquired deformity of pinna
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**
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 for compliance with AR §23-79-15(2021)	7/28/2021	08/21
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/enrollee." References reviewed, updated and reformatted. Reviewed by specialist.	09/21	10/21
Annual Review with no changes	8/2022	8/2022

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 Ambetter from Arkansas Health and Wellness.

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 retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, member/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, member/enrollees and their representatives agree to be bound by such terms and conditions by providing services to member/enrollees and/or submitting claims for payment for such services.

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.