# Clinical Policy: Bone-Anchored Hearing Aid

Reference Number: LA.CP.MP.93 Coding Implications
Date of Last Revision: 82/22 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]~~, when compared to traditional air-conduction hearing aids.~~

**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 ≤ 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 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; ~~or~~

**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.
~~**C.** A sound processor replacement if the current 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% ~~percent~~ 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] ~~(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.

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 ~~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.[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] ~~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.~~[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**

| 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~~69716 | ~~Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy~~ 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~~69718~~ | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor~~Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy~~ |
| 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 |
| ~~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 |
| 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 ≤ 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 impliations . 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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2. Christensen L, Smith-Olinde L, Kimberlain J, Richter GT, Dornhoffer JL. Comparison of traditional bone-conduction hearing aids with the BAHA system. *J Am Acad Audiol.* 2010 April;21(4):267-73. doi:10.3766/jaaa.21.4.5
3. Cass SP. Surgical Placement of Bone-anchored hearing systems. *Medscape.* Oct 29, 2019. http://emedicine.medscape.com/article/1989565-overview
4. Hagr A. BAHA: Bone-anchored hearing aid. *Int J Health* Sci (Qassim), 2007;1(2): 265-276.
5. Hol MK, Cremers CW, Coppens-Schellekens W, Snik A. The BAHA Softband. A new treatment for young children with bilateral congenital aural atresia. *Int J Pediatr Otorhinolaryngol,* 2005;69(7):973-80. doi:10.1016/j.ijporl.2005.02.010

6. Lin FR, Niparko JK, Ferrucci L. Hearing loss prevalence in the United States. *Arch Intern Med.* 2011;171(20): 1851–1852. doi: 10.1001/archinternmed.2011.506
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8. Weber PC. Hearing amplification in adults. UpToDate. www.uptodate.com Published May 12, 2022. Accessed May 24, 2022.~~June 29, 2021. Accessed June 16, 2021.~~
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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.

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 LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. 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. LHCC 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 members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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