

Policy: MP135

Section: Medical Benefit Policy

Subject: Osseointegrated Hearing Device (eg. Bone Anchored hearing Aid (BAHA) Hearing Device)

I. Policy: Osseointegrated Hearing Device (eg. Bone Anchored hearing Aid (BAHA) Hearing Device)

II. Purpose/Objective:

To provide a policy of coverage regarding Osseointegrated Hearing Device (eg. Bone Anchored hearing Aid (BAHA) Hearing Device)

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:

Osseointegrated hearing devices [eg, BAHA (bone-anchored hearing aid)] are devices which are partially or totally implanted in the skull to replace the function of the middle ear by applying mechanical energy to the cochlea via a mechanical transducer. Geisinger Health Plan follows the Centers for Medicare and Medicaid Services (CMS) rules in considering osseointegrated implants as prosthetics:

- “Certain devices that produce perception of sound by replacing the function of the middle ear, cochlea, or auditory nerve are payable by Medicare as prosthetic devices. These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss, or surgery.”

INDICATIONS:

An osseointegrated hearing device is considered to be medically necessary for members who are 5 years of age or older with documented moderately severe to severe unilateral or bilateral conductive or mixed conductive and sensorineural hearing loss* for whom conventional air conduction hearing aids are medically inappropriate or cannot be utilized, **and** any of the following conditions are met:

- documentation of chronic ear infection/inflammation, refractory to maximized treatment, that would preclude the use of air-conduction hearing aids
- malformations of the external or middle ear canal (either congenital or surgically induced) that would preclude the use of air-conduction hearing aids
- tumors of the external canal and/or tympanic cavity
- moderately severe to severe conductive hearing loss as a result of otosclerosis and for which stapedectomy is contraindicated.

*Severity of hearing loss is defined as follows:

Mild 26–40 dBHL

Moderate 41-55dBHL

Moderately severe 56–70 dBHL

Severe 71–90 dBHL

Profound ≥ 91 dBHL

(Source: Clark, J. G. (1981). Uses and abuses of hearing loss classification. *Asha*, 23, 493-500)

Soft-Band

Children under the age of five may wear a transcutaneous, non-surgical application of the BAHA device on a headband. The BAHA can be fitted onto a soft band as soon as the hearing loss has been diagnosed, thus reducing the effects of hearing deprivation. The soft band, used with the headband, work like the conventional bone conductor. A BAHA is worn on a soft band until the child is over the age of five as FDA approved and the implant surgery is scheduled.

EXCLUSIONS:

Osseointegrated hearing devices are excluded from coverage when qualifying criteria are not met.

The Plan does **NOT** provide coverage for the use of Intra-oral bone conduction hearing aids (e.g., the SoundBite hearing system) for the treatment of hearing loss because it is considered **experimental, investigational or unproven**. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or technologies.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Osseointegrated Hearing Device (eg. Bone Anchored hearing Aid (BAHA) Hearing Device)

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or

the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

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
S2230 Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
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
V5095 semi-implantable middle ear hearing prosthesis

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 6/04

Revised: 12/05, 12/06, 06/09 (updated criteria per CMS Mandate); 5/10 (updated criteria), 7/15 (added soft band coverage); 5/16 (Removed PA); 4/17 (added intra-oral aid exclusion); 4/18 (clarified Transcutaneous aid)

Reviewed: 6/05; 12/07, 05/09, 5/11, 5/12, 5/13, 5/14