AUDITORY OSSEOINTEGRATED IMPLANT

Description

The auditory osseointegrated system has both implanted and external components. The implanted component is a small post that is surgically attached to the skull bone behind the ear. The external component which includes an integrated microphone, speech processor, and vibrator, is clipped to the abutment on a pure titanium bone screw that protrudes through the skin behind the ear. After surgery, the bone becomes osseointegrated with the screw. It connects to the implanted post and transmits sound vibrations directly to the inner ear through the skull, bypassing the middle ear.\(^1\)

The implantation of the auditory osseointegrated device is covered without prior authorization. One (unilateral) device will be covered per member. A second (bilateral) auditory integrated device is not a covered benefit. Total Health Care will cover the least costly alternative that meets the member’s medical need for medical supplies, DME or orthotics/prosthetics.

Total Health Care will cover auditory osseointegrated devices with a unilateral or bilateral conductive or mixed conductive and sensorineural hearing loss, where the condition prevents restoration of hearing using a conventional air-conductive hearing aid and when the following criteria are met:

1. Use of a FDA approved device in accordance with its recommended use.
2. Member must be at least 5 years of age or older to qualify for surgically implanted components.
3. Prior authorization by Plan’s Medical Director.
4. Requires referral by primary care physician along with appropriate supporting medical documentation.
5. Member must have the following conditions:
   a. Congenital malformations of the middle/external ear or microtia.
   b. Severe chronic otitis externa and/or chronic suppurative otitis media with chronic drainage preventing use of conventional air-conduction hearing aids.
   c. Conductive loss due to ossicular disease and not appropriate for surgical correction.
   d. Tumors of the external ear canal and or tympanic cavity.
   e. Unilateral sensorineural hearing loss (single sided deafness).

Conditions not meeting these criteria are considered investigational/experimental and are not covered.

\(^1\) MSA 12-05 BULLETIN
• **Audiological Criteria**

Unilateral or Bilateral conductive or mixed hearing loss confirmed by

1. Puretone average bone conduction thresholds better or equal to 65 dB HL in ear to be implanted.
2. A speech recognition score better than 60% using appropriate speech recognition testing.

Unilateral Profound sensorineural hearing loss:

1. Confirmed profound hearing loss (greater than 90 dB HL) in one ear with the confirmed bone conduction thresholds in the opposite ear of 40 dB HL or better.

• **Osseointegrated device, external sound processor, used without osseointegration (Soft band device without surgically implanted components).**

This device will be covered by Total Health Care for members who meet the above criteria but have either not reached the age of 5 years or are not appropriate surgical candidates. Prior authorization is required. The soft band device is not covered for unilateral sensorineural hearing loss (single sided deafness).

**Required documentation for soft band without surgical components:**

a. Complete audiology studies that define the type and degree of hearing loss in each ear.

b. Audiology report with history of hearing aid use and documentation of inability to use an air conduction hearing aid.

c. Letter from otolaryngologist stating medical need.

d. A copy of the manufacturer’s actual invoice showing the processor make and model, serial number, invoice price, applicable discounts, and shipping and handling charges.

4. **Replacement of Auditory Osseointegrated Devices**

Replacement of external processors for surgically placed auditory osseointegrated devices require prior authorization and will not be covered more frequently than once every four years.\(^2\) Replacements are not covered during the warranty period. Processor repairs exceeding the published maximums will require prior authorization.

\(^2\) MSA 12-05 Bulletin
5. **Non-covered items**

Repair or replacement of spare equipment (e.g., old parts and accessories in working condition for backup use in emergencies).

Draft 04/01/2012