The bone-anchored hearing aid (BAHA) is a bone-conduction hearing aid that allows direct bone-conduction through a titanium implant and has become available as an acceptable alternative if an air-conduction hearing aid is contraindicated. The BAHA 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 hearing loss. Indications for the BAHA include hearing loss from congenital ear problems, chronic suppurative otitis media, and in some cases otosclerosis as a third treatment option in those who cannot or will not undergo stapedectomy. A second group of potential candidates are patients who suffer from an almost instantaneous skin reaction to any kind of ear mold. In some patients, the benefits are not necessarily those in hearing ability but relate to cosmetic or comfort improvements. Pre-operative assessment of the size of the air-bone gap is of some help to predict whether speech recognition may improve or deteriorate with the BAHA compared with the air-conduction hearing aid.¹

1. Total Health Care considers implantable bone-anchored hearing aids (BAHAs) or temporal bone stimulators medically necessary prosthetics for persons aged 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:²
   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 moulds 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; or
   6. Other conditions in which an air-conduction hearing aid is contraindicated.
   7. Unilateral implant: Conductive or mixed (conductive and sensorineural) 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, Cochlear Baha 3 Power [BP110]) or 65 dB HL (BAHA Cordelle II).
   8. Bilateral implant: Moderate-to-severe bilateral symmetric conductive or mixed (conductive and sensorineural) hearing loss, meeting above-listed bone

¹ Aetna Clinical Policy Bulletin Number 0403
7/27/12
² Aetna Clinical Policy Bulletin Number 0403
7/27/12
conduction thresholds in both ears. Symmetric bone conduction threshold is defined as less than:

1. 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
2. 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).

2. Total Health Care considers an implantable BAHA for conductive or mixed hearing loss experimental and investigational when criteria are not met.
3. Total Health Care 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). Total Health Care considers the use of an implantable BAHA experimental and investigational for bilateral pure sensorineural hearing loss, and for all other indications because its effectiveness for indications other than the ones listed above has not been established.

Note: Total Health Care follows Medicare rules in considering osseointegrated implants, such as implantable BAHAs and temporal bone stimulators, as prosthetics. Medicare considers as prosthetics "osseointegrated implants, i.e., devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer." In November 2005 the Baha® system, an osseointegrated auditory implant system, became a covered benefit under a new policy issued by Centers for Medicare and Medicaid Services (CMS). Baha was introduced by Tjellstrom et al, who established the first 3 patients in 1977. The FDA approved use of the Baha for conductive and mixed hearing loss in 1996 and for single-sided deafness in 2002.

**FDA Indications for Use:** The use of BAHA hearing aid for single sided deafness (SSD) is intended to improve speech recognition. The SSD indication for BAHA hearing aid is intended for patients who suffer from unilateral sensorineural deafness on one ear while the other ear has normal hearing. Normal hearing is defined as PTA AC threshold equal to or better than 20dB measured at 0.5, 1, 2 and 3 kHz. BAHA for SSD is also indicated for patients who are indicated for an AC Contra-lateral Routing Of Signals (CROS) but who for some reason cannot or will not use an AC CROS.  


Administrative Criteria:

1. Prior approval is required by THC’s medical director.
2. Requires referral from Primary Care Physician (PCP) and supporting medical documentation must accompany request. Documentation must include the following (not all inclusive):
   a. Member’s name
   b. Plan ID#  
   c. Duration of symptoms  
   d. Prior treatment(s) rendered with results  
   e. Audiology or other diagnostic tests results  
   f. Name of facility  
   g. Proposed date of procedure  
   h. Applicable ICD-9 and CPT-4 codes  
   i. Attending provider’s name  
3. Member must have current eligibility on Date of Service  
4. Procedure must be performed by a THC contracted provider and at a contracted facility

Appendix

Table: Usual medically necessary frequency of replacement BAHA parts

<table>
<thead>
<tr>
<th>REPLACEMENT PARTS</th>
<th>LIFE EXPECTANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batteries</td>
<td>72 per 6 months</td>
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<tr>
<td>Headband</td>
<td>1 per year</td>
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<tr>
<td>Processor</td>
<td>1 per 5 years</td>
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CPT/HCPCS

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<th>HCPCS</th>
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<tbody>
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The above policy is based on the following references:


