

Medical and Behavioral Health Policy Manual

Section: Surgery

Policy Number: IV-41

Effective Date: 08/30/2011

BONE-CONDUCTION AND BONE-ANCHORED HEARING AIDS

Description: Conventional external hearing aids can be generally subdivided into air-conduction hearing aids and bone-conduction hearing aids. Air-conduction hearing aids require the use of ear molds, which may be problematic in patients with chronic middle ear and ear canal infections, atresia of the external canal, or an ear canal that cannot accommodate an ear mold. In these patients, bone-conduction hearing aids may be an alternative. External bone-conduction hearing aids function by transmitting sound waves through the bone to the ossicles of the middle ear. The external devices must be closely applied to the temporal bone, with either a steel spring over the top of the head or with the use of a spring-loaded arm on a pair of spectacles. These devices may be associated with either pressure headaches or soreness. Implantable bone-conduction hearing aids have been investigated as an alternative.

While the bone-anchored hearing aids have generally been used for those with conductive hearing loss, their use has also been investigated in patients with unilateral sensorineural deafness. In these patients, a bone-anchored device located near the deaf ear works as a transcranial contralateral routing of signal (CROS) to transmit sound to the contralateral functional cochlea via bone conduction. This application has been evaluated as an option to the traditional air-conduction CROS hearing aid.

The initially marketed BAHA device (Branemark bone anchored hearing aid) is based on the same concept. The labeled indication of the BAHA device is as follows: "BAHA hearing aid for single sided deafness is intended for patients who suffer from unilateral sensorineural deafness."

The BAHA Divino® device received 510(k) clearance from the FDA in 2004. This device is similar to the BAHA device except that sound processing is digital instead of analog. The listed indications include the following: patients who have a conductive or mixed hearing loss and have certain bone-conduction threshold levels, bilateral fitting for those with moderate to severe bilateral symmetric conductive and/or mixed hearing losses, and those with unilateral sensorineural deafness with normal contralateral hearing.

Policy: The use of unilateral or bilateral implantable bone-conduction (bone-anchored) hearing aid(s) may be considered **MEDICALLY**

NECESSARY as an alternative to an air-conduction hearing aid in patients with a conductive or mixed hearing loss who also meet at least one of the following criteria:

- Congenital or surgically-induced malformations (e.g., atresia) of the external ear canal or middle ear;
- Chronic external otitis or otitis media;
- Tumors of the external canal and/or tympanic cavity; or
- Dermatitis of the external canal

Use of an implantable bone-conduction (bone-anchored) hearing aid may be considered **MEDICALLY NECESSARY** as an alternative to an air-conduction CROS (contralateral routing of signal) hearing aid in patients with single-sided sensorineural deafness and normal hearing in the other ear.

Other uses of bone-conduction (bone-anchored) hearing aids, including use in patients with bilateral sensorineural hearing loss, are considered **INVESTIGATIVE**.

Coverage: Coverage is subject to the member's contract benefits.

Pre-Certification/Pre-Authorization: Yes.

***Some states have a benefit mandate regarding the coverage of hearing aids. For example, as of 8/1/07, a state of Minnesota benefit mandate requires coverage of hearing aids for individuals age 18 or younger for hearing loss that cannot be corrected by other covered procedures. Coverage is limited to one hearing aid in each ear every three years.**

Assistive Listening Devices (e.g., Amplifiers) and Assistive Listening Systems (e.g. FM, Infrared or inductive loop technologies) are hearing accessories used alone or in addition to hearing aids or cochlear implants. These accessories are not considered Hearing Aids and are not eligible for coverage.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

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:

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

ICD-9 Procedure:

20.95 Implantation of electromagnetic hearing device

Policy History:

Medical and Behavioral Health

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Cross Reference:

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