Subject: Bone-Anchored Hearing Aid (BAHA)*

Effective Date: March 27, 2007

Department(s): Utilization Management

Policy: Bone-anchored hearing aids (BAHA) are reimbursable under the Plans administered by QualCare, Inc., according to the criteria listed below.

Objective: To assure proper and consistent reimbursement and to delineate criteria for coverage of a unique type of sound amplification device.

Procedure: 1. Reimbursement of BAHA (HCPCS V5040; CPT for placement 69710) requires that the patient must be at least 5 years of age, have speech discrimination score of better than 60%, and meet at least one audiologic criterion and one medical criterion from the lists below:

A. Audiologic criteria:

(1) Moderate to severe bilateral symmetric conductive hearing loss (threshold >45 dB at 500, 1000, 2000, and 4000 Hz)

OR

(2) Mixed hearing loss with average bone conduction threshold >45 dB at 500, 1000, 2000, and 4000 Hz

AND

B. Medical criteria:

(1) Congenital or acquired malformations of the external ear canal and/or middle ear (e.g., atresia) OR
(2) Severe chronic otitis externa or otitis media OR
(3) Tumors of the external ear canal and/or tympanic cavity which would preclude the use of an air conduction hearing aid

OR

(4) Dermatitis of the external ear canal, including reactions from ear molds used for typical air conduction hearing aids

OR

(5) Hearing loss due to otosclerosis in individuals who cannot undergo stapedectomy OR

(6) Other anatomic or medical conditions in which an air conduction hearing aid is specifically contraindicated

2. Separate from the criteria above, BAHA is reimbursable in patients at least 5 years of age with single-sided sensorineural hearing loss with threshold 90 dB and speech discrimination score <20%.

References


Hol MK, Snik AF, Mylanus EA et al. Does the bone-anchored hearing aid have a complementary effect on audiological and subjective outcomes in patients with unilateral conductive hearing loss? Audiol Neurootol 2005;10(3):159-168 (May)


Drafted By/Date: B. Fisher, MD 02/09/07
Approved By/Date: QM Committee 03/27/07
Reviewed without Revision By/Date: B. Fisher, MD 02/02/09
Approved By/Date: QM Committee 02/24/09
Revised By/Date: M. McNeil, MD 04/05/11
Approved By/Date: QM Committee 05/10/11

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.