



Medica Central Coverage Policy

Policy Name: Bone Anchored Hearing Aid (BAHA) MP9018

Effective Date: 02/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Coverage for hearing aids, including the bone anchored hearing aid (BAHA), varies in our plans. Please refer to the member's plan document for specific coverage information.

Description

Hearing aids can be described generally as belonging in one of two categories, air conduction hearing aids (ACHAs) and bone conduction hearing aids. ACHAs are the more commonly used of the two categories to assist those with hearing impairment. ACHAs facilitate hearing by amplifying sound and conducting the sound waves through air to the middle ear and ear drum. However, patients who have external or middle-ear obstruction or chronic ear infections that prevent the ability to wear a device in the ear canal may not benefit for ACHAs.

Bone conduction hearing aids, including the BAHA, use the conduction of sound waves through bone to facilitate hearing. The BAHA device consists of a sound processor and titanium screw attached to an external abutment. The screw is surgically implanted in the skull behind the ear. The skin behind the ear is grafted with thinner tissue without hair follicles to simplify care of the implant site. The minimally invasive surgical procedure is performed under general or local anesthesia, generally in an outpatient surgical setting. The procedure itself requires 30-60 minutes. Healing of the site and integration of the device into the bone is complete in approximately three months. At that time, the sound processor is linked to the skull via the abutment on the titanium screw. The processor transmits sound vibrations to the implant which sets up vibrations within the skull and inner ear. The stimulation of nerve fibers in the inner ear facilitates hearing.

FDA Approval

The Branemark Bone-Anchored Hearing Aid (BAHA®) system was approved by the FDA in 1995 for adult patients with malformations of the external ear, chronically draining ear, a pure tone threshold



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hearing loss of greater than or equal to 45 decibels, and/or inability or unwillingness to use the air conduction hearing aid. The approval was extended in 1999 for use in children five years of age and older. In 2002, the BAHA was approved for single-sided deafness due to sensorineural deafness. Additionally, the BAHA Divino (Entific Medical Systems, Inc. Mpls, MN) received 510 (k) approval August 2004. The BAHA Intenso (Cochlear Americas. Englewood, CO) received 510 (k) approval August 2008. The COCHLEAR BAHA BP100 (Cochlear Bone Anchored Systems AB. Centennial, CO) received 510 (k) approval June 2009.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). 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 Codes:

- **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** - with mastoidectomy.
- **69716** - Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
- **69717** - Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
- **69719** – Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
- **69728** - Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
- **69729** - Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
- **69730** - Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
- **92622** - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
- **92623** - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)



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HCPC Codes:

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

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Administrative Update(s)::