



## PROVIDER POLICIES & PROCEDURES

### BONE-ANCHORED HEARING AIDS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for bone anchored hearing aids (BAHAs). By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

A bone-anchored hearing aid (BAHA) also called a temporal bone osseointegrated implant is an alternative to a traditional air conduction hearing aid. The BAHA allows direct bone-conduction of sound through a titanium implant. The BAHA transmits sound vibrations through the skull bone via a skin-penetrating titanium implant. A titanium post is surgically implanted into the skull with a small section exposed outside the skin. A sound processor, positioned on the exposed section, transmits sound vibrations via the titanium post. The vibrations to the skull and inner ear stimulate the nerve fibers of the inner ear and allow hearing.

#### CLINICAL GUIDELINE

Coverage guidelines for BAHAs are made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Fully or partially implantable bone-anchored hearing aids may be considered medically necessary as an alternative to an air-conduction hearing aid for individuals with all of the following indications:

- A. 5 years of age and older; **AND**
- B. Unilateral or bilateral conductive hearing loss or mixed hearing loss; **AND**
- C. One of the of the following:
  1. Congenital or surgically induced malformations of the ear canal such that it does not exist or cannot accommodate a standard air-conduction hearing aid; **OR**
  2. Chronic inflammation of the middle or outer ear, including hypersensitivity reactions to the ear molds used in air-conduction hearing aids; **OR**
  3. Chronic external otitis or otitis media; **OR**
  4. Hearing loss secondary to otosclerosis in persons who cannot undergo stapedectomy; **OR**
  5. Tumors of the external canal and/or tympanic cavity; **OR**

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

6. Other acquired malfunction of the external ear canal or middle ear cavity which precludes the use of a conventional air-conduction hearing aid.

An implantable bone-anchored hearing aid may be considered medically necessary as an alternative to an air-conduction hearing aid in individuals 5 years of age and older with single sided sensorineural deafness and normal hearing in the other ear.

NOTE: EPSDT Special Provision:

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

## **PROCEDURE**

Prior authorization of BAHAs is required. Requests for coverage will be reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for BAHAs:

1. Fully completed Outpatient Prior Authorization Request Form or fully completed authorization request via on-line web portal;
2. Documentation from the requesting physician or the treating clinician which includes the diagnosis and clinical information to support medical necessity; and
3. Copies of medical records as requested.

## **EFFECTIVE DATE**

This policy is effective for prior authorization requests for BAHAs for individuals covered under the HUSKY Health Program beginning June 1, 2019.

## **LIMITATIONS**

HUSKY A, C and D: N/A

HUSKY B: Hearing aids are covered for children 0-12 years of age. Coverage is limited to \$1,000 in a 24 month period. However, coverage for hearing aids after the \$1,000 allowance and for children ages 13 and over may be available under the HUSKY Plus Program. Call 1.800.440.5071 for more information.

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## CODE

Code	Description
L8690	Auditory osseointegrated device, includes all internal and external components

## DEFINITIONS

1. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
2. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## ADDITIONAL RESOURCES AND REFERENCES:

- CMS, Health Care Procedural Coding System Level II Manual: 2018
- Hol MK, Snik AF, Mylanus EA, Cremers CW. Long-term results of bone-anchored hearing aid recipients who had previously used air-conduction hearing aids. *Arch Otolaryngol Head Neck Surg.* 2005 Apr;131(4):321-5.
- Ramakrishnan Y, Marley S, Leese D, et al. Bone-anchored hearing aids in children and young adults: the Freeman Hospital experience. *J Laryngol Otol.* Feb 2011;125(2):153-157. PMID 20849670
- Weber PC. Hearing amplification in adults. In: UpToDate, Deschler DG (Ed), UpToDate, Waltham, MA, 2018. Accessed 12/5/2018.
- Kompis M, Kurz A, Pfiffner F, et al. Is complex signal processing for bone conduction hearing aids useful? *Cochlear Implants Int.* May 2014;15 Suppl 1:S47-50. PMID 24869443
- Calvo Bodnia N, Foghsgaard S, Nue Moller M, et al. Long-term Results of 185 Consecutive Osseointegrated Hearing Device Implantations: A Comparison Among Children, Adults, and Elderly. *Otol Neurotol.* Dec 2014;35(10):e301-306.

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- Desmet J, Wouters K, De Bodt M, et al. Long-term subjective benefit with a bone conduction implant sound processor in 44 patients with single-sided deafness. *Otol Neurotol.* Jul 2014;35(6):1017-1025.
- Amonoo-Kuofi K, Kelly A, Neeff M, Brown CR. Experience of bone-anchored hearing aid implantation in children younger than 5 years of age *Int J Pediatr Otorhinolaryngol.* 2015 Apr;79(4):474-80. doi: 10.1016/j.ijporl.2014.12.033. Epub 2015 Jan 3.
- Asma A, Ubaiah, M, et al. Surgical outcome of bone anchored hearing aid (baha) implant surgery: a 10 years experience. *Indian J Otolaryngol Head Neck Surg.* 2013 Jul;65(3):251-4. doi: 10.1007/s12070-013-0621-2. Epub 2013 Feb 2.
- Edmiston RC, Aggarwal R, Green KM. Bone conduction implants - a rapidly developing field. *J Laryngol Otol.* 2015 Oct;129(10):936-40. doi: 10.1017/S0022215115002042. Epub 2015 Sep 7.
- Reddy-Kolanu R, Gan R, Marshall AH. A case series of a magnetic bone conduction hearing implant. *Ann R Coll Surg Engl.* Nov 2016;98(8):552-553. PMID 27490984
- Snapp HA, Holt FD, Liu X, et al. Comparison of speech-in-noise and localization benefits in unilateral hearing loss subjects using contralateral routing of signal hearing aids or bone-anchored implants. *Otol Neurotol.* Jan 2017;38(1):11-18. PMID 27846038

**PUBLICATION HISTORY**

Status	Date	Action Taken
Original Publication		<p>Policy approved at the January 9, 2019 Medical Reviewer meeting.</p> <p>Policy approved by the CHNCT Clinical Quality Subcommittee on March 18, 2019.</p> <p>Approved by DSS on March 27, 2019.</p>

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