

**Policy is terminated because coverage is provided under the combined
Medicaid and Health Choice 1A-36, Implantable Bone Conduction Hearing
Aids**

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1.0 Description of the Procedure

A bone-anchored hearing aid (BAHA) is a surgically implanted osseointegrated prosthetic device that provides bone conduction hearing for recipients with moderate to severe, bilateral conductive or mixed hearing loss who cannot wear a conventional hearing aid or cannot reasonably or satisfactorily undergo ossicular replacement surgery. The BAHA device includes the implantation of a titanium abutment to which an external speech processor is attached.

(The BAHA device is FDA-approved. According to the FDA and the manufacturer, it is specifically indicated for patients over five years of age. If other devices become available and are approved by the FDA for the same indications for use as the BAHA device, then DMA will review these devices for coverage based on the criteria in this policy, specifically Section 3.0. The term "BAHA device" is used in the remainder of this policy.)

Hearing loss can be classified as conductive, sensorineural, or mixed.

1.1 Conductive Hearing Loss

Conductive hearing loss involves the external or middle ear and is due to mechanical or physical blockage of sound as a result of

- a. Perforation of the tympanic membrane
- b. Congenital malformations
- c. Otitis media (for example, infection, effusion, or drainage)
- d. Otitis externa
- e. Hereditary malfunctions
- f. Certain bone disorders (for instance, osteogenesis imperfecta or otosclerosis)
- g. Obstruction of the ear canal (such as by cerumen, exostoses, tumor, or temporomandibular joint prolapse)

1.2 Sensorineural Hearing Loss

In sensorineural (that is, inner ear or nerve) hearing loss, the auditory cranial nerve or the inner ear is damaged due to

- a. Congenital malformations (such as nerve atresia)
- b. Viral or bacterial infections (for example, meningitis or herpes zoster)
- c. Trauma
- d. Exposure to extreme noise or extensive exposure to loud noises
- e. Exposure to certain medications
- f. Hereditary malfunctions
- g. A tumor in the inner ear (such as acoustic neuroma)

1.3 Mixed Hearing Loss

Mixed hearing loss is a combination of conductive hearing loss and sensorineural hearing loss.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NC Health Choice (NCHC) covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

A BAHA device is covered for a NCHC recipient whose moderate to severe, bilateral, conduction or mixed hearing loss cannot be effectively restored by conventional air conduction hearing aids or by ossicular replacement surgery. Careful consideration shall be given to the recipient's psychological, physical, emotional, and developmental capabilities.

The recipient shall meet **at least one** of the following conditions:

- a. One or more congenital or acquired abnormalities of the middle or external ear canal that precludes the wearing of a conventional air conduction hearing aid
- b. One or more tumors of the external canal or tympanic cavity
- c. Dermatitis of the external ear canal
- d. Chronic external otitis or otitis media with persistent discharge

and

The recipient shall meet **all** of the following criteria.

- e. The recipient has a bone conduction pure-tone average of 40–50 decibels or fewer, with no single frequency more than 50 decibels (at 1000 and 2000 Hz).
- f. The recipient has speech discrimination of the indicated ear of 60% or more at elevated sound pressure levels (SPL) during speech discrimination testing using consonant–nucleus–consonant [CNC] words (conventional testing).

- g. The recipient (either alone or with the aid of a parent or caregiver) shall be able to perform proper hygiene of the abutment (skin interface) and maintain the hearing aid device.
- h. There shall be sufficient bone volume and bone quality to support the implantation.
- i. There shall be no active scalp disease or disorder at the proposed site for the surgery.

3.3 Upgrades and Maintenance

Medically necessary maintenance and upgrades of existing internal components for next-generation BAHA devices are covered for NCHC recipients when

- a. the recipient's response to existing components is inadequate to the point of interfering with the educational process, learning, and socialization; or
- b. the components are no longer functional and cannot be repaired.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria

The BAHA device is not covered when

- a. the recipient has a disease state that may jeopardize osseointegration;
- b. the recipient can gain sufficient benefit from conventional amplification; or
- c. the recipient's audiometric criteria are outside the range of specifications stated above in **Subsection 3.2, Specific Criteria**.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is required for the BAHA device. The provider shall submit medical records documenting the medical necessity criteria listed in **Section 3.0**, with the prior approval request. All prior approval requests for a BAHA procedure shall include documentation of the criteria in **Subsection 3.2**. If a staged procedure is planned, the prior approval request shall include the planned surgical steps and a proposed timeline for completion.

5.2 FDA Approval

BAHA devices must be FDA approved. The BAHA device must be in accordance with FDA intended use for patients and indications and meet all Medicaid standards of coverage as outlined in **Section 3.0** of this policy.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC's qualifications for participation;
- b. be currently enrolled with NCHC; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers shall comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	All sections and attachment(s)	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
July 1, 2010	All sections and attachment(s)	Adopted policy for coverage for NCHC program
03/31/2013	All sections and attachment(s)	Termination of NCHC policy which will be superseded by the Combined Template policy to comply with S.L. 2011-145, § 10.41.(b).

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers shall bill the ICD-9-CM diagnosis code to the highest level of specificity that supports medical necessity. The following diagnoses may support medical necessity:

ICD-9-CM Code	Description
389.00	Conductive hearing loss, unspecified
389.01	Conductive hearing loss, external ear
389.02	Conductive hearing loss, tympanic membrane
389.03	Conductive hearing loss, middle ear
389.04	Conductive hearing loss, inner ear
389.06	Conductive hearing loss, bilateral
389.08	Conductive hearing loss of combined types
389.20	Mixed hearing loss, unspecified
389.22	Mixed hearing loss, bilateral

C. Procedure Code(s)

The following procedure codes are covered by NCHC:

CPT Code	Description
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
69799	Unlisted procedure, middle ear
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

NOTE: When billing as a staged procedure, with the abutment being placed in a separate procedure, physicians should use the unlisted procedure codes above. The original procedure should be billed with 69799. When the second procedure is done, submit 17999 for reimbursement. If the prior approval request has been made for a staged procedure a second request will not have to be submitted unless it has been 365 days from the date of the original prior approval.

Hospitals

Revenue Code	Description
278	Medical/Surgical Supplies and Devices—other implant

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Hospital inpatient, hospital outpatient

G. Co-Payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers shall bill their usual and customary charges.