Bone anchored hearing aids (BAHA)

These services may or may not be covered by all HealthPartners plans. Please see your plan documents for your own coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

This policy does not apply to Medicare or Minnesota Health Care Programs products.

Prior authorization is required for bone anchored hearing aids (BAHA). We encourage members to check with Member Services to verify the terms of coverage per your specific plan documents. Hearing aids may not be covered by all plans.

Notes about the BAHA benefit:

- BAHA are considered a hearing aid.
- Replacement BAHA parts are administered under the DME/Hearing Aid benefit and **do not** require prior authorization.

Coverage

BAHAs are generally covered subject to the indications listed below, and per your plan documents.

Indications that are covered

BAHA are generally covered for individuals with a hearing aid benefit who have hearing loss that is not correctable by other covered procedures or devices. These devices are indicated only when non-BAHA hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss, or surgery.

Indications that are not covered

BAHA for any indication not described in the indications that are covered section of this policy.

Definitions

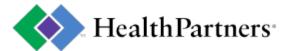
Bone anchored hearing aids (BAHA) - surgically implanted hearing devices that transmit sound directly to the inner ear through bone, bypassing the external auditory canal and middle ear. BAHAs consist of an external sound processor and a titanium implant that is affixed to the temporal bone of the skull. The sound processor vibrates the implant, which in turn vibrates the temporal bone. That vibration is then transmitted through other bones to the cochlea of the opposite ear, where it creates the sensation of sound.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all inclusive.

The following CPT codes require prior authorization:

Codes	Description
69710	Implantation or replacement 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
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to
	external speech processor, within the mastoid and/or resulting in removal of less than 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 are of bone deep to the outer cranial cortex
L8690	Auditory osseointegrated device, includes all internal and external components
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body



worn, includes headband or other means of external attachment

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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Vendor

Item must be received from a contracted vendor or Audiology or ENT provider who is contracted to provide hearing aids for in-network benefits to apply

BAHA is initially administered under the Medical Benefit and contracted vendors requirements may not apply for initial or replacement BAHA.

Approved Medical Director Committee 01/01/94; Revised 4/27/04, 7/20/07, 5/13/10, 10/16/2023; Annual Review: 7/20/07, 8/1/08, 9/9/09, 5/13/10, 5/2011, 5/2012, 3/2013, 10/8/13, 10/2014, 11/2015, 10/2016, 10/2017, 10/2018, 10/2019, 10/2020, 10/2021, 10/2023

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