

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

RMHP Bone Conduction Hearing Aid; Auditory Osseointegrated Devices

AUTH: RMHP-AC-5020 (AC)

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Definitions

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Bone Anchored Hearing Aids Bone anchored Hearing Aids are surgically implantable systems to treat hearing loss through bone conduction. The devices convert sound waves into mechanical vibration that is conducted to the inner ear through direct contact with the skull. An implantable bone-anchored or implantable bone conduction Hearing Aid is an alternative to a wearable Hearing Aid. These can be classified into percutaneous and transcutaneous devices based on the presence or absence of a skin-penetrating abutment. The fully implantable bone-anchored hearing aid is a percutaneous BCHA involving the surgical implantation of a titanium screw into the mastoid process of the skull (osseointegration). In contrast to traditional BCHAs, bone-anchored Hearing Aids transmit sound vibrations directly to the skull instead through the skin. After a waiting period to allow for complete osseointegration, a sound processor is linked to the skull through an abutment attached to the osseointegrated screw. Partially implantable transcutaneous bone conduction Hearing Aids using magnetic coupling or magnetic attraction such as the Sophono® Otomag Alpha 1 System and the Sophono Alpha 2 MPO™ Magnetic Bone Conduction Hearing System (Medtronic, formerly Sophono, Inc.), the BAHA® Attract System (Cochlear® Corporation), the Bonebridge™ (MED-EL), and the Osia Systems (Cochlear Americas) feature completely subdermal magnetic implants and do not require an abutment. Rather, the external sound processor is attracted by the magnetic implant and rests on top of the skin. Bone-anchored Hearing Aids are classified by the FDA as Hearing Aids.

Clinical Indications for Procedure

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The Evidence / Certificate of Coverage plan document may include specific contract language addressing coverage of hearing aids. RMHP considers these devices to be hearing aids. Any specific contract language supersedes medical policy.

For **RMHP PRIME (Medicaid)** plan members, bone conduction hearing aid is a FFS Medicaid **wrap-around services** benefit, covered for members **up to age 21** as a wrap-around benefit through Health First Colorado (Colorado's direct Medicaid program.) Requester will be redirected to the Colorado Department of Health Care Policy and Financing (HCPF) Health First Colorado to request

the ordered device directly. Health First Colorado does not cover bone anchored hearing aids for adults age 21 and over, not a benefit for this age group. RMHP does not cover bone conduction hearing aids for RMHP PRIME (Medicaid) Members.

- Select the Member's health plan coverage below **1 or more** of the following
 - ~~The Member has **CHP+ under age 19** or **Individual Family Plan (IFP) no age limit** health care plan coverage—For **RMHP CHP+ or Individual and Family Plan (IFP) Commercial** covered members, bone anchored hearing aids may be indicated when **ALL** of the following are present:~~
 - ~~Confirmed diagnosis of **1 or more** of the following(1):~~
 - ~~Craniofacial anomalies whose abnormal or absent ear canals prevent the use of a wearable hearing aid.~~
 - ~~Hearing loss severe enough that it would not be remedied by a wearable hearing aid.~~
 - ~~the request will be pended for the reviewer to apply the UnitedHealthcare Commercial Medical Policy titled Hearing Aids and Devices Including Wearable, Bone Anchored and Semi-Implantable, Policy Number: - 2023T0396AA Effective Date: January 1, 2023—see References for location. The provider will be notified of the decision per protocol. (The new UHC version for 2024 excludes CO)~~
 - The Member has **RMHP Medicare, either CareAdvantage or Dual Special Needs Plan (DSNP)** coverage - the request will be pended for the reviewer to apply the UnitedHealthcare Medicare Advantage Coverage Summary titled Hearing Services and Devices, Policy Number MCS043.0609, Approval Date January 4, 2023, 1, 2024 - see References for location. The provider will be notified of the decision per protocol.

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Applicable Federal or Colorado Regulations

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C.R.S. 10-16-102

C.R.S. 10-16-104

See UnitedHealthcare documents in references.

Policy History

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History Summary: 1/12/2010 Policy originated. Annual reviews and relevant updates thereafter. See archived versions for details. 1/3/2022 Internal review and updates to clinical indications with adoption of UHC for MA plans. 2022 annual review and approval by committee hierarchy per written protocol. 12/19/2022 internal review and updates for 1/1/2023 with adoption of UHC for Commercial IFP & CHP Plus plans (in addition to MA plans - see note above). 2/27/2023 updated References and codes to reflect 2023 updates.

2023 annual review and approval by committee hierarchy.

Reviewer Guidance

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For Members with **RMHP PRIME (Medicaid)** health plan coverage, see corresponding RMHP Prime Member Handbook section describing **Wrap-around services** – services covered by Health First Colorado, not RMHP. Redirected services: Requester to be redirected to the Colorado Department of Health Care Policy and Financing (HCPF) Health First Colorado to request the device.

CHP+ Plan coverage ends when the Member turns 19 years old. CHP+ coverage ends on the last day of the month of the Member's 19th birthday - see RMHP CHP Plus Benefits Booklet, Section "When your Coverage Ends."

References

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United Healthcare Commercial Medical Policy Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable Policy Number: 2023T0396AA Effective Date: January 1, 2023 located online here:

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/hearing-aids-devices-including-wearable-bone-anchored-semi-implantable.pdf> and internally here: S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies

United Healthcare Medicare Advantage Coverage Summary Hearing Services and Devices Policy Number: MCS043.0609 Approval Date: ~~January 4, 2023~~ [January 1, 2024](#) located online here:

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/hearing-services-devices.pdf> and internally here: S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies

[RMHP Schedule of Benefits Policy, Section 7 Benefits/Coverage, #12, p.19.](#)

Codes

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CPT®: [69710](#), [69744](#), [69714](#), [69716](#), [69717](#), [69719](#), [69726](#), [69727](#), [69728](#), [69729](#), [69730](#), [69799](#)

HCPCS: [L8690](#), [L8691](#), [L8692](#), [L8693](#), [L8694](#), [V5040](#), [V5298](#)

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