

Medical Policy

**Implantable Bone-Conduction (Bone-Anchored) Hearing Aids**

**Policy Number:** 3.30

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<b>Product Applicability</b>		<input checked="" type="checkbox"/> <b>All Plan<sup>+</sup> Products</b>
<b>WellSense Health Plan</b>	<b>Boston Medical Center HealthNet Plan</b>	
<input checked="" type="checkbox"/> NH Medicaid	<input checked="" type="checkbox"/> MassHealth ACO	
<input checked="" type="checkbox"/> NH Medicare Advantage	<input checked="" type="checkbox"/> MassHealth MCO	
	<input checked="" type="checkbox"/> Qualified Health Plans/Connector Care/Employer Choice Direct	
	<input checked="" type="checkbox"/> Senior Care Options	

+ Note: Disclaimer and audit information is located at the end of this document.

**Policy Summary**

The Plan considers fully- and/or partially-implantable bone-conduction hearing aids (including bone-anchored hearing aids or BAHA) for hearing impairment to be **medically necessary** when the Plan’s medical criteria are met. Implantable bone-conduction (bone-anchored) hearing amplification devices transmit sound waves through the bone and are used to treat **conductive hearing loss, mixed hearing loss, and/or single-sided sensorineural hearing loss**. Prior authorization is **REQUIRED** for implantation surgery and the replacement of the sound processor used with an implantable bone-conduction (bone-anchored) hearing aid. It will be determined during the Plan’s prior authorization process if the service is considered medically necessary for the requested indication.

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## Clinical Criteria

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Prior authorization is NOT required for external hearing devices. Fully- or partially-implantable bone-conduction (e.g., bone-anchored or BAHA) hearing aids REQUIRE prior authorization and are considered medically necessary when applicable Plan criteria are met in item A. Replacement of the external sound processor for an implantable bone-conduction (bone-anchored) hearing aid is considered medically necessary when Plan medical criteria are met in item B.

### A. Medical Criteria for Implantation of Bone-Conduction (Bone-Anchored) Hearing Aids:

Criteria are met in either item 1 or item 2:

#### 1. Conductive Hearing Loss or Mixed Hearing Loss:

##### a. Unilateral Implantation of Bone-Conduction (Bone-Anchored) Hearing Aid for Conductive Hearing Loss or Mixed Hearing Loss:

ALL criteria in items (1) through (6) must be met for a **unilateral**, fully- or partially-implantable bone-conduction hearing aid:

- (1) Member has EITHER of the following types of hearing loss in in item (a) or item (b):
  - (a) **Unilateral or bilateral conductive hearing loss**; OR
  - (b) **Unilateral or bilateral mixed hearing loss** (i.e., a combination of both conductive and sensorineural hearing loss); AND
- (2) The processor requested is appropriate to meet the needs of the member's hearing loss in the ear proposed for an implantable device based on the pure tone average bone-conduction threshold, measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz, with ANY of the audiological findings listed in items (a) through (c):
  - (a) Bone-conduction threshold is better than or equal to **45 dB** for implantation with the BAHA® System (by Cochlear) using BAHA® Attract, BAHA® Divino, BAHA® BP100, Baha 4, Otomag Bone Conduction Hearing System, Sophono Alpha System, or implantation with the OBC Bone Anchoring Hearing Aid System (by Oticon Medical) with the Ponto Plus sound processor; OR
  - (b) Bone-conduction threshold is better than or equal to **55 dB** for implantation with the BAHA® System (by Cochlear) using BAHA® 5 Power, BAHA® Intenso, Cochlear Osia System/Cochlear Osia 2 System, or implantation with the OBC Bone Anchoring Hearing Aid System (by Oticon Medical) with the Ponto Plus Power sound processor; OR

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- (c) Bone-conduction threshold is better than or equal to **65 dB** for implantation with the BAHA® Cordelle II device (by Cochlear) or other FDA-approved device not specified; AND
- (3) Member is 5 years of age or older on the date of service; AND
- (4) Member is unable to use a conventional air conduction hearing aid or undergo surgical repair because of ANY of the conditions in items (a) through (e):
  - (a) Congenital or surgically induced malformation (e.g., atresia) of the external ear canal or middle ear; OR
  - (b) Severe chronic external otitis or otitis media; OR
  - (c) Severe dermatitis of the external canal (including hypersensitivity reactions to ear molds used in air conduction hearing aids); OR
  - (d) Tumors of the external canal and/or tympanic cavity; OR
  - (e) Other condition that contraindicates the use of an air conduction hearing aid such as other acquired malfunction of the external or middle ear canal that includes hypersensitivity to ear molds used in air conduction hearing aids; AND
- (5) Member has no contraindication to surgery; AND
- (6) Device is approved by the U.S. Food and Drug Administration (FDA) and will be used in accordance with its FDA-approved labeling; OR

**b. Bilateral Implantation of Bone-Conduction (Bone-Anchored) Hearing Aid for Symmetrically Conductive Hearing Loss or Symmetrically Mixed Hearing Loss:**

ALL criteria in items (1) through (6) must be met for **bilateral**, fully- or partially-implantable bone-conduction hearing aids:

- 1) Bilateral, implantable bone-conduction devices will be used as an alternative to air conduction hearing aids for the treatment of either of the types of hearing loss in item (a) or item (b):
  - (a) **Symmetrically conductive hearing loss** defined as a difference between left and right side bone-conduction threshold and either criteria is met in item i or item ii:

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- i. Less than **10 dB** difference (on average) between the bone-conduction threshold in each ear measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz; OR
  - ii. Less than **15 dB** difference (on average) between the bone-conduction threshold in each ear measured at individual frequencies; OR
- (b) **Symmetrically mixed hearing loss** (i.e., mixed hearing loss is a combination of both conductive and sensorineural hearing loss) as defined as a difference between left and right side bone-conduction threshold and either criteria is met in item i or item ii:
  - i. Less than **10 dB** difference (on average) between the bone-conduction threshold in each ear measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz; OR
  - ii. Less than **15 dB** difference (on average) between the bone-conduction threshold in each ear measured at individual frequencies; AND
- (2) The processor requested is appropriate to meet the needs of the member's **bilateral hearing loss** in each ear for an implantable device based on the pure tone average bone-conduction threshold, measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz with ANY of the audiological findings listed in items (a) through (c):
  - (a) Bone-conduction threshold is better than or equal to **45 dB** for implantation with the BAHA<sup>®</sup> System (by Cochlear) using BAHA<sup>®</sup> Attract, BAHA<sup>®</sup> Divino, BAHA<sup>®</sup> BP100, Baha 4, Otomag Bone Conduction Hearing System, Sophono Alpha System, or implantation with the OBC Bone Anchoring Hearing Aid System (by Oticon Medical) with the Ponto Plus sound processor; OR
  - (b) Bone-conduction threshold is better than or equal to **55 dB** in each ear for implantation with the BAHA<sup>®</sup> System (by Cochlear) using BAHA<sup>®</sup> 5 Power, BAHA<sup>®</sup> Intenso, Cochlear Osia System/Cochlear Osia 2 System, or implantation with the OBC Bone Anchoring Hearing Aid System (by Oticon Medical) with the Ponto Plus Power sound processor; OR
  - (c) Bone-conduction threshold is better than or equal to 65 dB in each ear for implantation with BAHA<sup>®</sup> Cordelle II (by Cochlear) or other FDA-approved device not specified in this section; AND
- (3) Member is 5 years of age or older on the date of service; AND

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- (4) Member is unable to use a conventional air conduction hearing aid or undergo surgical repair because of ANY of the conditions listed in items (a) through (e):
  - (a) Congenital or surgically induced malformation (e.g., atresia) of the external ear canal or middle ear; OR
  - (b) Severe chronic external otitis or otitis media; OR
  - (c) Severe dermatitis of the external canal (including hypersensitivity reactions to ear molds used in air conduction hearing aids); OR
  - (d) Tumors of the external canal and/or tympanic cavity; OR
  - (e) Other condition that contraindicates the use of an air conduction hearing aid such as other acquired malfunction of the external or middle ear canal that includes hypersensitivity to ear molds used in air conduction hearing aids; AND
- (5) Member has no contraindication to surgery; AND
- (6) Device is approved by the U.S. Food and Drug Administration (FDA) and will be used in accordance with its FDA-approved labeling; OR

## 2. **Single-Sided Sensorineural Hearing Loss:**

A **unilateral**, fully- or partially-implantable bone-conduction hearing aid will be used and ALL criteria in items (a) through (g) must be met:

- (a) Unilateral implantable device will be used as an alternative to an air conduction hearing aid for the treatment of single-sided sensorineural hearing loss and there is normal hearing in the other ear; AND
- (b) Member's single-sided sensorineural hearing loss is defined as severe (71 to 90 db HL) to profound (91 dB HL or greater) unilateral hearing loss at 500 hertz (Hz), 1000 Hz, and 2000 Hz; AND
- (c) The pure tone average air conduction threshold of the member's ear with normal hearing is better than **20 dB** HL measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz; AND
- (d) Member is 5 years of age or older on the date of service; AND
- (e) Member is unable to use a conventional air conduction hearing aid or undergo surgical repair because of ANY of the conditions listed in items (1) through (5):

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- (1) Congenital or surgically induced malformation (e.g., atresia) of the external ear canal or middle ear; OR
- (2) Severe chronic external otitis or otitis media; OR
- (3) Severe dermatitis of the external canal (including hypersensitivity reactions to ear molds used in air conduction hearing aids); OR
- (4) Tumors of the external canal and/or tympanic cavity; OR
- (5) Other condition that contraindicates the use of an air conduction hearing aid such as other acquired malfunction of the external or middle ear canal that includes hypersensitivity to ear molds used in air conduction hearing aids; AND
- (f) Member has no contraindication to surgery; AND
- (g) Device is approved by the U.S. Food and Drug Administration (FDA) and will be used in accordance with its FDA-approved labeling; OR

**B. Medical Criteria for Replacement of External Sound Processor for Bone-Anchored Hearing Aids:**

Replacement of the external sound processor for a fully- or partially-implantable bone-conduction (bone-anchored) hearing aid is considered medically necessary when it is a covered service, the sound process is NOT for a fully- or partially-implantable middle ear hearing aid (using an electromagnetic or a piezoelectric transducer), and ALL criteria are met in items 1 through 3:

- 1. A treating provider (e.g., audiologist or physician) certifies that the member meets ANY criteria in items a through f:
  - a. The existing sound processor is ineffective to the point of interfering with the activities of daily living; OR
  - b. There is a change in the patient's medical condition that necessitates a different type of processor, OR
  - c. The existing processor has reached the end of its reasonable useful life; the reasonable useful life of a sound processor is not less than 5 years; OR
  - d. The manufacturer of the processor no longer supports the repairs of the processor; OR

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- e. The external sound processor is lost and will be replaced by the same make and model unless it is obsolete (with additional criteria met for the replacement of a lost processor when it is the requested component, as specified below in item 2b; OR
  - f. The external sound processor is unable to be repaired; AND
2. ANY of the criteria is met in item a or item b:
- a. **Replace Existing Processor:**  
  
A comprehensive report within the last 6 calendar months with justification of the medical necessity is required for each prior authorization request for a new processor; the report must include ALL of documentation specified in items (1) through (4):
    - (1) A description of the status of the member's current equipment; AND
    - (2) Documentation of the current equipment's obsolescence if it is the reason for the equipment replacement; AND
    - (3) Member's current sound field results and speech testing results utilizing the member's current bone-anchored equipment; AND
    - (4) Invoice stating cost of equipment requested; OR
  - b. **Replace Lost Processor:**  
  
ALL information specified in items (1) through (3) must be submitted to the Plan:
    - (1) A description of the circumstances regarding the loss; AND
    - (2) An invoice stating the cost of equipment requested; AND
    - (3) A list of the member's current equipment; AND
3. The replacement device is approved by the U.S. Food and Drug Administration (FDA) and will be used in accordance with its FDA-approved labeling.

## **Limitations and Exclusions**

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The following limitations apply to fully- and/or partially-implantable hearing aids:

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1. The Plan considers the use of **fully-implantable and/or partially-implantable middle ear hearing aids** (using an electromagnetic or piezoelectric transducer) to be experimental and investigational or NOT medically necessary, even when the device is U. S. Food and Drug Administration (FDA) approved, because the effectiveness of these devices has NOT been consistently established.
2. The Plan considers the use of a fully- or partially-implantable bone conduction (bone-anchored) hearing aid to be experimental and investigational or NOT medically necessary when the device is NOT FDA approved or NOT used according to FDA-approved labeling for the member's medical condition and age on the date of service due to limited evidence demonstrating clinical utility and clinical validity of the device.
3. The Plan considers an intraoral bone conduction hearing prosthesis (e.g., SoundBite™ Hearing System by Sonitus Medical Inc.) to be experimental and investigational or NOT medically necessary because the effectiveness of this type of device has NOT been established for treating hearing loss. Sonitus Medical discontinued operations and closed down in 2015.
4. The use of a fully-implantable and/or partially-implantable bone-conduction (bone-anchored) hearing aid for **bilateral** sensorineural hearing loss is considered experimental and investigational or NOT medically necessary due to limited evidence demonstrating the clinical utility and clinical validity of the device.
5. Upgrade of an existing and functional external component of a fully-implantable and/or partially-implantable bone-conduction (bone-anchored) hearing aid system to achieve aesthetic improvement (such as smaller profile components) is NOT considered medically necessary due to limited evidence demonstrating the clinical utility and clinical validity of upgrading functional components.
6. A switch from a body-worn, functioning, external sound processor to a behind the ear model is NOT considered medically necessary due to limited evidence demonstrating the clinical utility and clinical validity of converting to a behind the ear model.
7. Standard accessories directly related to the proper operation of the fully- or partially-implantable bone-conduction (e.g., bone-anchored or BAHA) hearing aid are considered medically necessary when applicable Plan criteria are met in the Clinical Criteria section. Additional (non-standard) accessories for the fully- or partially-implantable bone-conduction hearing aid are NOT considered medically necessary due to limited evidence demonstrating the clinical utility and clinical validity of non-standard accessories.

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## Variations

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The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for Senior Care Options (SCO) members and WellSense Medicare Advantage HMO members, including but not limited to national coverage determinations (NCCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. At the time of the Plan's most recent policy review, NCD 150.3 includes medically necessary indications for implantable bone-conduction hearing aids. Verify CMS criteria in effect for the requested service on the date of the prior authorization request for a SCO or WellSense Medicare Advantage HMO member. When there is no guidance from CMS for the requested service for the specified indication on the date of the prior authorization request, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

## Applicable Coding

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The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria and Limitations and Exclusions sections, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Review the Plan's reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member's benefit plan in effect at the time of the service. Member benefit documents are available at the following websites: [www.bmchp.org](http://www.bmchp.org) for BMC HealthNet Plan members, [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org) for Senior Care Options members, [www.wellsense.org](http://www.wellsense.org) for WellSense New Hampshire Medicaid members, and [www.WellSense.org/Medicare](http://www.WellSense.org/Medicare) for WellSense Medicare Advantage HMO members.

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<b>CPT Codes</b>	<b>Description: Codes Covered When Medically Necessary</b>
	Plan note: Use the applicable medically necessary CPT and/or HCPCS codes for fully- and partially-implantable bone conduction hearing aids.
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone (Replacement procedure includes removal of old device)  Plan note: Code is NOT payable for WellSense Medicare Advantage HMO and Senior Care Options (SCO) products. Individual consideration is required for MassHealth members.
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	Implantation, osseointegrated implant, skull, with percutaneous attachment to external speech processor
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69717	Revision or replacement (including removal of existing device), osseointegrated implant, skull, with percutaneous attachment to external speech processor
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor

<b>HCPCS Codes</b>	<b>Description: Codes Covered When Medically Necessary</b>
	Plan note: Use the applicable medically necessary CPT and/or HCPCS codes for fully- and partially-implantable bone conduction hearing aids.
L8690	Auditory osseointegrated device, includes all internal and external components
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
L8693	Auditory osseointegrated device abutment, any length, replacement only
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each

<b>HCPCS Codes</b>	<b>Description: Codes Considered Experimental and Investigational or NOT Medically Necessary</b>
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear  Plan note: This code is ONLY payable for the Plan's WellSense New Hampshire Medicaid product.

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V5095	<p>Semi-implantable middle ear hearing prosthesis</p> <p>Plan note: The procedure code for implantation requires Plan prior authorization, but the prosthesis billed with this HCPCS code does NOT require prior authorization for the WellSense Medicare Advantage HMO product.</p>
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## References

American Academy of Audiology (AAA). Clinical Practice Guideline: Pediatric Amplification. 2013 Jun.

American Academy of Audiology (AAA). Guidelines and Standards.

American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS). Clinical Practice Guidelines.

American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS). Position Statement: Active Middle Ear Implants. 2016 Sep 17.

American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS). Position Statement: Bone Conduction Hearing Devices. 2016 Sep 17.

American Academy of Pediatrics (AAP). Joint Committee on Infant Hearing (JCIH) of the AAP, Muse C, Harrison J, Yoshinaga-Itano C, Grimes A, Brookhouser PE, Epstein S, Buchman C, Mehl A, Vohr B, Moeller MP, Martin P, Benedict BS, Scoggins B, Crace J, King M, Sette A, Martin B. Supplement to the JCIH 2007 position statement: principles and guidelines for early intervention after confirmation that a child is deaf or hard of hearing. *Pediatrics* 2013 Apr; 131(4):e1324-49. doi: 10.1542/peds.2013-0008. Epub 2013 Mar 25. PMID: 23530178.

American Neurotology Society (ANS). Resources & Announcements.

American Speech-Language-Hearing Association (ASHA). Degree of Hearing Loss.

American Speech-Language-Hearing Association (ASHA), the Department of Veterans Affairs (VA), and the American Academy of Audiology (AAA). Joint Audiology Committee Clinical Practice Statements and Algorithms.

American Speech-Language-Hearing Association (ASHA). Hearing Loss.

Bento RF, Kiesewetter A, Ikari LS, Brito R. Bone-anchored hearing aid (BAHA): indications, functional results, and comparison with reconstructive surgery of the ear. *Int Arch Otorhinolaryngol.* 2012 Jul; 16(3):400-5. doi: 10.7162/S1809-97772012000300017. PMID: 25991965.

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Bosman AJ, Snik AF, Hol MK, Mylanus EA. Evaluation of a new powerful bone-anchored hearing system: a comparison study. *J Am Acad Audiol*. 2013 Jun; 24(6):505-13. doi: 10.3766/jaaa.24.6.6. PMID: 23886427.

Briggs R, Van Hasselt A, Luntz M, Goycoolea M, Wigren S, Weber P, Smeds H, Flynn M, Cowan R. Clinical performance of a new magnetic bone conduction hearing implant system: results from a prospective, multicenter, clinical investigation. *Otol Neurotol*. 2015 Jun; 36(5):834-41. doi: 10.1097/MAO.0000000000000712. PMID: 25634465.

Centers of Disease Control and Prevention (CDC). Data and Statistics about Hearing Loss in Children.

Centers for Disease Control and Prevention (CDC). Hearing Loss Screening: Recommendations and Guidelines.

Centers for Medicare and Medicaid Services (CMS). EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. 2014 Jun.

Centers for Medicare and Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual.

Centers for Medicare and Medicaid Services (CMS). Manuals. Publication # 100-03. Medicare National Coverage Determinations (NCD) Manual.

Centers for Medicare and Medicaid Services (CMS). Medicaid. Early and Periodic Screening, Diagnosis, and Treatment. [Medicaid.gov](http://Medicaid.gov).

Centers for Medicare and Medicaid Services (CMS). Medicaid. Vision and Hearing Screening Services for Children and Adolescents. [Medicaid.gov](http://Medicaid.gov).

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Publication Number 100-02. Chapter 15 - Covered Medical and Other Health Services. 80.3 – Audiology Services.

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Publication Number 100-02. Chapter 16 - General Exclusions from Coverage. 100 - Hearing Aids and Auditory Implants.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Cochlear Implants 50.3. 2005 Apr 4.

Centers for Medicare and Medicaid Services (CMS). Transmittals.

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Chen SY, Mancuso D, Lalwani AK. Skin Necrosis After Implantation With the BAHA Attract: A Case Report and Review of the Literature. *Otol Neurotol*. 2017 Mar; 38(3):364-7. doi: 10.1097/MAO.0000000000001327. PMID: 28072655.

Clamp PJ, Briggs RJ. The Cochlear Baha 4 Attract System - design concepts, surgical technique and early clinical results. *Expert Rev Med Devices*. 2015 May;12(3):223-30. doi: 10.1586/17434440.2015.990375. Epub 2014 Dec 12. PMID: 25496651.

ClinicalTrials.gov. U.S. National Institutes of Health. Find a Study.

Cochlear Ltd. Cochlear Announces the FDA Clearance of the Baha® 4 Attract System, the First Magnetic Baha Bone Conduction Hearing Device. Cochlear Ltd. 2013 Dec 3.

Cochlear Ltd. Cochlear Device Support.

Cochlear Ltd. Cochlear Osia System: Frequently Asked Questions.

Colquitt JL, Loveman E, Baguley DM, Mitchell TE, Sheehan PZ, Harris P, Proops DW, Jones J, Clegg AJ, Welch K. Bone-anchored hearing aids for people with bilateral hearing impairment: a systematic review. *Clin Otolaryngol*. 2011 Oct; 36(5):419-41. doi: 10.1111/j.1749-4486.2011.02376.x. PMID: 21816006.

Colquitt JL, Jones J, Harris P, Loveman E, Bird A, Clegg AJ, Baguley DM, Proops DW, Mitchell TE, Sheehan PZ, Welch K. Bone-anchored hearing aids (BAHAs) for people who are bilaterally deaf: a systematic review and economic evaluation. *Health Technol Assess*. 2011 Jul; 15(26):1-200, iii-iv. doi: 10.3310/hta15260. PMID: 21729632.

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Manuals.

Commonwealth of Massachusetts. MassHealth Transmittal Letters.

Denoyelle F, Coudert C, Thierry B, Parodi M, Mazzaschi O, Vicaut E, Tessier N, Loundon N, Garabedian EN. Hearing rehabilitation with the closed skin bone-anchored implant Sophono Alpha1: results of a prospective study in 15 children with ear atresia. *Int J Pediatr Otorhinolaryngol*. 2015 Mar; 79(3):382-7. doi: 10.1016/j.ijporl.2014.12.032. Epub 2015 Jan 3. PMID: 25617189.

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Dimitriadis PA, Farr MR, Allam A, Ray J. Three-year experience with the cochlear BAHA attract implant: a systematic review of the literature. *BMC Ear Nose Throat Disord*. 2016 Oct 1; 16:12. eCollection 2016. doi: 10.1186/s12901-016-0033-5. PMID: 27733813.

Doshi J, McDermott AL. Bone anchored hearing aids in children. *Expert Rev Med Devices*. 2015 Jan; 12(1):73-82. doi: 10.1586/17434440.2015.975117. Epub 2014 Oct 29. PMID: 25354012.

Gawęcki W, Stieler OM, Balcerowiak A, Komar D, Gibasiewicz R, Karlik M, Szyfter-Harris J, Wróbel M. Surgical, functional and audiological evaluation of new Baha<sup>®</sup> Attract system implantations. *Eur Arch Otorhinolaryngol*. 2016 Oct; 273(10):3123-30. doi: 10.1007/s00405-016-3917-5. Epub 2016 Feb 22. PMID: 26899281.

Giannantonio S, Scorpecci A, Pacifico C, Marsella P. A functional and anatomical comparison between two passive transcutaneous bone conduction implants in children. *Int J Pediatr Otorhinolaryngol*. 2018 May; 108:202-207. doi: 10.1016/j.ijporl.2018.03.007. Epub 2018 Mar 14. PMID: 29605355.

Hayes. Evidence Analysis Research Brief. Cochlear Osia System (Cochlear Americas) for Adults with Hearing Loss. Dallas, TX: Hayes; 2020 Jul 8.

Hayes. Health Technology Assessment. Percutaneous Bone-Anchored Hearing Aids. Dallas, TX: 2019 Oct 11. Annual Review 2021 Feb 8.

Hayes. Health Technology Assessment. Transcutaneous Bone-Anchored Hearing Aids. Dallas, TX: 2019 Nov 12. Annual Review 2021 Mar 1.

Health Quality Ontario. Implantable Devices for Single-Sided Deafness and Conductive or Mixed Hearing Loss: Recommendation. *Ont Health Technol Assess Ser [Internet]*. 2020 Mar; 20(1):1–165.

Ho EC, Monksfield P, Egan E, Reid A, Proops D. Bilateral Bone-anchored Hearing Aid: impact on quality of life measured with the Glasgow Benefit Inventory. *Otol Neurotol* 2009 Oct; 30(7):891-6. doi: 10.1097/MAO.0b013e3181b4ec6f. PMID: 19692937.

Janssen RM, Hong P, Chadha NK. Bilateral bone-anchored hearing aids for bilateral permanent conductive hearing loss: a systematic review. *Otolaryngol Head Neck Surg*. 2012 Sep; 147(3):412-22. doi: 10.1177/0194599812451569. Epub 2012 Jun 19. PMID: 22714424.

Kim G, Ju HM, Lee SH, Kim HS, Kwon JA, Seo YJ. Efficacy of Bone-Anchored Hearing Aids in Single-Sided Deafness: A Systematic Review. *Otol Neurotol*. 2017 Apr; 38(4):473-83. doi: 10.1097/MAO.0000000000001359. PMID: 28196001.

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Kitterick PT, Smith SN, Lucas L. Hearing Instruments for Unilateral Severe-to-Profound Sensorineural Hearing Loss in Adults: A Systematic Review and Meta-Analysis. *Ear Hear*. 2016 Sep-Oct; 37(5):495-507. doi: 10.1097/AUD.0000000000000313. PMID: 27232073.

Kiringoda R, Lustig LR. A meta-analysis of the complications associated with osseointegrated hearing aids. *Otol Neurotol*. 2013 Jul; 34(5):790-4. doi: 10.1097/MAO.0b013e318291c651. PMID: 23739555.

Lagerkvist H, Carvalho K, Holmberg M, Petersson U, Cremers C, Hultcrantz M. Ten years of experience with the Ponto bone anchored hearing system - a systematic literature review. *Clin Otolaryngol*. 2020 May 9. doi: 10.1111/coa.13556. PMID: 32386454.

Liu CC, Chadha NK, Bance M, Hong P. The current practice trends in pediatric bone-anchored hearing aids in Canada: a national clinical and surgical practice survey. *J Otolaryngol Head Neck Surg*. 2013 Jul 1; 42:43. doi: 10.1186/1916-0216-42-43. PMID: 23815797.

Maidment DW, Barker AB, Xia J, Ferguson MA. Effectiveness of alternative listening devices to conventional hearing aids for adults with hearing loss: a systematic review protocol. *BMJ Open*. 2016 Oct 27;6(10):e011683. doi: 10.1136/bmjopen-2016-011683. PMID: 27789514.

Massachusetts Health Quality Partners (MHQP). 2021 Adult Preventive Care Guidelines.

Massachusetts Health Quality Partners (MHQP). 2021 Pediatric Preventive Care Guidelines.

Medtronic. Product Specification Alpha 2 MPO™ Processor. Sophono™ Alpha 2 MPO™ Processor.

Miller ME. Osseointegrated Auditory Devices: Bonebridge. *Otolaryngol Clin North Am*. 2019 Apr; 52(2):265-272. doi: 10.1016/j.otc.2018.11.006. Epub 2019 Jan 3. PMID: 30612757.

Mylanus EAM, Hua H, Wigren S, Arndt S, Skarzynski PH, Telian SA, Briggs RJS. Multicenter Clinical Investigation of a New Active Osseointegrated Steady-State Implant System. *Otol Neurotol*. 2020 Oct; 41(9):1249-57. doi: 10.1097/MAO.0000000000002794. PMID: 32925852.

Nader ME, Beadle BM, Roberts DB, Gidley PW. Outcomes and complications of osseointegrated hearing aids in irradiated temporal bones. *Laryngoscope*. 2016 May; 126(5):1187-92. doi: 10.1002/lary.25592. Epub 2015 Sep 15. PMID: 26371776.

National Institute on Deafness and Other Communication Disorders (NIDCD). Hearing, Ear Infections, and Deafness.

National Institute on Deafness and Other Communication Disorders (NIDCD). Quick Statistics about Hearing. 2016 Dec 15.

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National Institute for Health and Care Excellence (NICE). Hearing loss in adults: assessment and management. NICE guidelines NG98. 2018 Jun 21.

Nelissen RC, Agterberg MJ, Hol MK, Snik AF. Three-year experience with the Sophono in children with congenital conductive unilateral hearing loss: tolerability, audiometry, and sound localization compared to a bone-anchored hearing aid. *Eur Arch Otorhinolaryngol*. 2016 Oct; 273(10):3149-56. doi: 10.1007/s00405-016-3908-6. Epub 2016 Feb 29. PMID: 26924741.

New Hampshire Department of Health and Human Services. Billing Manuals.

New Hampshire Department of Health and Human Services. Provider Notices.

New Hampshire Healthy Families. EPSDT – a Medicaid Benefit for Children and Adolescents Brochure.

Oeding K, Valente M. The effectiveness of the directional microphone in the Oticon Medical Ponto Pro in participants with unilateral sensorineural hearing loss. *J Am Acad Audiol*. 2013 Sep; 24(8):701-13. doi: 10.3766/jaaa.24.8.7. PMID: 24131606.

O'Neil MB, Runge CL, Friedland DR, Kerschner JE. Patient Outcomes in Magnet-Based Implantable Auditory Assist Devices. *JAMA Otolaryngol Head Neck Surg*. 2014 Jun; 140(6):513-20. doi: 10.1001/jamaoto.2014.484. PMID: 24763485.

Pai I, Kelleher C, Nunn T, Pathak N, Jindal M, O'Connor AF, Jiang D. Outcome of bone-anchored hearing aids for single-sided deafness: a prospective study. *Acta Otolaryngol*. 2012 Jul; 132(7):751-5. doi: 10.3109/00016489.2012.655862. Epub 2012 Apr 12. PMID: 22497318.

Reddy-Kolanu R, Gan R, Marshall AH. A case series of a magnetic bone conduction hearing implant. *Ann R Coll Surg Engl*. 2016 Nov; 98(8):552-553. Epub 2016 Aug 4. doi: 10.1308/rcsann.2016.0236. PMID: 27490984.

Reinfeldt S, Håkansson B, Taghavi H, Eeg-Olofsson M. New developments in bone-conduction hearing implants: a review. *Med Devices (Auckl)*. 2015 Jan 16; 8:79-93. doi: 10.2147/MDER.S39691. eCollection 2015. PMID: 25653565.

Ricci G, Della Volpe A, Faralli M, Longari F, Gullà M, Mansi N, Frenguelli A. Results and complications of the Baha system (bone-anchored hearing aid). *Eur Arch Otorhinolaryngol*. 2010 Oct; 267(10):1539-45. doi: 10.1007/s00405-010-1293-0. Epub 2010 Jun 10. PMID: 20535489.

Siegert R, Kanderske J. A new semi-implantable transcutaneous bone conduction device: clinical, surgical, and audiologic outcomes in patients with congenital ear canal atresia. *Otol Neurotol*. 2013 Jul; 34(5):927-34. doi: 10.1097/MAO.0b013e31828682e5. PMID: 23770689.

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Siegert R. Partially implantable bone conduction hearing aids without a percutaneous abutment (Otomag): technique and preliminary clinical results. *Adv Otorhinolaryngol.* 2011; 71:41-6. doi: 10.1159/000323720. Epub 2011 Mar 8. PMID: 21389703.

Snapp HA, Holt FD, Liu X, Rajguru. 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.* 2017 Jan; 38(1):11-18. doi: 10.1097/MAO.0000000000001269. PMID: 27846038.

Sprinzl GM, Wolf-Magele A. The Bonebridge Bone Conduction Hearing Implant: indication criteria, surgery and a systematic review of the literature. *Clin Otolaryngol.* 2016 Apr; 41(2):131-43. doi: 10.1111/coa.12484. Epub 2016 Feb 4. PMID: 26073720.

Syms MJ, Hernandez KE. Bone conduction hearing: device auditory capability to aid in device selection. SoundBite Hearing System. *Otolaryngol Head Neck Surg.* 2014 May; 150(5):866-71. doi: 10.1177/0194599814524530. Epub 2014 Mar 4. PMID: 24596234.

Tisch M. Implantable hearing devices. *GMS Curr Top Otorhinolaryngol Head Neck Surg.* 2017 Dec 18; 16:Doc06. doi: 10.3205/cto000145. eCollection 2017. PMID: 29279724.

U. S. Food and Drug Administration (FDA). 510(k) Premarket Notification. Device Classification Name: Active Implantable Bone Conduction Hearing System. Device Name: Cochlear Osia OSi200 Implant, Cochlear Osia 2 Sound Processor, Osia Fitting Software 2.0, Osia SmartApp, Cochlear Osia Surgical Instruments. Decision Date: 2019 Nov. 15.

U. S. Food and Drug Administration (FDA). Medical Devices. Device Labeling.

U. S. Food and Drug Administration (FDA). Medical Devices. Other Products and Devices to Improve Hearing.

U. S. Food and Drug Administration (FDA). Medical Devices. Types of Hearing Aids. 2018 Jan 16.

## Policy History

	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A  Internal Approval: 02/07/06	04/07/06 Version 1	Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)	Quality and Clinical Management Committee (Q&CMC)

\*Effective Date for the BMC HealthNet Plan Commercial Product: 01/01/12  
Implantable Bone-Conduction (Bone-Anchored) Hearing Aids

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- \*Effective Date for the WellSense New Hampshire Medicaid Product: 01/01/13
- \*Effective Date for the Senior Care Options Product: 01/01/16
- \*Effective Date for the WellSense Medicare Advantage HMO Product: 01/01/22

Policy formerly titled *Cochlear Implants and Bone Anchored Hearing Aids* (policy number OCA 3.30). Policy renamed *Implantable Bone-Conduction (Bone-Anchored) Hearing Aids*, and the revised policy is effective 10/01/14. Medical criteria for cochlear implants are included in a separate medical policy, *Cochlear Implants* (policy number OCA: 3.301), and this policy is effective on 10/01/14.

<b>Policy Revisions History</b>			
<b>Review Date</b>	<b>Summary of Revisions</b>	<b>Revision Effective Date and Version Number</b>	<b>Approved by</b>
02/06/07	Removed preauthorization requirement for most hearing aids.	Version 2	02/06/07: Q&CMC
11/13/07	Updated clinical criteria.	Version 3	11/13/07: MPCTAC 11/27/07: Utilization Management Committee (UMC) 12/06/07: Quality Improvement Committee (QIC)
11/11/08	Updated clinical criteria, references and coding.	Version 4	11/25/08: MPCTAC 11/25/08: UMC 12/16/08: QIC
11/24/09	Removed all language and coding pertaining to hearing aids, updated references.	Version 5	11/24/09: MPCTAC 12/23/09: QIC
10/01/10	Added to the limitations section that cochlear implants are excluded from coverage for CWC members and not a covered benefit, updated coding and references.	Version 6	11/23/10: MPCTAC 12/22/10: QIC
06/01/11	Revised the criteria for cochlear implants from moderate to profound to severe to profound hearing impairment (71 and greater dB HL). Added criteria for the bone anchored hearing aids (BAHA), added limitations for the cochlear implant speech processors, updated coding and references.	Version 7	06/29/11: MPCTAC 07/27/11: QIC
06/01/12	Updated references and revised the	Version 8	06/20/12: MPCTAC

Implantable Bone-Conduction (Bone-Anchored) Hearing Aids

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## Policy Revisions History

	introductory paragraph in Applicable Coding section.		07/25/12: QIC
07/30/12	Off cycle review for WellSense New Hampshire Product, reformatted Medical Policy Statement. Air conduction hearing aid exclusion does not apply to WellSense New Hampshire Product.	Version 9	08/03/12: MPCTAC 09/15/12: QIC
06/01/13	Review for effective date 10/01/13. Revised title, Summary section, and Limitations section. Referenced Northwood, Inc. in the Summary section. Reformatted Medical Policy Statement and Definitions sections. Referenced Plan policy, <i>Reimbursement Guidelines: Hearing Aid Dispensing and Repairs</i> . Updated and added references.	10/01/13 Version 10	06/19/13: MPCTAC 07/18/13: QIC
06/01/14	Review for effective date 10/01/14. Revised Summary, Description of Item or Service, Definitions, Clinical Background Information, and References sections. Revised medical criteria in the Medical Policy Statement section and Limitations section. Revised policy title and only included documentation related to implantable bone-conduction hearing aids. Revised language in Applicable Coding section and only included applicable codes for implantable bone-conduction hearing aids. Moved policy language and coding related to cochlear implants to a new medical policy effective 10/01/14, <i>Cochlear Implants</i> (policy number OCA: 3.301).	10/01/14 Version 11	06/18/14: MPCTAC 07/09/14: QIC
05/01/15	Review for effective date 09/01/15. Removed Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available. Updated references. Added limitation for intraoral bone	09/01/15 Version 12	06/01/15: MPCTAC (electronic vote) 06/10/15: QIC

Implantable Bone-Conduction (Bone-Anchored) Hearing Aids

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## Policy Revisions History

	conduction hearing aids. Clarified age guidelines in the Medical Policy Statement section. Updated criteria for the replacement of existing or lost external sound processor and moved to the Medical Policy Statement section. Updated Policy Summary, Description of Item or Service, and Definitions sections.		
11/01/15	Review for effective date 01/01/16. Updated template with list of applicable products and notes. Updated Summary section. Administrative changes made to the Medical Policy Statement section without changing criteria. Revised language in the Applicable Coding section.	01/01/16 Version 13	11/18/15: MPCTAC 11/25/15: MPCTAC (electronic vote) 12/09/15: QIC
05/01/16	Review for effective date 09/01/16. Updated the Description of Item or Service, Definitions, Clinical Background Information, and References sections. Revised criteria in the Medical Policy Statement section.	09/01/16 Version 14	05/18/16: MPCTAC 06/08/16: QIC
09/30/16	Administrative change effective 09/30/16 to remove HCPCS code L8692 from the applicable code list; this code is not related to the criteria included in the Medical Policy Statement and Limitation sections of this policy and therefore should not be included in the code list.	09/30/16 Version 15	Not applicable because administrative change only.
06/01/17	Review for effective date 09/01/17. Administrative changes made to the Summary, Definitions, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections. Revised criteria in the Medical Policy Statement and Limitations sections.	09/01/17 Version 16	06/21/17: MPCTAC
12/01/17	Review for effective 01/01/18. Industry-wide updates to codes included in the Applicable Coding	01/01/18 Version 17	Not applicable because industry-wide code changes.

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## Policy Revisions History

	section. Administrative changes made to the Policy Summary, Description of Item or Service, and Limitations sections.		
05/01/18	Review for effective date 08/01/18. Administrative changes made to the Policy Summary, Description of Item or Service, Definitions, References, and Other Applicable Policies sections. Clarified criteria in the Medical Policy Statement section. Updated criteria in the Limitations section. Added experimental and investigational codes and Plan notes in the Applicable Coding section.	08/01/18 Version 18	05/16/18: MPCTAC
05/01/19	Review for effective date 08/01/19. Administrative changes made to the Policy Summary, Description of Item or Service, Limitations, Applicable Coding, Clinical Background Information, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections. Criteria revised in the Medical Policy Statement section.	08/01/19 Version 19	05/15/19: MPCTAC
05/01/20	Review for effective date 06/01/20. Updated the References section.	06/01/20 Version 20	05/20/20: MPCTAC
05/01/21	Review for effective date 08/01/21. Administrative changes made to the Description of Item or Service, Clinical Background Information, and References sections. Plan note revised in the Applicable Coding section. Criteria revised in the Medical Policy Statement section.	08/01/21 Version 21	05/19/21: MPCTAC
11/01/21	Review for effective date 12/01/21. Adopted new medical policy template; removed administrative sections, Medical Policy Statement section renamed Clinical Criteria section, and Limitations section renamed Limitation and Exclusions section. Added WellSense Medicare Advantage HMO	12/01/21 Version 22	11/17/21: MPCTAC

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	as an applicable product effective 01/01/22. Administrative changes made to the Policy Summary, Clinical Criteria, Limitations and Exclusions, Applicable Coding, and References sections.		
12/01/21	Review for effective date 01/01/22. Industry-wide code revisions made in the Applicable Coding section.	01/01/22 Version 23	Not applicable because industry-wide code revisions; 12/15/21: MPCTAC review

## Next Review Date

05/01/22

## Authorizing Entity

MPCTAC

### Disclaimer Information: +

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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