Bone Anchored Hearing Aid (BAHA)

Adjudication Guideline

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Approved by:	Responsible:	Related Adjudication Guidelines:
Daman	Medical Standards & Research	NA

Table of Contents

1. Abstract

1.1 For Members

Bone Anchored Hearing Aid (BAHA) is a device that transmits sound energy through vibration of the skull, bypassing the eardrum and the middle ear hearing bones. Skull vibration will lead to the compression and the expansion of the inner ear and a perception of sound.

1.2 For Medical Professionals

BAHA is indicated in two groups of patients who are unable to utilize conventional hearing aid:

1. Conductive (mechanical) hearing loss:
   - Those with congenital aural atresia.
   - Those with mastoid cavities and chronic infection made worse by hearing aids.

2. Sensorineural hearing loss: Those who have single-sided deafness from surgery (i.e., acoustic neuroma excision, labyrinthectomy), injury, viral induced deafness, among others.

BAHA is a bone-conduction hearing aid that allows direct bone-conduction through a titanium implant and has become available as an acceptable alternative if an air-conduction hearing aid is contraindicated. BAHA transmits sound vibrations through the skull bone via a skin-penetrating titanium implant, and then are further transmitted to the cochlea, bypassing the middle ear.

2. Scope

The scope of this adjudication rule highlights the medical indications, audiological criteria of Bone Anchored Hearing Aid (BAHA) as per policy terms and conditions for all health insurance plans administered by DAMAN.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Indications:

A fully or partially implantable bone-anchored Hearing Aid is indicated for treatment of patients who have aged 5 years and older with conductive or mixed conductive and sensorineural hearing loss who have any of the following conditions, where the

condition prevents restoration of hearing using a conventional air-conductive hearing aid and who meet the audiologic criteria below:

1. Congenital or surgically induced malformations of the external ear canal or middle ear (such as aural atresia) or
2. Hearing loss secondary to otosclerosis in persons who cannot undergo Stapedectomy or
3. Chronic otitis media with chronic otorrhea or
4. Tumors of the external ear canal and/or tympanic cavity or
5. Discomfort using conventional equipment such as Dermatitis of the external ear, including hypersensitivity reactions to ear moulds used in air conduction hearing aids or
6. Air-conduction hearing aid ineffective owing to large conductive hearing loss (inadequate gain, uncomfortable occlusion, and feedback effects)/ Other conditions in which an air-conduction hearing aid is contraindicated.

Audiologic criteria:

1. **Bilateral implant:** Moderate-to-severe bilateral symmetric conductive or mixed (conductive and sensorineural) hearing loss, meeting above-listed bone conduction thresholds in both ears. Symmetric bone conduction threshold is defined as less than 10 dB average difference between ears (measured at 0.5, 1, 2 and 4 kHz) or less than 15 dB difference at individual frequencies.
2. **Unilateral implant:** Conductive or mixed (conductive and sensorineural) hearing loss with pure tone average bone conduction threshold values measured at 0.5, 1, 2, and 3 kHz less than or equal to 45 dB HL.

HCPCS	Description	Remarks	Frequency
L8690	Auditory osseointegrated device, includes all internal and external components	Billed in IP only through agreed DRG	10 Years
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Outpatient: processor replacement without the transducer and actuator replacement which means the patients have previous implant and need replacement of the same external processors only	3 years
L8692	Auditory osseointegrated device, external sound processor, used without	Outpatient includes all accessories and components as prescribed	3 years
L8693	Auditory osseointegrated device abutment, any length, replacement only	Outpatient	3 years

3.2 Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.

3.3 Non-Coverage

- BAHA will not be covered for visitors plan and plans with no DME benefit as per policy
  terms and conditions.

3.4 Payment and Coding Rules

- Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT.

4. Denial Codes

Denial codes: Regulator denial codes with description are elaborated for reference.
These are specialized codes directed by regulator, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/ activities

5. Appendices

Questionnaire Link

https://www.damanhealth.ae/main/pdf/questionnaires/Pre-Approval%20form%20for%20Bone%20Anchored%20Hearing%20Aids%20%28BAHA%29. pdf

5.1 References

- https://www.ouh.nhs.uk/audiology/services/auditory-implant-programme
- https://www.accessdata.fda.gov/cdrh_docs/pdf12/K121317.pdf
- http://www.aetna.com/cpb/medical/data/400_499/0403.html
- https://emedicine.medscape.com/article/1604065-overview#a11
- https://www.cochlear.com/468f716c-8401-4552-9d0d-bada89ddf814/BUN070+ISS2+FEB14+Baha+System+Candidate+Selection+Guide.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=468f716c-8401-4552-9d0d-bada89ddf814
- https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/hearing-aids-devices-including-wearable-bone-anchored-semi-implantable.pdf
- https://www.audiologyonline.com/articles/baha-softband-candidacy-evaluation-and-13117

5.2 Revision History

Date	Change(s)
24/03/2021	Release of V1.1
10/01/2023	Questionnaire link update
11/05/2023	Added: Soft band criteria
20/12/2024	Release of V2.0
04/11/2025	Release of V3.0 References update