

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY REFERENCE NO.: MPO-490-0154
EFFECTIVE DATE May 1, 2011	SUBJECT: Implantable Bone-Conduction and Bone-Anchored Hearing Prostheses

### **Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy**

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

#### **I. DESCRIPTION:**

External bone-conduction hearing prostheses transmit sound waves through the bone to the ossicles of the middle ear.

#### **II. BENEFIT POLICY STATEMENT:**

Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

#### **III. MEDICAL POLICY STATEMENT:**

- A. BCNEPA will provide coverage for an implanted bone-conduction (bone-anchored) hearing prosthesis when medically necessary.
  - 1. Unilateral or bilateral implantable bone-conduction (bone-anchored) hearing prosthesis (es) may be considered medically necessary as an alternative to an air-conduction hearing aid in patients five years of age and older with conductive or mixed hearing loss who also meet at least one (1) of the following medical criteria:
    - a) Congenital or surgical induced malformations (e.g., atresia) of the external ear canal or middle ear;
    - b) Chronic external otitis or otitis media;
    - c) Tumors of the external canal and/or tympanic cavity; or

- d) Dermatitis of the external ear canal.
- 2. In addition to the above medical criteria, the following audiologic criteria must be met:
  - a) A pure tone average bone-conduction threshold measured at 0.5, 1, 2, and 3 kHz of better than or equal to 45 dB (OBC and BP100 devices), 55 dB (Intenso device) or 65 dB (Cordele II device).
  - b) For bilateral implantation, patients should meet the above audiologic criteria, and have a symmetrically conductive or mixed hearing loss as defined by a difference between left and right side bone conduction threshold of less than 10 dB on average measured at 0.5, 1, 2 and 3 kHz, or less than 15 dB at individual frequencies.
- 3. An implantable bone-conduction (bone-anchored) hearing prosthesis may be considered medically necessary as an alternative to an air-conduction CROS hearing aid in patients five years of age and older with single-sided sensorineural deafness and normal hearing in the other ear. The pure tone average air conduction threshold of the normal ear should be better than 20 dB measured at 0.5, 1, 2, and 3 kHz.

B. BCNEPA will not provide coverage for other uses of bone-conduction (bone-anchored) hearing prostheses, including use in patients with bilateral sensorineural hearing loss as this is considered investigational.

#### **IV. DEFINITIONS:**

N/A

**-PLEASE SEE CODING ON NEXT PAGE-**

# PROPRIETARY - DO NOT PRINT - DO NOT MAIL

CPT only copyright 2012 American Medical Association. All rights reserved.

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0154
EFFECTIVE DATE May 1, 2011	SUBJECT: Implantable Bone-Conduction and Bone-Anchored Hearing Prosthesis

The five character codes included in the **Blue Cross of Northeastern Pennsylvania's Medical Policy** are obtained from Current Procedural Terminology (CPT\*), copyright 2012 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

The responsibility for the content of **Blue Cross of Northeastern Pennsylvania's Medical Policy** is with BCNEPA and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributed or related to any use, nonuse or interpretation of information contained in **Blue Cross of Northeastern Pennsylvania's Medical Policy**. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of **Blue Cross of Northeastern Pennsylvania** should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association

# PROPRIETARY - DO NOT PRINT - DO NOT MAIL

## BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.

Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

69710	69714	L8690	L8692
69711	69715	L8691	L8693

# PROPRIETARY - DO NOT PRINT - DO NOT MAIL

CPT only copyright 2012 American Medical Association. All rights reserved.