

**BAHA (bone-anchored hearing aid)**

We provide coverage for this procedure for adult and pediatric (5 years old and older) members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: \*69714, \*69715, \*69717, \*69718

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**See below for the questions you'll encounter in the e-referral system.**

**Q** Does the patient have BILATERAL SENSORINEURAL hearing loss? NOTE: If patient has unilateral sensorineural loss you MUST select no.

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have CONDUCTIVE OR MIXED hearing loss? A. Unilateral B. Bilateral C. No D. N/A

**A**

Possible answers:  A  B  C  D

**Q** Does the patient have CONDUCTIVE OR MIXED hearing loss and congenital or surgically-induced malformations (for example, atresia) of the external ear canal or middle ear?

**A**

Possible answers:  Yes  No  N/A



**Blue Care  
Network  
of Michigan**

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## Preview questionnaire: BAHA (bone-anchored hearing aid)

For BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

Effective March 1, 2020

**Q** Does the patient have CONDUCTIVE OR MIXED hearing loss and chronic external otitis or otitis media?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have CONDUCTIVE OR MIXED hearing loss and tumors of the external canal and/or tympanic cavity?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have CONDUCTIVE OR MIXED hearing loss and chronic dermatitis of the external canal prohibiting the use of an air conduction hearing aid AND a pure tone average bone conduction threshold measured at 0.5, 1, 2, and 3 kHz or better than or equal to ONE of the following (A-C)? A. 45 dB (OBC and BP100, Baha 4 and Baha 5 devices) B. 55 dB (Intenso device) C. 65 dB (Cordele II and Baha 5 SuperPower devices)

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have SINGLE SIDED SENSORINEURAL deafness and normal hearing in the other ear with a pure tone average air conduction threshold of the normal ear better than 20 dB measured at 0.5, 1, 2, and 3 kHz?

**A**

Possible answers:  Yes  No  N/A

**Q** For requests for BILATERAL implantation, does the patient have 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 (4 kHz for OBC and Ponto Pro), or less than 15 dB at individual frequencies? NOTE: If request is for single-sided implantation only, you MUST select N/A

**A**

Possible answers:  Yes  No  N/A