The Bone Anchored Hearing Aid (BAHA) system works through direct conduction of sound energy via the skull bone to a functioning cochlea in the inner ear, bypassing the outer and middle ear. It consists of three (3) parts: a tiny titanium screw implanted behind the ear, the abutment, which is the socket that is attached to the implant and sits on the surface of the scalp behind the ear, and the detachable sound processor.

Coverage Criteria

Beneficiaries must meet both the audiologic and medical condition criteria listed below.

1. Audiologic criteria - A bone anchored hearing aid may be covered when a beneficiary meets **ALL** of the following:

   a) A pure tone average bone conduction threshold of 70 dB or less **AND**
   b) A speech discrimination score greater than 60%

2. Medical condition criteria – must meet one (1) or more of the following criteria:

   a) Congenital or surgically induced malformations of the external ear canal and/or middle ear (e.g., atresia) **OR**
   b) Severe chronic infections of the middle or outer ear with persistent otorrhea/discharge and documented failure with air conducted hearing aids **OR**
   c) Tumors of the external ear canal and/or tympanic cavity **OR**
   d) Otosclerosis with a contraindication to stapedectomy surgery (i.e.,; the ear requiring stapedectomy is the beneficiary's only hearing ear) **OR**
   e) Other anatomic or medical conditions in which an air conduction hearing aid is contraindicated **OR**
   f) Single-sided deafness

Limitations

- BAHA will not be covered for beneficiaries under five (5) years of age
- BAHA will not be covered for beneficiaries with bilateral sensorineural (nerve) hearing loss

Documentation

Refer to Provider Policy Manual Section 7.03 for Maintenance of Records policy.

Otoplasty is a surgical procedure that attempts to reconstruct the external ear to normal anatomical shape and appearance. The operation may be a single procedure or multi-staged with a range of approaches.

Indications

Otoplasty is covered for correction of ears that protrude more than 20 mm and at an angle greater than 35 degrees from the occipital scalp.

DOM covers otoplasty as medically necessary when one of the following criteria is satisfied:

- for the correction of an external ear deformity associated with an abnormality of the external ear canal (e.g.,stenosis).
- when the procedure is intended to improve a hearing impairment.
- when performed as part of a staged reconstruction for an absent or inadequate external ear.
- when the reconstruction involves a cochlear implant and the procedure is required for proper functioning of the device.

Limitations

Mississippi Medicaid does not cover otoplasty when performed solely for the purpose of improving or altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one's appearance. Conditions for which otoplasty is generally considered cosmetic and not medically necessary include, but are not limited to:

- Prominent/protruding ears – minor deformities that are considered an anatomic variance and do not meet the measurements listed under the "Indications" section of this policy
- Lop ears
- Cupped ears
- Constricted ears

Otoplasty is not covered for children under the age of five (5).

Documentation

The beneficiary's medical records must be legible and contain the relevant history and physical finding conforming to the criteria stated in the "Indications" section above. These records should be retained a minimum of five (5) years in order to comply with all state and federal regulations and laws.

Documentation must include the following;

- Photographs of frontal, lateral, and oblique ear positions. The name of the patient and the

date of the photograph must be marked on each photograph.

- Detailed medical history
- Hearing evaluation and test results if performed
- Physical examination

Refer to Provider Policy Manual section 7.03 for Maintenance of Records policy.

Prior Approval

Prior approval for otoplasty will not be required. The surgeon must retain all documentation supporting medical necessity in the medical record. The final determination of medical necessity will be made by the surgeon based on the criteria listed in this policy.

Uvulopalatopharyngoplasty, also known as UPPP or UP3, is a surgical procedure that involves resection of the mucosa and submucosa of the soft palate, tonsillar fossa, and the lateral aspect of the uvula. The amount of tissue removed is individualized for each patient as determined by the potential space and width of the tonsillar pillar mucosa between the two (2) palatal arches. The UPPP/UP3 enlarges the oropharynx and is used to treat obstructive sleep apnea syndrome (OSA) which is characterized by repetitive episodes of airway obstruction that occurs during sleep, usually associated with a reduction in blood oxygen saturation.

Criteria for Coverage

Uvulopalatopharyngoplasty for the treatment of obstructive sleep apnea syndrome is considered medically necessary if **ALL** of the following (1-3) are present:

1. Documented OSA with apnea hypopnea index (AHI) or respiratory disturbance index (RDI) which meets the following parameters:

    a. UPPP/UP3 as sole procedure: with AHI/RDI >15 and <40, or AHI/RDI 10-15 with one (1) or more of the conditions listed below:

    - Hypertension, **or**
    - Cardiac arrhythmias predominately during sleep, **or**
    - Pulmonary hypertension, **or**
    - Documented ischemic heart disease, **or**
    - Impaired cognition or mood disorders, **or**
    - History of stroke, **or**
    - Excessive daytime sleepiness, as documented by either a score of greater than ten (10) on the Epworth Sleepiness Scale or inappropriate daytime napping, (e.g., during driving, conversation, or eating) or sleepiness that interferes with daily activities.

    OR

    b. UPPP/UP3 as part of a planned staged or combined surgery aimed at also relieving retro lingual obstruction, (e.g., genioglossal advancement, hyoid myotomy and suspension): with AHI/RDI >15, or AHI/RDI 10-15 with one (1) or more of the conditions listed below:

    - Hypertension, **or**
    - Cardiac arrhythmias predominately during sleep, **or**
    - Pulmonary hypertension, **or**
    - Documented ischemic heart disease, **or**
    - Impaired cognition or mood disorders, **or**
    - History of stroke, **or**
    - Excessive daytime sleepiness, as documented by either a score of greater than ten (10) on the Epworth Sleepiness Scale or inappropriate daytime napping, (e.g., during driving, conversation, or eating) or sleepiness that interferes with daily activities.

AND

2. Continuous positive airway pressure (CPAP) has been tried with well-supported follow-up and clearly failed or is not tolerated.

AND

3. Pre-operative evaluation including fiberoptic endoscopy suggest retro-palatal narrowing is the primary source of airway obstruction if UPPP/UP3 is the sole procedure or a combined surgery aimed at also relieving retro lingual obstruction.

Documentation

Refer to Provider Policy Manual Section 7.03 for Maintenance of Records policy.

Refer to Provider Policy Manual Section 52.20 for Bone Anchored Hearing Aid (BAHA) policy.

Refer to Provider Policy Manual section 52.21 for Otoplasty policy.