

## Bone Anchored Hearing Aid (BAHA) Request Form

Applicant Information	
Child's Name:	Date of Birth:
CCS Number:	Date of Request:

Provider Information	
Authorized Provider:	NPI Number:
Email:	Phone Number:

Service Requested	
<input type="checkbox"/> <b>BAHA Softband</b>	<input type="checkbox"/> <b>BAHA Surgery:</b> <input type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear

Qualifying Conditions of BAHA Softband and/or BAHA Surgery:	Select all that apply
Chronic draining otitis media, which is constant & unresponsive to treatment. <b>(BAHA Softband ONLY)</b>	<input type="checkbox"/>
Documentation of failed reconstructive surgery and/or no plans for full reconstructive surgery that would restore hearing to normal. <b>(BAHA Surgery ONLY)</b>	<input type="checkbox"/>
Congenital malformation of the external auditory canal or middle ear (anotia, atresia and/or microtia) with a moderate (or worse) conductive or mixed hearing loss & confirmed bone conduction results in the normal to moderate hearing range (better than 40-65 dB HL).	<input type="checkbox"/>
Stenosis of the external auditory canal.	<input type="checkbox"/>
Ossicular discontinuity or erosion that cannot be repaired by surgery & traditional HA/CROS/FM cannot be fit.	<input type="checkbox"/>
Confirmed profound hearing loss (95 dB HL or greater than 95 dB across the range of frequencies from 500 Hz to 8KHz in one ear with confirmed bone conduction thresholds in the opposite ear of 40 dB HL or better; unless device is specifically FDA approved for BC thresholds or greater severity (i.e. 65 dB HL) when traditional HAs, CROS, and FM cannot be fit.	<input type="checkbox"/>

REQUIRED Information/Documents to be attached	YES	NO	Check if PROVIDED
Condition precludes use of traditional HA, CROS, or FM systems	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Replacements</b>			
1. Benefit of BAHA			<input type="checkbox"/>
a. Parent Report			<input type="checkbox"/>
b. Unaided Speech Discrimination Score			<input type="checkbox"/>
2. Compliance			<input type="checkbox"/>
<b>Stenosis</b>			
1. Can Fit Ear Mold	<input type="checkbox"/>	<input type="checkbox"/>	
2. ENT Report			<input type="checkbox"/>
<b>Bone Conduction Threshold results (Audiogram or Audiometric Report)</b>			<input type="checkbox"/>
1. Right Ear			<input type="checkbox"/>
2. Left Ear			<input type="checkbox"/>
<b>Air Conduction Threshold results (Audiogram or Audiometric Report)</b>			<input type="checkbox"/>
1. Right Ear			<input type="checkbox"/>
2. Left Ear			<input type="checkbox"/>
SAR Form			<input type="checkbox"/>
Physician's report, indicating diagnosis and medical necessity of treatment			<input type="checkbox"/>
Other relevant reports for justification of medical necessity			<input type="checkbox"/>
Catalog page listing price of the BAHA device			<input type="checkbox"/>