



**TO: MEDS Providers**

**RE: Bone-Anchored Hearing Aids (BAHAs) – Coverage Guidelines**

Effective June 1, 2019, new coverage guidelines for bone-anchored hearing aids (BAHAs), using Healthcare Common Procedure Coding System (HCPCS) code L8690 *Auditory osseointegrated device, includes all internal and external components*, will be used, in conjunction with the Department of Social Services' (DSS) definition of medical necessity (see section 17b-259b of the Connecticut General Statutes).

InterQual criteria for BAHAs coded under procedure code L8692 *Auditory osseointegrated device, external sound processor; used without osseointegration, body worn, includes headband or other means of external attachment*, will continue to be used along with the definition of medical necessity.

**NOTE: The Criteria are used as guidelines only.** Should the criteria ever conflict with the definition of Medical Necessity in Section 17b-259b of the Connecticut General Statutes, the definition of medical necessity shall prevail.

The new policy is available on the HUSKY Health Web site at [www.ct.gov/husky](http://www.ct.gov/husky). To access the policy, click on "**For Providers**" followed by "**Policies, Procedures and Guidelines**" under the "**Medical Management**" menu item.

#### **Prior Authorization (PA) Submission Process**

Requests for BAHAs should be submitted using either HCPCS code L8690 or L8692. Providers should fax the completed Outpatient PA Request Form or submit the request via the medical prior authorization Web portal.

The Outpatient PA Request Form is available on the HUSKY Health Web site at [www.ct.gov/husky](http://www.ct.gov/husky). To access the form, providers should click on "**For Providers**",

followed by "**Prior Authorization Forms and Manuals**" under the "**Prior Authorization**" menu item.

The Web portal may be accessed via the HUSKY Health Web site at [www.ct.gov/husky](http://www.ct.gov/husky). To access the portal, providers should click on "**Provider Home**", followed by "**Medical Prior Authorizations**" under the "**Prior Authorization**" menu item. Once on the "**Medical Prior Authorizations**" landing page, click on the "**Medical Authorization Portal**" button.

If you do not have a Medical Authorization Portal user account or would like to add users to an existing account, contact Community Health Network of Connecticut (CHNCT) support for more information at: [clearcoveragehelpdesk@chnct.org](mailto:clearcoveragehelpdesk@chnct.org) or 1-877-606-5172 for Technical Portal Support.

Providers must submit clinical information supporting the medical necessity of the requested item. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by CHNCT. It is the responsibility of the provider initiating the PA submission to respond to requests for additional information in a timely manner. PA requests that pend for twenty (20) business days without receipt of all requested documentation are subject to denial.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. to 6:00 p.m.