

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BONE ANCHORED HEARING SYSTEM**

This notification applies to the following networks: *Commercial HMO, POS, and PPO.*

A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective September 1, 2023**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Bone Anchored Hearing System for non-Medicare members.

### **Explanation of the change:**

Clinical review criteria for Bone Anchored Hearing System have been revised to include updates to hearing thresholds, expanded coverage criteria for transcutaneous systems to include the OSIA™ system, and updates to the warranty/replacement criteria.

Clinical review criteria can be found on the Kaiser Permanente provider website at: <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/baha.pdf>

### **What will I need to do differently for my patients with the following Kaiser Permanente health plans?**

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is required.

Questions: Contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

**Kaiser Foundation Health Plan of Washington**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**

<CONTRACT MANAGER NAME>

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