

# A Step-by-Step Guide to Obtaining Coverage for the Baha system

The majority of health insurance companies and managed care plans cover Baha systems. However, preauthorization of coverage and related services is not automatic. Health insurance policies and health plans, also referred to as "payers," have administrative processes to review coverage issues and make decisions. These processes may be complex and confusing. Understanding your plan's specific process is crucial to getting approval for a Baha system.

Although each payer may have different reviewing methods, the process of submitting a request is fairly straight-forward. There are five basic steps to requesting a preauthorization of coverage. They are:

Step 1: Researching Coverage

Step 2: Contacting the Payer

Step 3: Writing Letters

Step 4: Following-Up

Step 5: Appealing the Decision

## Step 1: Researching Coverage

Your health plan can provide you with information that outlines the description of services that are covered and are not covered. Your first step is to read the booklet thoroughly; so you understand your health plan before requesting coverage.

Services: There are separate services associated with getting a Baha system. Look for benefits to cover the following:

Assessment and evaluation: Most health plans include benefits covering diagnosis of a disease or illness.

Baha system: Some health plans will specifically cover Baha systems, some will cover "prosthetics," and a few will specifically exclude the device.

Hospital surgical services: Most health plans cover inpatient and outpatient hospital surgical services.

**Surgeon's services:** Most health plans cover surgeon's services.

Post-operative audiology services: Most health plans cover rehabilitation, and generally limit, or "cap" post-operative rehabilitation, treatment or therapy. The plan may or may not specifically mention audiology as a covered service.

Repairs and maintenance to external components: Most health plans do not specifically mention coverage for repairs and maintenance for the external components of the Baha system. However, not including a benefit does not necessarily mean it is excluded.

Information concerning this type of benefit may be found in the durable medical equipment (DME) or medical supplies section of the benefit booklet.

Understand the process for making a request for a preauthorization. Following the administrative process of your health plan is often critical to obtaining coverage. If you don't follow the process, they may not pay for a procedure or additional time may be added to the review process.

**Questions so you can better understand your plans administrative process may include:**

- \* Do I need to see my primary care physician (PCP)?
- \* What information should be included in the request?
- \* In addition to a written request, what kind of medical information and literature should be included with the request?
- \* To whom do I send the request?
- \* How long will it take to make a decision?
- \* Where do I call to get an update on progress?
- \* If I don't agree with the decision, what are my appeal options?

Continue to contact your health plan if you have additional questions or need clarification. Ask all the questions necessary for you to obtain a clear understanding of what is and is not covered.

If you need additional support, contact your hearing center, or an advocacy group.

## Step 2: Contacting the Payer

- \* Provides an opportunity to speak with a health plan representative so you can make a verbal request for coverage. If you are not satisfied with the responses of the person with whom you are speaking, ask to speak with a manager or nurse reviewer. Maybe a written request is not required.
- \* Provides an opportunity to request the name and address of a specific individual to whom you will send your written request for coverage. Many health plans will provide a general mailbox or post office box number. Push for a name, address and telephone number. If nothing more, get the name and telephone number of the person with whom you spoke.
- \* If you are covered by a managed care health plan, and have a primary care physician (PCP), make an appointment to see your PCP. Your PCP is the gatekeeper for all referrals, including those to a surgeon who can implant the titanium fixture.

## Step 3: Writing Letters

- \* Preauthorization requests revolve around "medical necessity." This determines if the Baha system is necessary for the treatment or cure of a disease or injury. Your surgeon and audiologist are the individuals qualified to make that decision. Payers insist that letters of medical necessity be written by your physician. You may also write a personal letter for inclusion in the request. It may be helpful to inform the plan of any relevant personal or family issues supporting the need for the Baha system.
- \* Make sure that all the services related to Baha system are preauthorized (click here to view services). Health plans may authorize the surgeon's fee or the device without fully understanding that claims for other services (post-operative audiology, for example)

will be submitted in the coming months. Make sure they are aware of all the services associated with Baha system.

## Step 4: Following-Up

Once the preauthorization request has been submitted, follow up regularly with your health plan. It is not uncommon for a request to get delayed in the process. Obtain a time frame for a decision from the health plan. Ten days to two weeks is considered a reasonable period of time to review a request for coverage for Baha system surgery. If you are quoted a longer time frame, ask why it will take so long. Your cochlear implant center will probably also follow up on the status of the request but do not rely on the center to keep things moving. Take ownership of the process and follow up frequently.

## Step 5: Appealing the Decision

If the health plan denies the request, appeal the decision. The first step is to determine why the Baha system treatment was denied; ask for the denial in writing. Appeals are more effective when in direct response to the specific denial reason. Ask for help with your appeal from your hearing treatment center, and advocacy groups.

### **The process for appealing the decision may include:**

- Writing formal letters of appeal to the health plan. Appeal the denial and respond specifically to the denial reason. Ideally, the surgeon and audiologist should write the letters. The medical necessity of the surgery can best be argued by the surgeon or audiologist. Ask them to help.
- Contacting the health plan. Identify individuals with decision-making responsibility, e.g., medical directors, case managers, claims managers, and utilization review personnel, and get them involved. Ask them for help.
- Contacting your employer's human resources or health benefits representative. Find out how much leverage your employer has with the health plan. Ask them to help.
- Contacting advocacy organizations. Advocacy organizations that support the hearing impaired, Baha system candidates and recipients, may be of assistance. Generally, they

will not exercise much influence over the health plan. However, they may be able to provide guidance or even connect you with someone who has experienced a similar insurance issue.

- Don't take no for an answer. Persistence is the key to good coverage outcomes.