

Hearing services

Applies to:

BCN Advantage Individual

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Blue Care
Network
of Michigan

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Hearing services

Hearing care involves the diagnosis and treatment of hearing loss. Hearing loss can be categorized by what part of the auditory system is damaged. There are three basic types of hearing loss: conductive, sensorineural and mixed.

Conductive hearing loss affects the outer or middle ear and causes a barrier to the sound waves that need to be passed to the inner ear. Most conductive losses aren't permanent and may be treatable with medication or surgery. Causes include total wax occlusion, otitis media (middle ear infection), perforation of the ear drum or otosclerosis (a disease in which the middle ear bones fuse and affect the vibrations needed to transmit sound to the inner ear).

Sensorineural hearing loss is caused by damage to the inner ear affecting the tiny outer and inner hair cells. The disruption results in poor transmission of the messages sent to the brain for interpretation of sound. Some causes include noise damage, presbycusis (age-related loss), viral inner ear infections or the use of ototoxic medication (medicine that is harmful to the ear). Sensorineural hearing loss is permanent. The best way to address it is by the fitting of hearing aids for sound stimulation.

Mixed hearing loss is a combination of conductive and sensorineural hearing loss.

Original Medicare

According to the Code of Federal Regulations and the Centers for Medicare and Medicaid Services guidelines, hearing aids or examinations for the purpose of prescribing, fitting, or changing hearing aids are excluded from coverage under Original Medicare.

Certain devices that produce the perception of sound by replacing the functions of the middle ear, cochlea, or auditory nerve are payable by Medicare as prosthetic devices. These devices are indicated only when hearing aids are medically inappropriate or can't be utilized due to congenital malformation, chronic disease, severe sensorineural hearing loss, or surgery. The following are prosthetic devices:

- Cochlear implants
- Auditory brainstem implants
- Osseointegrated implants

BCN Advantage Individual enhanced benefit

BCN Advantage is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Care Network of Michigan to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Blue Care Network of Michigan

bcbsm.com/providers

Coverage for various procedures that fall into the generic category of routine hearing services under Medicare regulations is provided to members under select BCN Advantage plans that include this benefit. Because Original Medicare doesn't cover these services, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost sharing are determined by Blue Care Network for individual coverage.

Hearing providers may participate in the BCN Advantage network on an individual basis. Providers who participate in the BCN Advantage network are considered to be in-network.

Benefit options available to individual BCN Advantage plans are:

- Medical evaluation for the specific purpose of prescribing and fitting of a hearing aid
- Standard hearing aid allowance
- Fitting and evaluation of hearing aids
- Medicare-covered hearing exams
- Routine hearing exams (non-Medicare-covered)

Medical evaluation

For patients who've never had a hearing aid, a medical evaluation is required to determine the cause of the hearing loss and whether it can be improved with a hearing aid. This evaluation is covered under the base Medicare office visit benefit, and member cost sharing applies consistent with that benefit.

The following additional hearing tests and exams (specifically excluded under Original Medicare) are covered under the medical evaluation component of the hearing services benefit option:

- An audiometric examination measures hearing ability. This exam includes tests for air and bone conduction, speech reception and discrimination, and must include a summary of exam findings.
- A hearing aid evaluation test determines what type of hearing aid should be prescribed to compensate for loss of hearing, based on the results of the audiometric exam.
- A conformity test is conducted to evaluate the performance of a hearing aid and its conformity to the original prescription after it has been fitted. This is a follow-up test by the otolaryngologist (physician specialist), audiologist, or hearing aid dealer who prescribed the hearing aid.
- Diagnostic hearing services include diagnostic hearing and balance evaluations performed by a provider to determine if member needs medical treatment. These are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.
- Routine hearing exams (non-Medicare-covered hearing exams) may be provided by a primary care physician or a specialist (cost shares may apply). Hearing aid fitting and evaluation exams may be provided by a primary care physician or a specialist.

Standard hearing aid coverage

Hearing aids must be prescribed by a physician, audiologist, or hearing aid dealer based on the most recent audiometric examination and hearing aid evaluation test. Standard (analog or basic digital) hearing aids (as defined below in the conditions for payment section) are subject to a 36-month frequency limitation, per ear. Hearing aids are covered when furnished by a physician, audiologist, or other qualified provider and based on the most recent hearing exam and hearing aid evaluation. A medical evaluation is required to find the cause of the hearing loss and determine if it can be improved with a hearing aid prior to hearing aids being dispensed. Coverage includes applicable dispensing fees, but excludes additional hearing aid batteries, repairs, adjustments, or reconfigurations. Member is responsible for the difference between the plan's benefit and the cost of the hearing aid(s). Services must be obtained from a participating in-network provider.

Individual standard hearing aid benefit allowance options

For BCN Advantage individual plans with the mandatory, embedded hearing aid coverage option, the benefit allowance amount for standard (analog or basic digital) hearing aids is \$600 per ear, every three years, from any provider (in- or out-of- network). Community Value has a mandatory, embedded hearing aid coverage of \$750 per ear, every three years.

Excluded services

The following services are excluded from the BCN Advantage enhanced Hearing Services benefit:

- Testing of different devices
- Drugs
- Medical treatment and evaluation that is appropriately covered under Medicare Parts A or B
- Replacement parts or spare hearing aids
- Examinations related to medical surgical procedures or hearing aid fittings
- Enhanced features on a digital hearing aid
- Hearing aids that don't carry FDA approval
- Unnecessary services not prescribed by the physician specialist, audiologist or hearing aid dealer
- Hearing aids ordered while the member has BCN Advantage coverage, however, delivered more than 60 days after coverage ends

Conditions for payment'

The table below specifies payment conditions for hearing services.

Conditions for payment	
Eligible provider	Primary care provider (M.D. or D.O.), audiologist, hearing aid dealer
Payable location	No restrictions
Frequency	Once every 36 months (per ear) unless significant change in hearing loss (documentation required)
HCPSC codes	S0618, V5010, V5020, V5030, V5040, V5050, V5060, V5070, V5080, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211-V5215, V5221, V5230, V5242-V5261, V5299
Diagnosis restrictions	Restrictions
Age restrictions	No restrictions

Reimbursement

To find BCN Advantage plan's maximum payment amount for all hearing services (i.e., tests, exams, and standard hearing aids), visit our provider portal, [Availability Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions.

BCN Advantage's maximum defined benefit allowances for hearing aids is \$600 per ear, every three years for all BCN Advantage plans except Community Value which is \$750 per ear, every three years. ConnectedCare hearing aid coverage is found only in the optional supplemental benefit package. Other details are in the *Standard hearing aid coverage* section above.

Total payment to the contracted provider for standard hearing aids must not exceed the BCN Advantage allowed amount. The provider will be paid the lesser of the BCN Advantage allowed payment amount, the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to balance bill the member for the difference between the BCN Advantage allowed amount and the provider's charge.

Member cost sharing

- BCN Advantage providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost sharing amounts from the member.
- If the member elects to receive a service that's not covered, he or she is responsible for the entire charge associated with that service.

To verify benefits and cost share, providers may utilize our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim.
2. Use the BCN Advantage unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing:

- a. Michigan providers:

Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim And Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website in the provider online tools section at bcbsm.com/providers/help/edi/.

- b. Providers outside of Michigan:

Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

Revision history

Policy number: BCNA

Effective 01/01/2023

Reviewed:

Revised: