

HEARING CARE

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

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 are not permanent and may be treatable with medication or surgery. Some examples of causes of conductive loss are 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 of normal function of these cells results in poor transmission of the messages sent to the brain for interpretation of sound. Some causes of this type of loss include noise damage, presbycusis (age-related loss), viral inner ear infections or the use of ototoxic medication (medicine that is harmful to the ear). This is a permanent kind of loss that is best addressed by the fitting of hearing aids for sound stimulation.

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

ORIGINAL MEDICARE¹

According to the Code of Federal Regulations and Centers for Medicare & 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 cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss or surgery. The following are prosthetic devices:

- cochlear implants
- auditory brainstem implants
- osseointegrated implants

¹. Social Security Act - Section 1862(a)(7)
http://www.socialsecurity.gov/OP_Home/ssact/title18/1862.htm
Code of Federal Regulations, Title 42, Part 411, S411.15

MEDICARE ADVANTAGE

Coverage for various procedures that fall into the generic category of hearing care benefits is provided to members under select Medicare Advantage private fee-for-service plans. Since Original Medicare does not cover these services, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost-sharing are determined by the group.

Medical evaluation

A medical evaluation to find the cause of the hearing loss and determine if it can be improved with a hearing aid is required if the patient has never had 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 tests and exams are covered under the hearing care benefit:

- An audiometric examination, which measures hearing ability, and includes tests for air and bone conduction, speech reception and speech discrimination and must include a summary of exam findings.
- A hearing aid evaluation test which 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 which 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 deemed otolaryngologist (physician specialist), audiologist, or hearing aid dealer who prescribed the hearing aid.

Hearing aid coverage

Hearing aids must be prescribed by a physician-specialist, audiologist or hearing aid dealer based on the most recent audiometric examination and hearing aid evaluation test. Hearing aids must be dispensed by a deemed contracting hearing aid dealer. Hearing aids are subject to a 36 month frequency limitation.

Basic hearing aids are covered under BCBSM Medicare Advantage private fee-for-service plans for select group members. If a claim is submitted for a deluxe hearing aid (such as a digital or digitally programmable hearing device), reimbursement to the provider will be based on the Medicare Advantage private fee-for-service allowable amount for the basic hearing aid and the provider may charge the member for the difference between the payment and the billed charge.

A monaural hearing aid is a single electronic device worn to amplify sound and improve hearing in one ear. All group members have coverage for medically necessary monaural hearing aids.

Binaural hearing aids are two electronic devices, (one set) worn to amplify sound and improve hearing in both ears. Two hearing aids provided to a patient on different dates are not considered binaural hearing aids, and are not payable for groups with binaural coverage. Coverage for binaural hearing varies by Medicare Advantage private fee-for-service group plans specified below:

City of Detroit – Option G

Members are entitled to a basic monaural hearing aid every 36 months.

- If the member elects a deluxe (e.g. digital or digitally programmable) monaural hearing aid or a set of basic or deluxe binaural hearing aids, reimbursement to the provider will be based on the Medicare Advantage private fee-for-service allowable amount for the basic monaural hearing aid and the provider may charge the member for the difference between the payment and the billed charge.
- Additional hearing care benefits will be considered for the City of Detroit – option G members if significant additional loss of hearing occurs before the end of the 36 months and is documented in the patient's medical records. An exception can be made if severe hearing loss of 25 percent or more is still evident with the current use of a hearing aid.

Michigan Public School Employee Retirement System and State of Michigan Retirees

Members are entitled to a basic monaural hearing aid or one set of basic binaural hearing aids every 36 months.

- If the member elects any type of deluxe hearing aid, including digital or digitally-programmable hearing devices, reimbursement to the provider will be based on the Medicare Advantage private fee-for-service allowed amount for the basic (monaural or binaural) hearing aid and the provider may charge the member for the difference between the payment and the billed charge.

Excluded services

The following services are excluded from the Medicare Advantage private fee-for-service hearing care benefit:

- Testing of different devices
- Drugs
- Medical treatment – evaluation
- Replacement parts or spare hearing aids
- Examinations related to medical surgical procedures or hearing aid fittings
- Non-governmental approved hearing aids
- Unnecessary services not prescribed by the physician specialist, audiologist or hearing aid dealer
- Hearing aids ordered before contract termination
 - Hearing aids ordered while the patient has Medicare Advantage private fee-for-service coverage, however, delivered more than 60 days after coverage ends.

Conditions for payment

BCBSM Medicare Advantage private fee-for-service plans use the CMS deemed provider² concept for group specific benefits. The table below specifies payment conditions for hearing care services:

Conditions for payment	
Eligible providers	Audiologist, hearing aid dealer, M.D. or D.O.
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	No restrictions
CPT codes	S0618, V5010-V5070, V5080, V5100, V5120-V5150, V5170-V5190, V5210-V5230, V5242-V5261, V5298-V5299
Frequency/quantity limitation	MPSERS and SOM – Once every 36 months.
	COD – Option G – Once every 36 months. Exceptions may apply – severe hearing loss of 25% or more.
Diagnosis restrictions	No restrictions
Age restrictions	

Reimbursement

The maximum payment amount for the hearing care services benefit is available in a separate document, ***BCBSM Medicare Advantage – Additional Benefits Fee Schedule***.

The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full for most services (some exceptions may apply) and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost-sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts. They may not otherwise charge or bill the member.
- For the following hearing care services, the provider can bill the member for the difference between Medicare Advantage private fee-for-service payment amount and the billed charge:
 - Deluxe monaural or binaural hearing aids provided to MPSERS or SOM members.
 - Deluxe monaural or any type of binaural hearing aid provided to COD – option G.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

For detailed information about BCBSM Medicare Advantage member's benefits and cost-share, review the group plan's ***Summary of Benefits***. The chart below identifies members with hearing aid care coverage.

². 2009 Terms and conditions

Group name and number	
BCBSM/BU Retirees 80306	City of Detroit Option G 04436
Hope College 51623	Kadant Johnson 50309
MPSERS 59000	Oakwood Healthcare 47064, 47067
Robert Bosch LLC 51644	State of MI Retirees Troopers 81820
UAW Retirees of the Dana Corporation Health & Welfare Trust 51643	

Billing instructions

1. Bill services on the CMS 1500 (8/05) claim form or the 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service 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. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the BCBSM EDI Professional 837/835 Companion document is available at:
http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.
7. Report a quantity of one for a set of binaural hearing aids.