

U of M Hearing services

Applies to:

BCN Advantage Individual BCN Advantage Group Both

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



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
- Osseo integrated implants

University of Michigan BCN Advantage enhanced benefit

BCNA 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.

Coverage for various procedures that fall into the generic category of routine hearing services under Medicare regulations is provided to members under the University of Michigan BCN Advantage plan. Because Original Medicare doesn't cover these services, the group determines the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost sharing for those with group-based coverage.

Blue Care Network of Michigan

bcbsm.com/providers

Covered services include:

- One (1) hearing evaluation test by a participating physician or participating audiologist to determine if a hearing problem exists
 - An audiometric hearing examination test and hearing aid evaluation test to determine hearing acuity and the specific type or brand of hearing aid needed.
 - Standard monaural or binaural hearing aids. Coverage is limited to the benefit maximum amount as defined below:
 - Total monaural benefit maximum - \$1,507.00
 - Total binaural benefit maximum - \$2,707.00
- Note:** The member is responsible for any cost over the benefit maximum limit as defined above for the different type of hearing aid that may be prescribed and dispensed. The benefit maximum renews every 36 months.
- Services provided for the fitting of a hearing aid and follow-up services to evaluate performance of the hearing aid and its conformance to the prescription
 - A bone-anchored hearing aid is also a covered benefit if, in accordance with BCN Advantage medical policy, the conventional hearing aid does not appropriately treat a member's medical need, and, pursuant to BCN Advantage medical necessity criteria and policy, the bone-anchored hearing aid is a necessary therapeutic alternative to the conventional hearing aid. BCN Advantage must approve a prior authorization request for bone-anchored hearing aids.

Hearing services	
Value-Based Hearing Network – Includes Michigan Medicine Audiology Services and TruHearing providers	The Value-Based Hearing network providers are paid the BCN allowed amount for coverage of a standard model (either monaural or binaural) with options that do not result in balance billing. The member can buy up to more advanced models as needed and will be responsible for the cost difference between the BCN Advantage allowed amount and the cost of the advanced model.
Standard hearing network – Includes all other BCN Advantage network hearing aid providers	Standard hearing network providers will be paid the BCN allowed amount for coverage of a standard model (either monaural or binaural). Members are responsible for the cost difference between the BCN Advantage allowed amount and the provider charge for standard models.

Limitations

- The hearing care services must be authorized and performed by a participating provider or participating audiologist in the Value-Based Hearing Network or the standard hearing network.
- The hearing aid(s) must be dispensed by a participating provider (hearing aid dealer or specialist) in the Value-Based Hearing network or the standard hearing network.
- Hearing aids must be monaural, binaural or the in-the-ear, behind-the-ear or on-the-body type. Eye-glass type hearing aids or other special features, to the extent the charge for such hearing aids or features exceed that for a covered hearing aid, are not a benefit.
- Benefits are available only after 36 months have elapsed since the previous audiometric hearing aid examination, hearing aid evaluation, conformity evaluation test and the dispensing of a monaural hearing aid or binaural hearing aids.
- Ear molds can be purchased separately from the hearing aid(s). Hearing aid frequency limitation applies to adult ear molds.
- Frequency limitations apply to custom ear molds for children under the age of 18 (see Conditions for Payment).

Exclusions below are not limited to the following:

- Replacement of lost or broken hearing aids unless member has not used this benefit for at least 36 months.
- Replacement parts including batteries, maintenance, repair and insurance expenses for hearing aids.
- Eye-glass type hearing aids, cosmetic services or equipment.
- Hearing aids ordered prior to the effective date of coverage under this certificate, even if delivered after coverage begins.
- Hearing aids ordered prior to the termination of coverage under this certificate, but delivered after the coverage ends.
- Charges for audiometric examinations, hearing aid evaluation tests, conformity tests and hearing aids which are not necessary according to professionally accepted standards of practice or which are not prescribed by a participating provider.
- Drugs or medications related to hearing problems.
- Examinations, test or hearing aids provided by a government agency at no cost to the member.
- Two hearing aids ordered on different dates. These are not considered binaural hearing aids.
- Charges for spare hearing aids.
- Hearing aids that do not meet the Food and Drug Administration and Federal Trade Commission requirements.
- Non-prescription, non-conventional hearing aids and devices.

Conditions for payment	
Eligible provider	M.D., D.O., audiologist, hearing aid dealer
Payable location	No restrictions
Frequency	Audiometric examinations: One every 36 months Hearing aid evaluation: One every 36 months Ordering and fitting the hearing aid (monoaural or binaural hearing aid): One every 36 months Hearing aid conformity test: One every 36 months Custom ear molds for children under the age of 18: <ul style="list-style-type: none">○ Under three years of age: four times every 12 months per hearing aid○ Age three up to 13 years of age: twice every 12 months per hearing aid○ Age 13 up to 18 years of age: once every 12 months per hearing aid
CPT/HCPCS codes	S0618, V5010, V5014, V5020, V5030, V5060, V5070, V5080, V5090, V5095, V5100, V5110, V5120, V5140, V5150, V5160, V5181, V5190, V5200, V5221, V5230, V5240, V5241, V5242, V5247, V5248, V5253, V5254, V5257, V5258, V5261, V5262, V5263, V5268, V5274, V5298, 92590, 92591, 92592, 92593, 92594, 92595
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Reimbursement

To find BCN Advantage plan's maximum payment amount for all hearing services, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the Fee Schedules tab and follow the instructions. 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 and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Care Network before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

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.
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 under the reference library section at bcbsm.com/providers/help/edi/.
 - b. **Providers outside 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.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

Effective: 01/01/2024

Reviewed:

Revised: