**Worldwide Coverage – Emergency and Urgent Care**

Applies to:

Blue Cross Blue Shield Nebraska MA Core (HMO)

Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)

BlueCross BlueShield Nebraska

An 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 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 hearing 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 themessages sent to the brain for interpretationofsound.Somecausesof this typeof lossincludenoisedamage, presbycusis (age–relatedloss),viral inner ear infections or the use of ototoxicmedication (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 FederalRegulations and theCenters forMedicare &Medicaid Services guidelines, hearing aids or examinations for the purpose of prescribing, fitting, or changing hearing aids are excluded from coverageunderOriginalMedicare.

Certain devices that produce the perception of sound by replacing the functions of the middle ear, cochlea, or auditory nerve are payable byMedicareas prosthetic devices.These devices are indicated onlywhenhearing aids aremedically inappropriate or cannot be utilized due to congenitalmalformation, chronic disease, severe sensorineuralhearingloss, orsurgery.Thefollowingareprostheticdevices:

- Cochlear implants
- Auditory brainstemimplants
- Osseointegrated implants

## MA Core (HMO) and MA Choice (HMO-POS) Enhanced Benefit

MA Core (HMO) and MA Choice (HMO-POS) are Medicare Advantage plans that provide 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 Cross and Blue Shield of Nebraska 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 MA Core (HMO) and MA Choice (HMO-POS) plans. Because 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 Blue Cross and Blue Shield of Nebraska.

Hearing providersmay choose to participate in theNE Medicare Advantage networks on an individual basis. Providers who choose to participate in the NE Medicare Advantage network are considered to be in network.

The MA Core (HMO) and/or MA Choice (HMO-POS) plans offer the following coverage:

- Medical evaluation for the specific purpose of prescribing and/or fitting of a hearing aid
- Standard hearing aid coverage

## Medical Evaluation

A medical evaluation to determine the cause of the hearing loss and if it can be improved with a hearing aid is required if the member 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. This evaluation is covered up to once per year.

The following additional hearing tests and exams that are specifically excluded under Original Medicare are covered under the medical evaluation component of the hearing services benefit and are covered up to once every three years per ear:

- An audiometric examination that 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 that 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 that 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 dealerwho prescribed the hearing aid.

## 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 hearing aids (as defined below in the conditions for payment section) are subject to a 36–month frequency limitation per ear.

The hearing aid coverage benefit offers a flat dollar allowance that will apply toward the cost of a standard hearing aid (analog or digital). Members are responsible for the costs of any non-standard upgrades (i.e., Blue Tooth compatibility, noise cancelling volume spikes, etc.) that exceed the benefit allowance as stated below.

### Standard Hearing Aid

For the MA Core (HMO) plan, the benefit allowance amount for standard hearing aids is $400 per ear obtained from any provider (in or out of network).

For the MA Choice (HMO-POS) plan, the benefit allowance amount for standard hearing aids is $500 per ear obtained from any provider (in or out of network).

## Excluded Services

The following services are excluded from the MA Core (HMO) and MA Choice (HMO-POS) enhanced hearing services benefit:

- Testingof different devices
- Drugs
- Medical treatment–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
- Hearing aids that do not carry FDA approval
- Unnecessary services not prescribed by the physician specialist, audiologist or hearing aid dealer
- Hearing aids ordered while the member has MA Core (HMO) or MA Choice (HMO-POS) coverage, however, delivered more than 60 days after coverage ends.

## Conditions for payment

The table below specifies the payment conditions for hearing services.

| Conditions for payment | |
|---|---|
| Eligible provider | Primary care doctors (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) |
| HCPCS Codes | S0618,V5010,V5020-V5080,V5100,V5120-V5150,V5170-V5190,V5210-V5230, V5242-V5261, V5298-V5299 |
| Diagnosis Restrictions | Restrictions |
| Age Restrictions | No restrictions |

## Reimbursement

MA Core (HMO) and/or MA Choice (HMO-POS) plans' maximum defined benefit allowances for hearing aids are listed above in the Standard Hearing Aid Coverage section. Total payment to the contracted provider for standard hearing aids must not exceed the Blue Cross and Blue Shield of Nebraska allowed amount. The provider will be paid the lesser of the MA Core (HMO) and/or MA Choice (HMO-POS) allowed payment amount and the provider's charge, minus the member's cost–share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the MA Core (HMO) or MA Choice (HMO-POS) allowed amount and the provider's charge.

Providers may bill the member for the difference between the plan's defined benefit allowance amount and theMA Core (HMO) and/or MA Choice (HMO-POS) allowedamount. Providers must explain to the member any 'upgraded' features included on the hearing aid for which they will be fully financially responsible during the selection and ordering process. Providers should bill upgraded features using a NOC code.

Exceptions:

1. If the provider's charge is less than the MA Core (HMO) and/or MA Choice (HMO-POS) allowed amount and less than the MA Core (HMO) and/or MA Choice (HMO-POS) defined benefit allowance amount, the provider must accept the MA Core (HMO) and/or MA Choice (HMO-POS) paid amount as payment in full and may not bill the member.
2. If the provider's charge is less than the MA Core (HMO) and/or MA Choice (HMO-POS) allowed amount but is more than the defined benefit allowance amount, the providermay bill the member the difference between the defined benefit allowance amount and the provider's charged amount.

## Member cost sharing

- MA Core (HMO) and/or MA Choice (HMO-POS) members are liable for costs in excess of the defined benefit allowanceamount up to the lesser of theMA Core HMO and/or MA Choice (HMO-POS) allowed amount or the provider's charge.
- NE Medicare 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 NE Medicare Advantage cost–sharing amount from the member.
- If the member elects to receive a non–covered service, he or she is responsible for the entire charge associated with the non–covered service.

To verify benefits and cost-share, providers may call 888-505-2022.

## Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form or the 837 equivalent claim.
2. Use the MA Core (HMO) and/or MA Choice (HMO-POS) unique billing requirements.
3. Report 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.

**Revision history**

**Policy number:** NEHMO 1004
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07/10/2017: clarified that standard hearing aids may be either analog or digital.