

Hearing Care

All BCBSKS Blue Medicare Advantage plans

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 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). 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 cannot be utilized because of congenital malformation, chronic disease, severe sensorineural hearing loss, or surgery. The following are prosthetic devices:

- Cochlear implants
- Auditory brainstem implants
- Osseointegrated implants

Blue Cross and Blue Shield of Kansas Medicare Advantage (PPO) benefit

Blue Cross and Blue Shield of Kansas (BCBSKS) Medicare Advantage (PPO) 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 Cross Blue Shield of Kansas to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.



An independent licensee of the Blue Cross Blue Shield Association.

BCBSKS Medicare Advantage PPO has contracted with TruHearing, a leading provider of hearing aid services, to administer and support some of these benefits.

Coverage for various procedures that fall into the generic category of routine hearing services under Medicare regulations is provided to members under select BCBSKS Medicare Advantage PPO plans that include this benefit. Because Original Medicare does not cover routine hearing exams and hearing aids, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost sharing are determined by BCBSKS Medicare Advantage PPO.

Medicare-covered exam

A Medicare-covered exam is a diagnostic hearing and balance evaluation performed by your provider to determine if you are in need of medical treatment and the services are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.

Medicare 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 covered hearing exam. Routine exams have no copay when exam is provided by an In-Network TruHearing provider, and member-cost sharing is coinsurance based when provided out-of-network. Our plan covers one routine hearing exam per year.

Advance and premium hearing aid coverage

Hearing aids must be purchased at a TruHearing provider based on the most recent audiometric examination and hearing aid evaluation test. Members pay a discount on hearing aids, paying a copay as specified in the BCBSKS Medicare Advantage Explanation of Coverage (EOC), per hearing aid for up to two TruHearing hearing aids every year (one per ear per year). A TruHearing network provider must be utilized for this benefit.

If the member elects to receive a non-covered service, they are responsible for the entire charge associated with the non-covered service.

To verify benefits, and cost share contact TruHearing customer service at 800-334-1807. Providers interested in joining the TruHearing network, please call 855-286-0550.

Excluded services

The following services are excluded from the BCBSKS Medicare Advantage plans hearing services benefit:

- Drugs
- Medical treatment/evaluation that is appropriately covered under Medicare Parts A or B
- Examinations related to medical surgical procedures or hearing aid fittings
- Unnecessary services not prescribed by the physician specialist, audiologist or hearing aid dealer

Conditions for payment

The table below specifies payment conditions for hearing services.

	Conditions for payment
Eligible provider	Primary care doctors (M.D. or D.O.), TruHearing Network Providers
Payable location	No restrictions
Frequency	12 months
TruHearing HCPCS codes	V5010, V5050, V5060, V5120, V5130, V5140, V5256, V5257, V5260, V5261
Medicare CPT codes	92553-92558, 92561-92588, 92596-92597, 92601-92633
Diagnosis restrictions	ICD-10 audiology codes
Age restrictions	No restrictions

Reimbursement

TruHearing network providers will be reimbursed by TruHearing for services applicable to the MA Member benefits as submitted using the appropriate HCPCS V codes above.

Non TruHearing network providers will be reimbursed based on the CMS Fee Schedule for Medicare covered CPT codes above. Hearing aid and exam services not covered under Medicare Part B are not covered through a non TruHearing network provider.

Billing instructions for providers

- Bill services on the CMS 1500 (02/12) claim form or the 837 equivalent claim form.
- Out of network providers submit claims to BCBSKS using the hearing services CPT codes.
- Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- Providers with questions on filing for non-Medicare covered exams and Out-of-Network exams may contact TruHearing customer service at 800-334-1807. Providers interested in joining the TruHearing network, please call 855-286-0550.

Revisions

Policy number: PR MAHV A001

01/01/2020	Policy effective
03/01/2023	Updated to reflect 2023 benefits and plan offerings
01/01/2024	Updated to reflect current plans throughout, usage of gender neutral terms, and directing providers to self-service tools for benefit specifics