



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section 2020

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Hearing Aids

Benefit

Hearing aids are in benefit as noted below. A "hearing aid" is defined as a hearing instrument that is any wearable non-disposable instrument or device designed to aid or compensate for impaired human hearing and any parts, attachments, or accessories for the instrument or device, including an ear mold. "Related services" means those services necessary to assess, select, and adjust or fit the hearing instrument to ensure optimal performance, including, but not limited to: audiological exams, replacement ear molds, and repairs to the hearing instrument.

The IPA may refer the member to a supplier of its choice. The HMO members have a discount available through the TruHearing Program. The discount can be utilized in conjunction with their medical coverage. TruHearing's contact number is 866-687-2020.

Effective Oct. 1, 2010, Bone Anchored Hearing Aids (BAHA) will be considered an exception to hearing benefits. The BAHA codes (L8690 and L8691) are usually billed as part of a facility claim but can be billed as a professional claim as well. Being that these are considered prosthetic codes, the IPA will need to contact the CAU for an exception (prospectively) to use a non-contracted provider if the BAHA will be billed as a professional claim. If the claim will be billed as part of a surgical facility claim that is the HMO's financial risk, no exception will be needed. Please note, these are being considered in benefit as an exception to hearing benefits, therefore, all HMO members have this benefit, if the PCP has determined medical necessity.

Pediatric Hearing aid benefits vary as follows:

Effective Aug. 23, 2018, for policies that are newly issued, or upon those that are revised, renewed or amended on or after this date:

- Blue Precision HMOSM, BlueCare DirectSM and Blue FocusCareSM members are covered up to the age of 19.
- HMO Illinois[®] and Blue Advantage HMOSM members are covered up to the age of 18.
 - The following is in benefit:
 - One hearing aid/instrument per ear every 24 months, to include parts, attachments or accessories, including an ear mold, (24 month period is effective 1-1-2020, previously was 36 months)
 - Related services such as audiological exams and selections, fitting and adjustment of ear molds
 - Hearing instrument repairs

Adult Hearing aid benefits vary as follows:

Effective January 2, 2020, for policies that are newly issued, or upon those that are revised, renewed or amended on or after this date:

- Blue Precision HMO, BlueCare Direct and Blue FocusCare members 19 and over have benefits as listed below.
- HMO Illinois and Blue Advantage HMO members 18 and over have benefits as listed below.
 - The following is in benefit (unless otherwise described in the chart on the following pages):
One hearing aid/instrument for each ear up to \$2500.00 every 24 months, to include parts, attachments or accessories, including ear mold,
 - Related services such as audiological exams and selections, fitting and adjustment of ear molds
 - Hearing instrument repairs

Paid by	Member with benefits for hearing aid:	
	Professional fees	IPA
	Hearing aid	HMO
	BAHA device	HMO
	Inpatient and/or Outpatient Surgical Facility Charges	HMO

Paid by	Member without benefits for hearing aid:	
	Professional fees (related to hearing aid)	Member
	Professional Charges (related to audiometry)	IPA
	Hearing aid	Member
	BAHA device	HMO

Paid by	Inpatient and/or Outpatient Surgical:	
	Facility Charges (related to BAHA device)	HMO

Note: See related benefits interpretation on Hearing Screening

Note: The grid on the following page is a list of Employer Groups whose coverage differs from the mandated benefits noted on previous page. As the benefits are transitioned to the mandated coverage, an asterisk (*) will be noted in the cancel/change column with an effective date of the change. This indicates that as of the date indicated, the employer no longer has the benefits shown on the grid and instead has the mandated benefits.

Employer Group	Group Number	Hearing Aid Benefit	Benefit Plan Number	Benefit Plan Name	Cancel / Change* Date
American Academy of Pediatrics	H64598	1 hearing aid covered every 36 months from date of purchase	H61	GF520	
American Medical Association	H36750	1 Pair Covered Every 36 Months From Date of Purchase	V50	TLG25	1/1/2018
American Medical Association	H36750	1 Pair Covered Every 36 Months benefit period	K09	X8M40	
Associated Banc Corp.	B00002	1 Pair Covered Every 36 Months From Date of Purchase	689	X1G20	1/1/2014
Baxter International	B50101	Hearing aid per impaired ear; replacement; Limited to every 2 years includes hearing aid; batteries; fittings; exams	Y66	YL620	
Bloom Township High School District # 206	B01028, B228388 B228372,	2 devices per 36 months	S21	GWH30	
CATERPILLAR AURORA ACTIVE/COBRA	B51315	1 pair of hearing aids once every 36 months.	S51	VJG20	1/1/2015
CATERPILLAR JOLIET IAM ACTIVE/COBRA	B51316	1 pair of hearing aids once every 36 months.	U50	TKQ40	1/1/2015
CATERPILLAR SALARIED ACTIVE/COBRA	B51314	1 pair of hearing aids once every 36 months.	S51	VJG20	1/1/2015
Christian Elm Services Foundation	H29763/B29763	1 hearing aid per ear every 36 months	M21	GRH25	
Concept Schools, NFP	B01624	100% after deductible, limit to \$2,500 every 36 months	F17	CFH20	
Dudek and Bock	B01608	Hearing aids (Limited to 1 hearing aid for each Routine eye care (Adult)ear, every 36 months for members under the age of 18)	R23	JCX40	
Elmhurst College	H63088/B63088	1 Pair Covered Every 36 Months From Date of Purchase	C70	CQG15	1/1/2013
Elmhurst College	H63088/B63088	1 Pair Covered Every 36 Months From Date of Purchase	R72	RS715	1/1/2014
Elmhurst College	H63088/B63088	1 Pair Covered Every 36 Months From Date of Purchase	G53	WZG15	7/1/2014
Elmhurst College	H02548/B05990	1 Pair Covered Every 36 Months From Date of Purchase	G53/K03	WZG15/RKM30	
Fermi Research Alliance, LLC	B51346	1 pair covered at 100% after \$200 copay every 36 months	A93	D9820	
FORD HOURLY ACTIVES	B50897	1 Pair Covered Every 36 Months From Date of Purchase	701	BYG25	
Generation Brands	H24459 & B24459	\$150 For Exam(s) and up to \$600 for hearing aids every 3 years	E57	BCH20	1/1/2013
Gerresheimer Glass Policy	H94876, H94877	1 Pair Covered Every 36 Months From Date of Purchase	V54	YRE05	
HEALTH CARE SERVICE CORP	H19847, H19848 & B19847	\$5,000 maximum per lifetime coverage	L66	LL720	1/1/2013
HEALTH CARE SERVICE CORP	H81027 & B81026	\$5,000 maximum per lifetime coverage	M66	ML725	1/1/2013
HEALTH CARE SERVICE CORPORATION	H81027 & B81026	1 Pair Covered Every 36 Months From Date of Purchase	D76	DWM25	
Incipe LLC d/b/a Hawk Ford of Oak Lawn	B02663	One Hearing aid per ear every 36 months- 100%	A24	JLH30	
Incipe LLC d/b/a Hawk Ford of Oak Lawn	B02663	One Hearing aid per ear every 36 months- 100%	C24	JNH30	
Ispen International, Inc.	B15862	\$450 maximum per year	L46	MZE10	4/1/2014
Ispen International, Inc.	B15862	\$450 allowance per ear every 36 months	Y49	SCE20	6/1/2015
Ispen International, Inc.	B15862	\$450 allowance per ear every 36 months	R52	WJG20	
Latin School of Chicago	H00202	1 hearing aid per ear every 36 months	L17	CMF20	
Lending Solutions, Inc	B02040	1 Pair Covered Every 36 Months From Date of Purchase	P50	TDF30	
Lincolnway Area Affiliation of Participating School Districts	B01776	Two every 6 months for children or bone anchored	J12	F6V35	
Rush Street Corporation	B01384	1 hearing aid per ear every 36 months	P21	GTQ20	
Rush Street Corporation	B01384	1 hearing aid per ear every 36 months	H21	GMQ30	
Schaumburg Township-IPBC	H01475	Age 19 and under.1 Pair Covered every 36 months from date of purchase. Over Age 19 \$2500 per year and are limited to a single purchase per hearing impaired ear every 36 months.	P79	PZM20	7/1/2018
STANDARD BAHMO ACTIVE	H19848, B19847	1 Pair Covered Every 36 Months From Date of Purchase	L66	LL720	
State of Illinois	H06800 & B06800	\$150 For Exam(s) and up to \$600 for hearing aids every 3 years	P78	PYX20	7/1/2020*
Uchicago Argonne	B04023	Under Age 18 Hearing benefit will match the state mandate. Adults 18 and over copayment will apply for the hearing exam; 1 hearing aid per ear every 36 months with a \$5,000 maximum.	T22	HYH25	