

## BULLETIN

Blue Cross and Blue Shield of Minnesota  
and Blue Plus

September 16, 2008

**Update to Medical Assistance Fee Schedule for the Minnesota Health Care Programs hearing aids**

Effective January 1, 2009, Blue Plus will change hearing aid and service reimbursement for Minnesota Health Care Programs (MHCP) members. Blue Plus will use the MHCP Hearing Aid Volume Purchase Contract (which contains the MHCP Hearing Aid Contract) as the base Medical Assistance Fee Schedule. Blue Plus will follow the non-covered code list contained in the MHCP Hearing Aid Contract and the DHS supply limits.

**Products affected**

The following MHCP products are affected:

- Blue Advantage (PMAP/GAMC, MSC & MSC+)
- MinnesotaCare
- CareBlue
- SecureBlue

**MHCP Hearing Aid Volume Purchase Contract**

The hearing aid service provider must dispense the hearing aid according to the hearing aid exam, selection and prescription of the otolaryngologist and audiologist.

For accurate claims processing, the provider will need to submit an attachment that includes the manufacturers' specifications. Providers should utilize the information contained in the current MHCP contracts, including manufacturer, model name and model number. This information will need to be included in the attachment when the claim for reimbursement is submitted. Blue Plus will verify that the hearing aid billed is a covered benefit for the member and will apply the current MHCP Hearing Aid Volume Purchase Contract pricing for reimbursement. Items not included in this pricing will defer to the DHS Medical Assistance standard fee schedule or the Blue Plus standard fee schedule, as applicable.

**Website**

The current [MHCP Contract Pricing](#) can be found at:

**[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_010724](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_010724)**

Please route this bulletin to other interested staff.

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## Prior Authorization

If the member requires a hearing aid that is not listed on the DHS Volume Hearing Aid Purchase Contract, a prior authorization may be submitted for review of coverage to the Prior Authorization fax line at **(651) 662-2810**. Please include the following information in the request:

Audiologic recommendations, including:

- Written recommendations for hearing aid(s), including the manufacturer specifications
- Follow-up plan for determining the effectiveness of the hearing aid
- Audiogram or reason why this was not obtained
- History of previous hearing aid use
- Pure tone average
- Reason why a standard hearing aid on the Volume Hearing Aid Purchase Contract is not appropriate for this member

## Questions

If you have questions about the above information, please contact provider service at **(651) 662-5200** or toll free at **1-800-262-0820**.