**Blue Cross Blue Shield Appeal Letter Template**

**Instruction Page**

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This appeal letter template is intended for audiologists who have received a denial from the Blue Cross Blue Shield (BCBS) Federal Employee Program (FEP) for hearing aid coverage when the patient has a hearing loss of 40 decibels (dB) or less. Before submitting an appeal, ensure you have met any requirements outlined by the plan, including:

1. Verifying whether the patient’s specific BCBS FEP insurance plan covers adult air conduction hearing aids,
2. Submitting a prior approval request, and
3. Responding to additional documentation requests from the plan.

***Who to send it to?***

BCBS companies across the country are managed independently. The appeal must be sent to the appeals department at your local BCBS company that manages the federal employee’s plan.

The denial letter may contain information on where to send appeals, or you [can contact your local BCBS company](https://www.bcbs.com/bcbs-companies-and-licensees) for information on how to appeal.

***What should I say?***

Take some time to personalize this letter; it must be specific to the patient and show objective reasons why coverage should be granted for them. Be specific but concise. Include information on the tests performed, results from those tests, and how it impacts the patient’s ability to function in various settings. Be sure to remove any portions of the template letter that are not relevant to the patient and include anything additional that will support your conclusion that hearing aids are necessary for that individual patient.

***What are the next steps?***

After you have sent the letter, it is important to follow up. Be professional but persistent.

Follow your local BCBS company’s appeal process. Each one should have steps for submitting additional appeals and requesting a peer review if your appeals are not accepted.

If you have fully exhausted the appeals process and a device is still not approved, you can submit a claims dispute with the Office of Personnel Management (OPM). OPM offers guidance on [how to submit a disputed claim](https://www.opm.gov/healthcare-insurance/healthcare/consumer-protections/tabs/disputed-claims/) to their office.

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**Medical Necessity – Air Conduction Hearing Aids**

[Date of Submission]

[Health Plan Name]

[Health Plan Address]

[City, State Zip]

Re: [Insert Patient Name and Date of Birth]

Member ID#: [Insert Member ID Number]

Member Name: [Insert Member Name if not Patient]

Group Name: [Insert Group Name]

Group ID#: [Insert Group Number]

Dear Claims Department:

I am writing in support of payment by [Health Plan Name] for an air conduction hearing aid for [Patient’s Name]. [Health Plan] denied payment for the device because [patient’s hearing loss is 40 decibels (dB) or less]. (See enclosed information from the denial letter) The [insert date of denial] letter of denial stated that [insert specific language from the denial letter]. Please let me take this opportunity to explain why [Patient’s Name]’s air conduction hearing aid should be covered.

While the BCBS FEP UM Guideline 005 does indicate coverage is considered medically necessary when a patient’s hearing loss is above 40 dB, it also states that “**consideration should be given on an individual basis, for hearing loss of 40 decibels or less with a prescription from a licensed healthcare provider**.**”**1I respectfully ask that coverage for this patient’s air conduction hearing aid be considered based on their functional need for a hearing aid.

*NOTE: Edit the paragraphs below to summarize the patient’s testing and results. Any information you submit in this letter should support the medical necessity of this patient’s need for a device. Attach the patient’s test results and any relevant documentation.*

Medical necessity should not be determined based on average decibel loss alone. There are multiple factors that audiologists consider when determining a patient’s functional need for a hearing aid.2 This patient’s function is impacted by their hearing loss in several areas. For [Patient’s Name] this includes [list all areas impacted, such as speech intelligibility index, patient reported outcomes, speech-in-noise testing, cognition, etc.]

[In this paragraph, provide details on the patient’s condition and how the areas tested impact their ability to function in different aspects of their life. Include a description of the potential impact on the patient’s safety, health, or other factors that could increase health care costs, if the hearing loss is left untreated.]

*NOTE: Keep the below research that relates to the patient’s testing. Remove any citations that are not relevant and add more that you believe will support your recommendation for a hearing aid. You can use* [*ASHA’s Evidence Map for Hearing Loss (Adults)*](https://apps.asha.org/EvidenceMaps/Maps/LandingPage/e3481f25-51e7-4341-b9f2-502f22c5adfe) *to help.*

**Speech Intelligibility Index:**

McCreery, R. W., Walker, E. A., Stiles, D. J., Spratford, M., Oleson, J. J., & Lewis, D. E. (2020). Audibility-based hearing aid fitting criteria for children with mild bilateral hearing loss. Language, Speech, and Hearing Services in Schools, 51(1), 55-67. https://doi.org/10.1044/2019\_lshss-ochl-19-0021

**Hearing Aids for those with normal/near-normal hearing thresholds but reporting hearing and speech-in-noise difficulties:**

Beck, D. L., & Danhauer, J. L. (2019). Amplification for adults with hearing difficulty, speech in noise problems, and normal thresholds. Journal of Otolaryngology-ENT Research, 11(1), 84-88. <https://doi.org/10.15406/joentr.2019.11.00414>

Beck, D.L., Danhauer, J.L., Abrams, H.B., et al. (2018). Audiologic considerations for people with normal hearing sensitivity yet hearing difficulty and/or speech-in-noise problems. Hearing Review, 25(10), 28-38.

**Speech-in-Noise Testing:**

Beck, D. L., & Nilsson, M. (2013). Speech-in-noise testing: A pragmatic addendum to hearing aid fittings. Hearing Review, 20(5), 24-26.

**Cognition and Cognitive screening:**

Shen, J., Anderson, M. C., Arehart, K. H., & Souza, P. E. (2016). Using Cognitive Screening Tests in Audiology. American Journal of Audiology, 25(4), 319–331. <https://doi.org/10.1044/2016_AJA-16-0032>

Souza, P. E. (2018). Cognition and Hearing Aids: What Should Clinicians Know?. Perspectives of the ASHA Special Interest Groups, 3(6), 43-50. <https://doi.org/10.1044/persp3.SIG6.43>

West, J. S., Smith, S. L., & Dupre, M. E. (2022). Self-reported hearing loss, hearing aid use, and cognitive function among US older adults. International Journal of Population Studies, 8(1), 17. [https://doi.org/10.18063%2Fijps.v8i1.1308](https://doi.org/10.18063/ijps.v8i1.1308)

**Patient Reported Outcomes (self-evaluations) to predict Hearing Aid use:**

Dillard, L. K., Matthews, L. J., & Dubno, J. R. (2023). The Revised Hearing Handicap Inventory and Pure-Tone Average Predict Hearing Aid Use Equally Well. American Journal of Audiology, 1-10. <https://doi.org/10.1044/2023_AJA-23-00213>

Vestergaard Knudsen, L., Öberg, M., Nielsen, C., Naylor, G., & Kramer, S. E. (2010). Factors influencing help seeking, hearing aid uptake, hearing aid use and satisfaction with hearing aids: A review of the literature. Trends in amplification, 14(3), 127-154. <https://doi.org/10.1177/1084713810385712>

Meyer, C., & Hickson, L. (2012). What factors influence help-seeking for hearing impairment and hearing aid adoption in older adults? International Journal of Audiology, 51(2), 66-74. <https://doi.org/10.3109/14992027.2011.611178>

I respectfully request that you review the additional documentation provided and consider overturning your coverage decision regarding [insert specific language from the denial letter] for [Patient’s Name]. Thank you for your prompt attention to this matter. I look forward to your reconsideration. **If I can provide any additional information, my contact information is provided below.**

Sincerely,

[Treating Clinician’s Name]

[Practice Name]

[Address]

[City, State Zip]

[Phone Number]

[Email]

[NPI]

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 *FEP UM Guideline 005. Hearing Aids*. (2024). <https://www.fepblue.org/-/media/PDFs/Medical%20Policies/2024/January/UM%20Guidelines/FEP%20UM%20Guideline%20005%20Hearing%20Aids%202024%20benefit%20update%20_PMPC%20correction.pdf>

2 Benson, E. A., & Messersmith, J. J. (2022). Audiologic Assessment. *Seminars in Hearing*, *43*(02), 058–065. <https://doi.org/10.1055/s-0042-1749176>