



ASHA
American
Speech-Language-Hearing
Association

March 30, 2021

Andrea Willis, MD
Senior Vice President & Chief Medical Officer
Blue Cross Blue Shield of Tennessee
1 Cameron Circle
Chattanooga, TN 37402

Dear Dr. Willis:

On behalf of the American Speech-Language-Hearing Association and the Tennessee Association of Audiologists and Speech-Language Pathologists (TAASLP), we write to express concerns about the decision of Blue Cross Blue Shield (BCBS) to alter its coverage of durable medical equipment (DME), specifically hearing aids.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiology treatment, including hearing aids. Over 400 of our audiologist members reside in Tennessee.^[1]

The Tennessee Association of Audiologists and Speech-Language Pathologists (TAASLP) is a statewide association of audiologists, speech-language pathologists, and students in the State of Tennessee. TAASLP's mission is to connect professionals in the field and to provide professional information as well as to support our members through training and legislative advocacy.

ASHA and TAASLP are concerned that the recent changes to BCBS' coverage policy for DME, specifically hearing aids, will have a negative impact on both patients and providers by potentially disrupting medically necessary care and decreasing provider reimbursement.

BCBS' decision to eliminate coverage for the services associated with ensuring the effectiveness of hearing aids will have a direct negative impact on providers' ability to deliver such care. Prescribing hearing aid devices and providing support services for patients, both of which are within the scope of practice for audiology, are crucial to ensuring the safe and effective utilization of a hearing aid device. Audiologists are responsible for initial evaluations and the medically necessary fitting and orientation services associated with a patient's new equipment. Without these services, patients will see little benefit from their hearing aid device.

Based on the information gathered from ASHA members and our research on the program, ASHA and TAASLP raise concerns on the following topics:

- insufficient notice of plan changes,
- lack of clarity on "invoice" definition, and
- lack of unbundled CPT or HCPCS Level II codes for evaluation, placement, and testing.

Insufficient Notice of Plan Changes

ASHA and TAASLP are concerned about the effort being undertaken to notify plan participants and enrolled providers of such a substantial change in coverage policy. For this level of plan change, ASHA and TAASLP recommend that BCBS a formal notice to participants and their provider 60-days prior to the effective date.

Lack of Clarity on “Invoice” Definition

The plan change indicates that the device (hearing aid) will be reimbursed at the invoice rate only; however, there is no clear definition of what is considered an “invoice.” ASHA and TAASLP suggest providing clarity on what constitutes an invoice that BCBS would accept for reimbursement purposes. If BCBS is reimbursing at the ‘paid’ invoice rate only, without coverage of related services, then there is no reimbursement for audiology providers’ services that would need to be provided in conjunction with the DME.

Unbundled CPT and HCPCS Level II Codes for Evaluation, Placement, and Testing

Proper fitting and verification of hearing aids is a highly specialized service that represents one part of the aural rehabilitation process. To properly select and fit the hearing aid and provide the best quality care, a patient requires significant assistance and training to utilize the device and set goals. As implemented, the change to the plan provides no coverage of an audiologist’s work related to these critical activities as it is no longer bundled with the reimbursement rate for the device itself. Reimbursement—specific to the services provided by audiologists—includes evaluation, selection, fitting, modification, and training to use the device.

ASHA and TAASLP request a meeting to discuss these concerns **about BCBS’s recent change to coverage of hearing devices (hearing aids)**. The BCBS program change will negatively affect plan participants by not appropriately reimbursing audiologists to provide necessary services for their patients; thereby, decreasing quality of care and impacting patients’ access to these critical care services and meaningful access to hearing aid devices.

ASHA and TAASLP look forward to a discussion with you at your earliest convenience and will be reaching out to schedule a meeting. If you or your staff have any questions, please contact Jacob Manthey, ASHA’s director of health care policy, private health plans reimbursement, at jmanthey@asha.org.

Sincerely,



A. Lynn Williams, PhD, CCC-SLP
2021 ASHA President



Jennifer Wilson, MA, CCC-SLP
2021 TAASLP President

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[11 American Speech-Language-Hearing Association. \(2020\). *Tennessee* \[Quick Facts\]. <https://www.asha.org/siteassets/uploadedfiles/Tennessee-State-Flyer.pdf>.](https://www.asha.org/siteassets/uploadedfiles/Tennessee-State-Flyer.pdf)