

Audiology/Hearing Aid Dispensers

Introduction

This section outlines billing guidelines for use in conjunction with the Claims Submission section in this Manual to help audiologists and hearing aid dispensers submit claims to Anthem Blue Cross.

Please refer to the Claims Submission and Reimbursement sections of this manual for more information about Electronic Data Interchange (EDI), Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

Billing Requirements

Anthem Blue Cross billing requirements include the use of current *Centers for Medicare and Medicaid Services (CMS)*, *Health Care Common Procedure Coding System (HCPCS)* or other assigned codes.

Bill on a *CMS-1500 claim* form.

Be sure to complete all information on the CMS 1500 form and make sure the following items are included:

- Referring Physician Information: Field 17
- Authorization Code, if applicable: Field 23

Attach the following to claims, if applicable:

- Copy of services authorization letter or form, if pre- or concurrent authorization was done – for HMO members, put the authorization number in Field 23 of the *CMS-1500 claim* form.

Send the claims to the P.O. Box or address shown on the Anthem Blue Cross member's ID card.

Hearing Aid Dispensers

Anthem Blue Cross will allow reimbursement only when the most appropriate and current HCPCS codes are used. To verify if a code is covered under the Agreement and the reimbursement for the code go to ProviderAccess® at anthem.com/ca.

The presence of a HCPCS code does not necessarily indicate benefit coverage or payment for a particular service.

Claims submitted for binaural hearing aids should be submitted with one unit of occurrence. Binaural amplification means hearing aids in both sides.

Audiology

Anthem Blue Cross will allow reimbursement only when the most appropriate Current Procedural Terminology (CPT) codes are used. To verify if a code is covered under the Agreement and the reimbursement for the code go to ProviderAccess at anthem.com/ca.

The presence of a CPT code does not necessarily indicate benefit coverage or payment for a particular service.