

Billing for deluxe hearing aids

Published: May 1, 2021 - Administrative

We'd like to provide a reminder on how to bill when the member requests a 'deluxe' or upgraded version of a hearing aid.

If a member is requesting a deluxe hearing aid that exceeds the cost of the device that is medically necessary, please bill as follows:

- Report the appropriate HCPCS code and standard charge for the least expensive device that meets the member's medical needs and is considered medically necessary on the first line of the claim.
- Report code S1001 and the balance between the base model considered medically necessary and the deluxe model on the second line of the claim.
- Prior to providing service, have the member sign a waiver indicating the member is aware that the deluxe model is not covered by their insurance and that they will be liable for the difference in cost between the deluxe and standard charges.

Below is an example of a claim for a deluxe hearing aid:

Deluxe item total charge \$180

- Line item 1- V code- \$100 (charge for the base model that meets member's needs)
- Reimbursement will be based on the provider's contract and the member cannot be billed for any amounts not paid unless specifically indicated on the remittance advice as member liability.
- Line item 2- S1001- \$80 (amount exceeding the base model charge)
- This code will deny as member liability and can be billed to the member.

If it is felt that the deluxe model is medically necessary, the member can appeal to the appropriate customer services call center noted on the back of the member's ID card.

URL: <https://providernews.anthem.com/new-hampshire/article/billing-for-deluxe-hearing-aids>

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