



March 8, 2024

David Yoder
Senior Vice President
Federal Employee Program
Blue Cross Blue Shield Association
750 9th Street, NW
Washington, DC 20001

Re: Blue Cross Blue Shield Federal Employee Program Utilization Management Guideline 005
(Hearing Aids)

Dear Senior Vice President Yoder:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to respectfully request clarification regarding hearing aid eligibility criteria outlined in Blue Cross Blue Shield (BCBS) Federal Employee Program (FEP) Utilization Management (UM) Guideline 005 (Hearing Aids).¹

ASHA is the national professional, scientific, and credentialing association for 234,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. We represent over 14,500 audiologists nationwide.

Despite your recent update to Guideline 005 (Hearing Aids), many of our audiologist members report that they continue to experience denials for medically necessary hearing aids for BCBS FEP beneficiaries.

Clarification Regarding Recent Guideline Updates and Prior Approval Processes

ASHA appreciates the recent update to the FEP UM Guideline 005 related to medical necessity criteria for hearing aids. We agree that individual consideration should be given to patients with a hearing loss of 40 decibels (dB) or less who have a prescription for a hearing aid from a licensed health care provider. However, audiologists are reporting that several regional BCBS FEP administrators continue to deny hearing aid coverage solely because a patient's hearing loss is 40dB or less without adequate review. According to the updated UM Guideline 005, prior approval should not be denied for this reason alone. Inappropriate denials and lengthy appeals processes are delaying or blocking necessary care to FEP beneficiaries.

Therefore, we request that your office provide clarification to all regional BCBS FEP administrators that prior approval requests with prescriptions from licensed health care providers should receive individual review if a patient presents with a hearing loss of 40dB or less.

In addition, ASHA has received feedback that audiologists have not been provided with sufficient information on the prior approval process, including clear instructions on how to initiate the process for adult air conduction hearing aids. It is critical for regional BCBS FEP administrators to provide guidance on this required documentation. As such, **we urge your**

office to direct BCBS FEP administrators to clearly document their prior approval guidance and resources for adult air conduction hearing aids to ensure FEP beneficiaries receive timely access to care.

Medical Necessity Criteria for Hearing Aids

ASHA maintains that patients should have access to medically necessary hearing aids regardless of their average decibel hearing loss. Medical necessity should not be determined based on average decibel loss alone. We recommend hearing aid coverage for patients whose ability to function in daily life is impacted by their hearing loss, regardless of severity. There are multiple factors that audiologists consider when determining a patient's functional need for a hearing aid. They can include – but are not limited to – speech intelligibility index, patient reported outcomes, speech-in-noise testing, and cognition. When BCBS considers its UM guidelines, ASHA recommends reviewing the following resources to inform medical necessity criteria that also accounts for patient function.

Considerations for Hearing Aid Eligibility

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

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

Patients with Normal to Near-Normal Hearing Thresholds 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>

Patient Reported Outcomes 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>

Thank you for your time and attention to this matter. ASHA stands ready to assist your office as you consider our requests. We look forward to ongoing collaboration to ensure FEP beneficiaries receive appropriate access to medically necessary hearing care. If you or your staff have any questions, please contact Meghan Ryan, MSL, ASHA's director of health care policy for private health plans, at mryan@asha.org.

Sincerely,



Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President

¹ 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%2024%20benefit%20update%20PMPC%20correction.pdf>