



First Nations Health Authority  
Health through wellness



# HEARING FEE SUPPLEMENT

For Clients of the  
First Nations Health  
Authority

February 2020



## Version History

Version	Modified/ Effective Date	Description
Hearing Fee Supplement Version 1	September 2019	Publication of Hearing Service Codes and Claiming Criteria for FNHA Clients
Hearing Fee Supplement Version 2	September 2019	<p>Updates and corrections to Hearing Service Codes and Claiming Criteria for FNHA Clients</p> <ul style="list-style-type: none"> <li>• Updated Introduction section: <ul style="list-style-type: none"> <li>○ Added in pre-determinations to Claiming Guidelines,</li> <li>○ Added Claiming Criteria section, updated text.</li> </ul> </li> <li>• Added asterisks to service code descriptions to indicate when a claim will only be paid up to the posted rule.</li> <li>• Updated Rules posted throughout the document to correct prices, limits, and frequencies.</li> </ul>
Hearing Fee Supplement Version 3	September 2019	<ul style="list-style-type: none"> <li>• Updated the Rule for Service Code: 27006.</li> </ul>
Hearing Fee Supplement Version 4	October 2019	<ul style="list-style-type: none"> <li>• Updated Service Descriptions throughout the document to provide clarity.</li> <li>• Updated each section to sort alphabetically by Service Descriptions.</li> <li>• Added Repair Rules section to Introduction.</li> <li>• Updated Claiming Criteria for Service Codes: 27031, 27032, 27051, 27052, 27006, 27013, 27023, 27024, 37035, 37036.</li> <li>• Updated Provider Claiming Criteria for Service Codes: 27016, 27017, 27031, 27032, 37035, 37036, 27006, 27051, 27052.</li> <li>• Updated Client Claiming Criteria for Service Codes: 27051, 27052, 37036.</li> <li>• Updated Rule for Service Codes: 27051, 27052.</li> </ul>
Hearing Fee Supplement Version 5	February 2020	<ul style="list-style-type: none"> <li>• Updated headers for benefits tables.</li> <li>• Added allowable prescriber section and column in benefits tables.</li> <li>• Added Service Codes 27035, 27036, 27037, 27038, 27054.</li> <li>• Updated Description for Service Code 27006.</li> <li>• Updated Dollar Max/Frequency Guidelines for Service Codes: 27014, 27015, 27028.</li> <li>• Updated Lost, Stolen or Broken Hearing Aids text.</li> </ul>
		<ul style="list-style-type: none"> <li>• Updated Claiming Criteria for Service Code: 27028.</li> </ul>

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## Introduction

This Fee Supplement contains products and services The First Nations Health Authority (FNHA) provides as eligible benefits for their clients that Pacific Blue Cross (PBC) administers on their behalf.



**Please note:** This Fee Supplement will be updated when changes, additions or deletions are made to the contained list of products and services.

All claiming procedures are outlined in the PBC Hearing Reference Guide. For benefits that require pre-determinations as outlined in the tables below, Pacific Blue Cross will accept paper pre-determinations submitted by mail or fax (for FNHA clients only: 604.677.0277). Incomplete forms will be rejected and must be resubmitted.

## Repair Rules

- Repairs will never be approved for rentals, only purchase.
- Repairs should always be used to prolong the replacement timeline of a medical supply or equipment
- Repairs are not covered if they qualify for warranty coverage.
- Repairs will only be considered when we deem the cost of repair to be more economical than the cost of replacement or the repair substantially extends the useful life of the item.
- To support repair requests, Providers must have the following:
  - Description of the medical equipment or supply requiring repair
  - The date of purchase of the original medical equipment or supply (or the age of the item)
  - Type of repair being performed
    - Itemization of repair.
    - The cost of the Repair
  - A quote with the cost of buying the equivalent medical equipment or supply
  - When applicable, please include a copy of the PharmaCare statement of coverage

Rule Title	Description
Repair Rule A	Under the posted price in the Fee Supplement require the retention of the documentation to support the repair request. This documentation must be made available in the event of an audit. Over the posted price in the Fee Supplement require the above documentation to be submitted to support the repair request.
Repair Rule B	All documentation must be submitted to support the repair request.

## Claiming Criteria

The tables below outline Claiming Criteria requirements. The detailed requirements are summarized by three indicators 1) Yes, 2) No, and 3) History on File.

- **"Yes"** indicates the need to submit all supporting documentation at time of claim.
  - All claims submitted will pend for adjudication
    - Service descriptions can be marked with an asterisk
      - This indicates that "claims submitted will only be considered up to the posted rule" OR
    - Service descriptions are not marked with an asterisk
      - This indicates that claims can be considered above the posted rule
- **"No"** indicates that no documentation must be submitted at point of claim, but must be retained for claim verification.
  - Some claims submitted will auto adjudicate.
    - Service descriptions can be marked with an asterisk
      - This indicates that "claims submitted will only be considered up to the posted rule" OR
    - Service descriptions are not marked with an asterisk
      - Claims submitted at or below the posted rule OR
  - Some claims submitted will pend for adjudication
    - Service descriptions that are not marked with an asterisk
      - Claims submitted is in excess of the posted rule
- **"History"** indicates that some claims may process without claiming criteria submitted at each claim if the appropriate medical history is already on the client's file.
  - Some claims submitted will auto adjudicate
    - The appropriate medical history is already on the client's file.
      - Service descriptions marked with an asterisk
        - Claims submitted at or below the posted rule OR
      - Service descriptions that are not marked with an asterisk
        - Claims submitted at or below the posted rule
  - Some claims submitted will pend for adjudication

- The appropriate medical history is not already on the client's file and/or,
- Service descriptions are not marked with an asterisk
  - Claims submitted is in excess of the posted rule

## Allowable Prescribers

Each benefit has a corresponding list of allowable prescribers. The following acronyms are used throughout this Fee Supplement to outline which professionals are allowable prescribers for an item/service.

Please ensure that the item/service you are providing has been prescribed/recommended by the allowable prescriber. Keep all supporting documentation on file in the event of an audit.

Acronym	Prescriber Type
MD	Physician (including GPs and Specialists)
NP	Nurse Practitioner
RN	Registered Nurse
SLP	Speech Language Pathologist
AUD	Audiologist
RHIP	Registered Hearing Instrument Practitioner
ENT	Otolaryngologist

## Claiming Guidelines

### Pre-Determinations

- For expensive hearing products, it is recommended that claim-payment validation is received prior to purchasing.
- Pre-determinations are a simple way to check if the hearing product will be covered, and how much it will be reimbursed for.
- Pre-determinations may require specific claiming criteria to be included with the quote.
- Regardless of whether a pre-determination is submitted prior to a claim, all claims will be considered using the same claiming criteria requirements.

### Provider Claims by Paper

Submit a completed [PBC claim form for FNHA clients](#), ensuring expense itemization. Attach any additional required documentation as outlined in the table below to the claim. All records of the purchase must be retained and are subject to review.

### Provider Electronic Claims

For eligible electronic claims, all records of the purchase must be retained and are subject to review. Retain any additional required documentation as outlined in the table below.

### Client Claims by Paper

Submit a completed [PBC claim form for FNHA clients](#) with the attached official itemized receipt showing the expense was paid in full. Attach any additional required documentation as outlined in the table below to your claim.

### Client Electronic Claims

For eligible electronic claims, retain a copy of the official itemized receipt showing the expense was paid in full. Retain any additional required documentation as outlined in the table below.

### Itemized Receipts

Pacific Blue Cross' standards for itemized receipts follow the standards outlined by CLHIA in the Service and Supply Provider Receipt Best Practices for Group Benefit Reimbursement. Suggested fields include:

- Receipt date
- Date of service/supply
- Services Billed by Monthly Fee
- Government plan payment
- Other payment
- Provider name
- Provider address
- Provider phone number
- Provider professional identification, designation or credentials
- Patient name
- Type of service/supply provided
- Quantity provided
- Length of treatment
- Charge amount
- Taxes (as applicable)
- Receipt number
- Method of payment

## Hearing Benefits Hearing Assessments

Service Codes	Description	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
27016	Hearing Assessment – complete - bilateral	\$76.20 each. Limit 1 every 5 years.	N	MD; NP; AUD; RHIP	<b>Provider:</b> Retain record of the service being provided to the client. <b>Client:</b> Submit receipt including detailed description of service.
27017	Hearing Re-Assessment <i>Physician or Client initiated</i>	\$48.90 each. Limit 1 every 2 years.	N	MD; NP; AUD; RHIP	

## Hearing Aids and Molds

Service Codes	Description	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
27030	Earmold - Behind The Ear (BTE) - left ear <i>Must be for new purchased aid</i>	1 every 5 years. Limit of \$45.	N	AUD; RHIP	<b>Provider:</b> Retain record of the prescription/recommendation that includes the medical diagnosis. <b>Client:</b> Submit a prescription/recommendation that includes the medical diagnosis.
27029	Earmold - Behind The Ear (BTE) - right ear <i>Must be for new purchased aid</i>	1 every 5 years. Limit of \$45.	N	AUD; RHIP	
27014	Hearing Aid - BiCROS	Limit of \$1,083. 1 every 5 years combined with 27015.	N	MD; NP; AUD; RHIP	Retain a copy of the prescription/recommendation on file.
27015	Hearing Aid - CROS	Limit of \$1,083. 1 every 5 years combined with 27014.	N	MD; NP; AUD; RHIP	
27004	Hearing Aid - left ear <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• bone conduction</li> <li>• completely-in-the-canal</li> <li>• digital basic</li> <li>• digital custom</li> </ul> <i>Includes Fitting, Dispensing &amp; Shipping/Handling</i>	Limit of \$1,083. 1 every 5 years combined with 27019.	N	MD; NP; AUD; RHIP	
27003	Hearing Aid - right ear <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• Same as 27004</li> </ul>	Limit of \$1,083. 1 every 5 years combined with 27018.	N	MD; NP; AUD; RHIP	
27026	Hearing Aid - mini canal – left ear	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	MD; NP; AUD; RHIP	
27025	Hearing Aid - mini canal – right ear	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	MD; NP; AUD; RHIP	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including a prescription/recommendation that includes the diagnosis and medical necessity, detailed quote of product.

Service Codes	Description	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
27027	Pocket Hearing Aid	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	MD; NP; AUD; RHIP	Pre-determination required.  All documentation for this expense needs to be submitted to PBC for review, including a prescription/recommendation that includes the diagnosis and medical necessity, detailed quote of product.
27028	Swim Mold - prescription	\$62.38 each. Limit 2 per year.	N	MD; NP; AUD; RHIP	<b>Provider:</b> Retain record of the prescription/recommendation that includes the medical diagnosis.  <b>Client:</b> Submit the prescription/recommendation that includes the medical diagnosis.

## Hearing Aid Adjustments, Returns and Repairs

Service Codes	Description	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
27032	Hearing Aid - performance/ readjustment – left ear <i>Must be Client initiated</i>	\$35 each. Limit 1 per year once the Hearing Aid warranty has expired.	N	AUD; RHIP	Retain a copy of the prescription/recommendation on file.
27031	Hearing Aid - performance/ readjustment – right ear <i>Must be Client initiated</i>	\$35 each. Limit 1 per year once the Hearing Aid warranty has expired.	N	AUD; RHIP	
27052	Hearing Aid – repairs – left ear  <b>Eligible Products/Services Include:</b> <ul style="list-style-type: none"> <li>• In office repairs</li> <li>• Repairs by manufacturer</li> <li>• Remake by manufacturer</li> <li>• Repairs out of office dispenser service fee</li> <li>• Replacement ear mold and impression fee</li> <li>• Includes supplies if necessary</li> </ul>	\$300 every 5 years. <a href="#">Repair Rule A</a>	N	Not Required	See <a href="#">Repair Rules</a> section for details.
27051	Hearing Aid – repairs – right ear  <b>Eligible Products/Services Include:</b> <ul style="list-style-type: none"> <li>• Same as 27052</li> </ul>	\$300 every 5 years. <a href="#">Repair Rule A</a>	N	Not Required	
27019	Hearing Aid - return fee – left ear	Included in combined maximums for hearing aids.	Y	Not Required	All documentation justifying this expense needs to be submitted to PBC for review.
27018	Hearing Aid - return fee – right ear	Included in combined maximums for hearing aids.	Y	Not Required	



## Hearing Aid Accessories and Supplies

Service Codes	Description	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria	
37075	Cochlear Implant Batteries <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>Rechargeable batteries</li> </ul>	\$475 every 3 years.	N	Not Required	Retain a copy of the record of purchase on file.	
27006	Hearing Aid Batteries <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>bone anchored hearing system processor - batteries</li> </ul>	\$60 every 4 months.	N	Not Required		
27013	Hearing Aid – supplies/accessories <b>Eligible Products/Services Include:</b> <ul style="list-style-type: none"> <li>dri-aid kit</li> <li>otoferm</li> <li>otoease</li> <li>eargene</li> <li> earmold blower</li> <li> ear phone pad</li> <li> battery tester</li> <li> stethoscope</li> <li> sanitizing cleaner</li> <li> huggie aids</li> <li> hearing aid clip</li> <li> comply wraps</li> <li> ad-hears</li> <li> wax guards</li> </ul> <b>Non-Eligible Items:</b> <ul style="list-style-type: none"> <li>wax brush</li> <li>wax loop</li> <li>disposable wax guards</li> <li>battery doors</li> <li>volume control caps</li> <li>earhooks</li> <li>tubing</li> </ul>	\$50 every 2 years.	N	Not Required		
27024	Tubes/Domes - Over The Ear (OTE) – left ear (set of 4)	\$20 per set. Limit 1 set of 4 per year.	N	AUD; RHIP		
27023	Tubes/Domes - Over The Ear (OTE) - right ear (set of 4)	\$20 per set. Limit 1 set of 4 per year.	N	AUD; RHIP		
37037	Softband	Limit 1 per year.	H	AUD; ENT		PBC must have history of the Bone Anchored Hearing System on file.  If no history is on file, provide the prescription/recommendation that indicates the medical diagnosis and confirmation the individual received a bone anchored hearing system implant.

## Bone Anchored Hearing System Processors and Cochlear Implant Speech Processors

Service Codes	Description	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
37032	Bone Anchored Hearing System Processor - left ear	Combined total purchase of 37032 and 37034: \$8,000 per unit every 5 years.	Y	AUD; ENT	Pre-determination required.
37031	Bone Anchored Hearing System Processor - right ear	Combined total purchase of 37031 and 37033: \$8,000 per unit every 5 years.	Y	AUD; ENT	All documentation for this expense needs to be submitted to PBC for review, including: the prescription/recommendation that indicates the diagnosis and medical necessity, and confirmation that the individual received a bone anchored hearing system.
37035	Bone Anchored Hearing System Processor - parts	\$500 every 5 years.	N	AUD; ENT	Retain a copy of the prescription/recommendation on file.
37034	Cochlear Implant Speech Processor – left ear	Combined total purchase of 37032 and 37034: \$8,000 per unit every 5 years.	Y	AUD; ENT	Pre-determination required.
37033	Cochlear Implant Speech Processor – right ear	Combined total purchase of 37031 and 37033: \$8,000 per unit every 5 years.	Y	AUD; ENT	All documentation for this expense needs to be submitted to PBC for review, including: the prescription/recommendation that indicates the diagnosis and medical necessity, and confirmation that the individual received a Cochlear Implant Speech Processor.
37036	Cochlear Implant Speech Processor - parts	\$500 every 5 years.	N	AUD; ENT	Retain a copy of the prescription/recommendation on file.

## FM Systems

Service Codes	Description	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
27037	Audio Shoe – left ear	Limit 1 every 2 years. \$60 each. Combined limit with 27036 and 27038 of \$250 every 5 years.	Y	MD; NP; AUD	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including: the prescription/recommendation indicating diagnosis and medical necessity, and confirmation that the individual received an Audio Shoe.
27036	Audio Shoe – right ear	Limit 1 every 2 years. \$60 each. Combined limit with 27037 and 27038 of \$250 every 5 years.	Y	MD; NP; AUD	
27035	FM System – complete <b>Eligible Products/Services Include:</b> <ul style="list-style-type: none"> <li>• delivery</li> <li>• fitting fee</li> </ul>	1 every 5 years. \$2,515 each.	Y	MD; NP; AUD	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including: the prescription/recommendation indicating diagnosis and medical necessity, and confirmation that the individual received an FM System - complete.
27054	FM System – repairs	Limit of \$120. <a href="#">Repair Rule A</a>	N	MD; NP; AUD	See <a href="#">Repair Rules</a> section for details.
27038	FM System – supplies/accessories	\$130 every 5 years. Combined limit with 27037 and 27036 of \$250 every 5 years.	Y	MD; NP; AUD	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including: the prescription/recommendation indicating diagnosis and medical necessity, and confirmation that the individual received the supplies.

## Additional Information

### Lost, Stolen or Broken Hearing Aids

The client will need to contact FNHA at 1-855-550-5454 for review.

### Unclaimed Hearing Aids

Unclaimed hearing aids are not a billable expense, even if eligibility was positively confirmed before dispensing.



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