## State of Vermont Health Plan Hearing Aid Reimbursement Process

Follow this link for the claims reimbursement form, which is an interactive document that members can fill out online and no printing is necessary:

## https://www.bluecrossvt.org/documents/member-claim-form

Members can submit the form via the Member Resource Center, mail or fax. The submission instructions are on page 1 of the form.

Members need to fill out the fields in these sections on Page 2:

- Patient information
- Provider information (as much information as possible). The NPI (National Provider ID) would probably be listed on the invoice from the provider. If a member is purchasing over the counter hearing aids they would put the name of the place they are purchasing from and would leave the NPI field blank.
- Any additional information (only if applicable).
- Claim information: fill out date of service, description of service for example: hearing aid right ear. This is important because BCBSVT is keeping track the hearing aids for each of the ears, especially if members are getting only one hearing aid. Members can leave procedure code, modifier, diagnosis, POS blank.
- Signature of Member or Subscriber: may be typed in this interactive form.

CLAIM INFORMATION (Please work with your provider to fill in the shaded areas.)							
Date of service MO DAY YR	Description of Service	Procedure Code	Modifier	Diagnosis Code	Charge	Units	POS
					\$		
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