Hearing Aid Appeal Packet for Parents with Deaf, Hard-of-Hearing or Deaf-Blind Children
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1. Acknowledgements

New Mexico Commission for Deaf and Hard of Hearing Persons (NMCDHH) welcomes you to the Hearing Aid Appeal Packet for Parents with Deaf, Hard-of-Hearing or Deaf-Blind Children.

We greatly appreciate parents of deaf, hard-of-hearing or deaf-blind children’s participation with the appeal packet, and Suzanne Anderson-Ruble, the former Director of Public Policy and Advocacy at NMCDHH, for compiling this project. We also acknowledge the following participants who contributed their time and energy for this project:

National Organizations:

American Speech-Language Association
Better Hearing Institute
Hearing Loss Association of America

State Organizations/Boards/ Businesses:

Albuquerque Hearing Associates
Minnesota Department of Deaf and Hard of Hearing Services
Hands & Voices
Hearing Loss Association of Albuquerque
New Mexico Department of Health
New Mexico Public Regulation Commission
New Mexico Human Services Department
New Mexico School for the Deaf
New Mexico Speech-Language and Hearing Association
New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board
Presbyterian Ear Institute
We hope you find this packet helpful. If parents or guardians would like to provide feedback or have any questions, please contact the closest CDHH office.

<table>
<thead>
<tr>
<th></th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuquerque Office</td>
<td>2500 Louisiana Suite #400</td>
<td>(505) 383-6530 (V/TTY)</td>
</tr>
<tr>
<td></td>
<td>Albuquerque, New Mexico 87110 88007</td>
<td>(505) 435-9319 (VP)</td>
</tr>
<tr>
<td>Las Cruces Office</td>
<td>2407 West Picacho, Suite A</td>
<td>(575) 525-1036 (V)</td>
</tr>
<tr>
<td></td>
<td>Las Cruces, New Mexico</td>
<td>(575) 525-1027 (TTY)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(575) 541-3403 (VP)</td>
</tr>
</tbody>
</table>

Sincerely,

George Nathan Gomme
Executive Director
2. Introduction

The purpose of the Hearing Aid Children Appeal packet is to provide guidance for Federal, State Employees and self-insured parents of deaf, hard of hearing or deaf-blind children to appeal insurances who declined coverage for hearing-aids. The majority of the parents who are faced with insurance barriers are either covered by employers or national insurance carriers that are affected by the ERISA Act.

The following letters and information provide choices for parents to address their circumstances with their insurance carrier or employer. Appealing does not guarantee that insurance carriers or employers will pay for the hearing aids or add hearing aids to their plans, but at least parents know they’ve tried to make a change that will benefit not only their child, but perhaps a co-worker’s child, neighbor or other New Mexicans faced with the same challenges. The following facts can be used in your letters.

Facts:

- 45% of workers were covered by a fully-insured plan. As for a self-insured plan, 55% of workers with health insurance were covered in 2008. (Employee Benefit Research Institute)

- Using a three year average from 2005 to 2007, 21.9% of New Mexicans did not have health insurance. New Mexico had the second highest rate of people without insurance in the nation. (New Mexico Health Policy Commission)

- An estimated 35 million children and adults in the United States have a hearing loss. For these people, selecting the most suitable hearing aids can be vital to enjoying life to its fullest. Less than 25% of all people who need hearing aids get them. Most people do not realize that the majority of hearing loss can be treated with hearing aids. (American Speech-Language Association)

- About 2 to 3 out of 1,000 children in the United States are born deaf or hard of hearing. (National Association for the Deaf)


- Approximately 50 children are identified with significant hearing loss in New Mexico each year. (New Mexico Department
“Access and affordability doesn’t necessarily mean cheap. It means the most cost-effective treatment plan.” (Terese Walden, President elect of American Academy of Audiology, 2011)

The average cost per hearing aid ranges from $1,000- $4,000 depending on the individual’s hearing loss. (Hearing Loss Association of America)

Children who do not receive early intervention cost schools an additional $420,000 and are faced with overall lifetime costs of $1 million in special education, lost wages, and health complications. (1995 study published in the “International Journal of Pediatric Otorhinolaryngology”.)

Over 70,000 students, ages 6-21, received special education services in 2002 alone, due to their hearing loss. (The Department of Education)

**House Memorial 16**
In 2006, NMCDHH called for a House Memorial 16, which coordinated a study to explore the feasibility of mandating insurance coverage for children’s hearing aids. The House Memorial 16 Study Group included representatives from the deaf and hard of hearing community, parents, audiologist, private and non-profit organizations, advocacy groups and state agency representatives.

The experience of eight other states that have mandated insurance coverage was explored and used as a baseline to develop recommendations for New Mexico. The Study Group identified financial barriers that limit timely and affordable access to appropriate hearing aids and related professional services for infants and children with hearing loss.

During the 2007 legislative session, HB 85 and SB 529 both supporting insurance coverage of Hearing Aids for Children, were passed. This legislation helps many parents obtain hearing aids for their children and coverage includes self-insured families in New Mexico. However, the Employee Retirement Income Security Act (ERISA) of 1974, a Federal statute, excludes self-insured plans, including Federal employees, from following any state mandates for health coverage. The majority of the parents of deaf, hard-of-hearing and deaf-blind children are self-insured. As a result, many self-insured parents have received denial letters when requesting payment for their child’s hearing aids.
3. New Mexico Act: Requiring Insurance Coverage for Hearing Aids for Children

59A-22-34.5. New Mexico Hearing aid coverage for children required

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall provide coverage for a hearing aid and any related service for the full cost of one hearing aid per hearing-impaired ear up to two thousand two hundred dollars ($2,200) every thirty-six months for hearing aids for insured children under eighteen years of age or under twenty-one years of age if still attending high school. The insured may choose a higher priced hearing aid and may pay the difference in cost above the two-thousand-two-hundred-dollar ($2,200) limit as provided in this subsection without financial or contractual penalty to the insured or to the provider of the hearing aid.

B. An insurer that delivers issues for delivery or renews in this state an individual or group health insurance policy, health care plan or certificate of health insurance may make available to the policyholder the option of purchasing additional hearing aid coverage that exceeds the services described in this section.

C. Hearing Aid coverage offered shall include fitting and dispensing services, including providing ear molds as necessary to maintain optimal fit, provided by an audiologist, a hearing aid dispenser or a physician, licensed in New Mexico.

D. The provisions of this section do not apply to short-term travel, accident-only or limited or specified disease policies.

E. Coverage for hearing aids may be subject to deductibles and coinsurance consistent with those imposed on other benefits under the same policy, plan or certificate.

F. For the purposes of this section, “hearing aid” means durable medical equipment that is of a design and circuitry to optimize audibility and listening skills in the environment commonly experienced by children.

The website link below will lead you to the New Mexico Statute 59A-22-34.5

http://www.nmlegis.gov/Sessions/07%20Regular/final/HB0085.pdf
How can you find out if your health insurance plan covers Hearing Aids for Children?

Ask your Human Resource Department or employer to obtain a copy the Summary Plan Description ( SPD) or other form of information from the health insurance provider. In addition, find out if your health plan is fully-insured or self-insured.

- Fully-insured plan: the employer purchases health insurance from an insurance company for employees.
- Self-insured plan: Employer pays for and provides health benefits directly to their employees and their dependents. Instead of purchasing health insurance from an insurance company and paying the insurer per-employee premium, the employer acts as its own insurer.

Does New Mexico 59A-22-34.5 cover all self-insured plans?

New Mexico 59A-22-34.5 does not cover self-insured plans. According to Employee Benefit Research Institute, 45 percent of workers were covered by a fully-insured plan. As for self-insured plan, 55 percent of workers with health insurance were covered in 2008. The Employee Retirement Income Security Act 1974 (ERISA) falls under the self-insured policy. The following main points of ERISA are:

- ERISA is a federal law that gives states the right to regulate insurance and exempts self-insured (or self-funded) health plans (any employee benefit plans) from state laws. It was designed to allow corporate operating in several states to have one set of rules to govern their health plans, rather than 50 separate sets of rules. It was enacted by Congress to address irregularities in the administration of large pension plans.

- ERISA has had a major impact on emergency care by exempting plan participants from state patient protection laws, such as the prudent layperson standard.

- Efforts have been made in Congress to modify ERISA to allow states to develop and finance consumer protection reforms.

- Patients almost never know whether their plans are based on ERISA law, and it is seldom noted on their insurance cards. This can cause confusion as to whether state laws apply to their particular plan.
4. Appeal Resolution Process

All health carriers, fully-insured and self-insured plans, must provide their complaint procedure policies including the internal and external review process to all of their enrollees.

If the employer or individual purchased health coverage from a licensed health carrier, that health carrier must provide an internal and external review process. Each health carrier must provide their complaint procedure policies to their enrollees.

Who Makes the Decisions in the Internal Appeal Process?

- For a medical appeal, a medical professional (physician, dentist, audiologist or chiropractor) must be involved in the internal determination appeal process;
- Criteria used for the basis of decision must be provided to the enrollee and the provider;
- If the internal decision is adverse, the enrollee must be informed.
- The health carrier also must inform the enrollee the next process is the external determination appeal process.

Who Makes the Decisions on the External Appeal Process?

- The external appeal process is performed by a neutral outside entity contracted by the State of New Mexico (currently providing similar services for Medicare in other states) and there is no cost to the enrollee.
- The decision is binding on the health carrier, but the enrollee can appeal.

If you have a fully-insured plan, who can you contact for assistance with the appeal process?

You are encouraged to contact State of New Mexico Public Regulation Commission (NMPRC). NMPRC has access to New Mexico health insurances and is available to assist you with claims or prior approvals. They have representatives that can help you through the appeal process.

Various direct insurance contacts are on the following page. If you do not see your insurance listed, please contact NMPRC. Their contact information is on the top of page 10:
<table>
<thead>
<tr>
<th>Department/Division</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Division</td>
<td>2550 Cerrillos Road, Santa Fe, NM 87505</td>
<td>1-800-432-2080</td>
</tr>
<tr>
<td>NM Department of Health</td>
<td>1190 S. St. Francis Dr., Santa Fe, NM 87502</td>
<td>1-800-752-8649</td>
</tr>
<tr>
<td>NM Department of Health- Incident Mgmt.</td>
<td>1190 S. St. Francis Dr., Santa Fe, NM 87502</td>
<td>1-800-455-6242</td>
</tr>
<tr>
<td>NM Human Services Department Medical Assistance Division</td>
<td>Office of the Director, PO Box 2348, Santa Fe, NM 87504</td>
<td>1-888-997-2583, 505-827-3100</td>
</tr>
<tr>
<td>NM Health Insurance Alliance (Small employers and individuals)</td>
<td></td>
<td>1-800-204-4700</td>
</tr>
<tr>
<td>NM Independent Insurance Agents Assoc. (Administers products and services)</td>
<td></td>
<td>1-800-621-3978</td>
</tr>
<tr>
<td>NM Medical Board (Complaints against Physicians and Physicians Assistants)</td>
<td>2055 S. Pacheco St. #400, Santa Fe, NM 87505</td>
<td>505-476-7220, 1-800-945-5845</td>
</tr>
<tr>
<td>NM Medical Insurance Pool (Individuals denied coverage and uninsurable)</td>
<td></td>
<td>1-866-622-4711</td>
</tr>
<tr>
<td>NM Public Schools Insurance Authority (NMPSIA)</td>
<td>410 Old Taos Highway, Santa Fe, NM 87501</td>
<td>1-800-548-3724</td>
</tr>
<tr>
<td>NM Retiree Health Care Authority</td>
<td>4308 Carlisle Blvd. NE, Suite 104, Albuquerque, NM 87107</td>
<td>1-800-233-2576</td>
</tr>
<tr>
<td>NM Risk Management</td>
<td>1100 St Francis Dr., PO Box 6850, Santa Fe, NM 87502</td>
<td>505-827-0442, 1-877-301-8041</td>
</tr>
<tr>
<td>NM Workers Compensation Administration</td>
<td>2410 Centre Ave. SE, PO Box 27198, Albuquerque, NM 87125-7198</td>
<td>1-800-255-7965</td>
</tr>
<tr>
<td>The Center for Medicare and Medicaid (CMS)</td>
<td>7500 Security Blvd., Baltimore, MD 21244-1850</td>
<td>1-800-Medicare (1-800-633-4227)</td>
</tr>
<tr>
<td>US Department of Labor (ERISA – Self funded)</td>
<td>525 Griffin St., Dallas, TX 75202-5025</td>
<td>(972) 850-4708</td>
</tr>
</tbody>
</table>
What is the Appeal Process for Self-Insured Plan?

If the claim is declined, the employee/dependent/parent has the following rights:

- 90 days to file an appeal in writing with their employer;
- request for a Summary Plan Description (SPD) from their health insurance;
- SPD indicates what coverage their insurance provides and how to file a complaint;
- A complaint is any type of grievance including issues with coverage, denial or limitation of services, eligibility issues, administrative operation, quality, medically necessary decisions and so forth.

The employer must have an internal and external appeal process. The employer may hire a Third Party Administrator (TPA) to process claims. An appeal can also be made directly to the employer. It depends on how the employer handles the insurance complaint process.

If the employer declines the appeal the second time, according to ERISA Section 502, the consumer can take the employer to federal court. Consumers can also send a copy of their complaint letter to their local legislators requesting them to address the barriers with ERISA. The packet provides samples of appeal letters and various potential approaches.

How Can You Effectively Advocate for Your Child with the Appeal Process for Self-Insured Plan?

The following information provided in this packet provides various ways to strengthen your letter of justification for your insurance carrier to pay for child’s hearing aids. Your audiologist is or can be a powerful source for your child providing solid letters of justifications medically. Suggested letter samples for audiologists are in section 5.
What is the appeal process for audiologists or hearing aid dispensers in the state of New Mexico?

If you are not content with the hearing aid business, audiologist or hearing aid dispenser, you can contact New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board (NMSLPAHADPB). The appeal form at the website below or you can call (505) 476-4640.

Physical Address: New Mexico Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Board (NMSLPAHADPB)
2550 Cerrillos Road
Santa Fe, New Mexico 87505

Mailing Address: P.O. Box 25101
Santa Fe, New Mexico 87504

Phone: (505) 476-4640

Website: http://www.rld.state.nm.us/boards/Speech_Language_Pathology_Audiology_and_Hearing_Aid_Dispensing_Practices.aspx
5. **Audiologist Letter of Justification**

Has your Audiologist contacted your insurance company for a prior authorization of your child’s Hearing Aids? If so, what information was provided to your insurance company?

Your audiologist should be able to assist you by providing documentation regarding the necessity for the hearing aid purchase. If your insurance carrier or employer is willing to look at approving the claim for hearing aids based on a prior authorization letter, your audiologist or hearing aid dispenser should be the one to write the letter. The following information must be included in the letter:

- Employer identifying information;
- Child identifying information;
- Name (if applicable) of person at insurance company/employer who was contacted and spoke with the audiologist/hearing aid dispenser;
- Child’s hearing and health history;
- Child’s hearing aid use history: If hearing aids have been worn previously then there should be a discussion regarding how old the current hearing aids are and why they need to be replaced such as:
  - requires frequent repairs;
  - hearing loss has changed so devices are no longer providing benefit;
  - difficulty hearing in noise with this older technology;
  - new demands of grade level in school.

- Recommendation with specific description of the new make, model, and style of hearing aids. Hearing aid manufacturers have research and supporting documents that will provide a few key sentences about the beneficial attributes of each product they make. This should include a discussion of why these hearing aids were chosen including as much information as possible. It is wise to discuss the performance attributes of the new hearing aids such as:
  - These aids include the automatic ability to adjust as environments change from quiet to noise;
  - These aids have the ability to communicate between the two hearing aids providing the child with better environmental awareness, such as localization of the speech source as well as the noise source.
Price of the aids and what is included:
- Length of warranty
- Loss and damage coverage, post-fitting conformity evaluations
- Follow up exams
- HCPCS codes (Healthcare Common Procedure Coding System)
- Diagnosis codes

Hearing aid claims utilization is very low when funded by an insurer. Even in retiree benefit plans, claims utilization almost never exceeds four percent, and in general populations the claims utilization rate is below two percent.
Prior Authorization Sample Letter and Report

Date

Insurance Company XXX
Attn: Mr. Young
Address
City, ST Zip

Re: Patient: Jane Doe
Member #: __________
DOB: 00/00/0000

To Whom It May Concern:

As per your request, this letter will serve as prior authorization and medical justification of benefits for the above patient to obtain hearing aids. I have also attached relevant documentations including audiograms.

As you will note, Jane Doe has a moderate sloping to severe sensorineural hearing loss, which is noted as congenital in nature. This type and degree of hearing loss would be expected to produce difficulty hearing both one-on-one without visual cues, on the telephone, in the presence of competing background noise and with tolerance for loud sounds. She has worn hearing aids since she was four months old. However, being that her current hearing aids are several years old and no longer provide her with enough performance to enable her to hear to the best of her ability, particularly in the classroom or other noisy settings she is in need to new hearing aids.

I am recommending this patient be fit with the Model Behind-the-Ear hearing aids binaurally. These instruments are recommended because they provide the greatest gain for soft inputs across the usable frequency range yet provide Jane with better comfort and sound quality in a louder environment. The automatic nature of this nonlinear technology provides her with the correct amount of amplification at all times in the extremely changing environments of her school day.

Billing information is as follows:

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<th>$Charges</th>
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<tr>
<td>V5261</td>
<td>Hearing Aid, digital, binaural behind the ear</td>
<td>389.12</td>
</tr>
<tr>
<td>V5160</td>
<td>Dispensing fee binaural</td>
<td>389.12</td>
</tr>
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This fee includes her hearing aid re-evaluations, four-year warranty for repairs, loss and damage and all of her follow-up visits for hearing aid adjustments for the life of the warranty.

I anticipate that this will provide you with sufficient information to provide a pre-determination of benefits. If you need additional information, please feel free to contact me. Thank you in advance for your prompt attention to this matter.

Regards,

*Your Audiologist, Au.D.*
Doctor of Audiology
enc.
Second Letter and Report

Date

_________ ____________ RN, Utilization Review

Name of insurance company
Address
City, ST  Zip

Re: Employer:
Employee:
Date of Claim:
File Number:

Dear Ms. Jones:

As per your request, this letter will provide you with the additional information. I have provided answers to your questions below as well as attached the most recent audiogram dated month, day, year.

You will note on the attached audiogram that little measurable change is noted in patient’s thresholds for either ear compared to her previous audiograms. This patient has so little hearing outside of the profound hearing loss range that changes in her perception of sound is rarely noted on an audiogram. It is my experience as an audiologist that a person with severe-profound thresholds throughout the majority of the frequency range often describes changes in sound perception that we are unable to detect with standard audiometric testing. Having worked with her for many years, I am of the opinion that Jane Doe is one of these individuals.

The first difference in these hearing instruments is the fitting arrangement. Jane Doe has never been able to wear behind the ear instruments due to their size, large tubing arrangement and the close proximity of her pinna to the back of her head. Because of this fact, we always had to fit her with in the ear/in the canal instruments. While these provided her with good gain, the small size of her ears made it difficult to completely vent the low frequencies out of the system where her thresholds are the best. This caused two problems: occlusion of her own voice as well as over-amplification of low frequency sounds. Additionally, the in-the-ear style created challenges for high frequency gain which, surprisingly, Ms. Doe uses routinely. The newer devices are smaller, slimmer and the wire, which contains the receiver, is malleable to the small size of her ears. Allowing low frequency sounds in naturally has opened up these sounds in her environment and she reports a significantly greater naturalness of sounds. Changing her to receiver in-the-ear instruments also allows for greater distance between the microphone and receiver, therefore allowing greater high frequency gain without feedback. Ms. Doe has
demonstrated through trial use of these new devices a substantial change in auditory perception and communication ability from these additional high frequency cues.

The second (and substantial) difference between her old hearing aids and the *new model hearing aids* is the signal processing which consists of two estimators which analyze sound in very different ways. One analyzer or estimator uses a long averaging window, which is designed to provide an on-going estimate of the level of the environment. If there is a dominant speech signal present, this estimator will track the ongoing, overall level of the talker. A second analyzer uses a very short averaging window. This provides information as to the instantaneous input level, as opposed to the overall, on-going level. The result is a significantly reduced listening effort.

All of these changes have produced significantly better hearing and communication for Jane Doe. This technology allows her to be able to communicate on the telephone, something she has never been able to do successfully in the past. She reports the ability to hear soft sounds such as a key in a lock and other environmental noises. In large groups she is better able to pick out the source of speech and understand the speaker.

I anticipate that this will provide you with sufficient information to approve this request. It is my professional opinion that these devices will make a substantial difference in her independence and ability to earn a living. If you need additional information, please contact me at 505-123-4567 or fax at 505-123-4567 or email at audiologist@audiologist.com.

Thank you in advance for your prompt attention to this matter.

Regards,

*Audiologist, Au.D.*

Doctor of Audiology

Enc.
6. **Appeal Letters to Insurance Companies**

In the appeal letter, use compelling arguments as to why you should receive the coverage. The materials included in this packet will help you justify why hearing aids are essential for your child.

You have 90 days to send your appeal letter. If you decide to file a complaint or an appeal to your insurance company/HMO/Employer, it is imperative that you document the following:

- Date, name, title and phone number/extension of the person you talked with;
- If you talked with that person’s supervisor, document the name, title and phone number/extension.
- Document all of the conversations and information you received including dates, specifics of the conversations and outcomes.

In addition, you will need to thoroughly describe your child’s history with hearing loss and how your child could benefit from hearing aids. In the letter, include copies of documents as recommended in the “Support Documents” section. The following pages contain sample letters any of which you can choose to best fit your situation and make your case.
Insurance Company Appeal
Sample Letter #1

SEND THIS LETTER TO ALL PARTIES INVOLVED

August 12, 2XXX

INSURANCE COMPANY X
Member Services Department
Address
City, ST Zip

Re: John Doe
Subscriber #
Patient #
D.O.B.

To Whom It May Concern:

John Doe was born on (date). Before leaving the hospital, he was given a hearing test and failed. Finally at 4 months, he was diagnosed with a moderate bilateral sensorineural hearing loss by the audiologist, Dr. Smith at Children’s Hospital. This type of loss is permanent and if untreated will adversely affect John’s ability to acquire speech.

John is not a candidate for either the Otosclerosis Stapendectomy procedure or a cochlear implant. Hearing aids are the only “medical solution to his birth defect” at this date and time. Enclosed is the actual data – ABR (auditory brainstem response) and OAE (otoacoustic emissions) showing what John can and cannot hear. Also, I have enclosed an audiogram on which I have highlighted the frequencies at which John cannot hear and some statistical information as to what a person with a moderate hearing loss would encounter during their life without hearing aids.

In John’s case, the request for hearing aids is not cosmetic reason in nature. It is medically necessary and would drastically help our son to not only hear, but allow him to have a more “normal” childhood. Without the hearing aids John will not hear correctly; therefore, he will not speak or learn correctly. Without hearing aids John will cost an insurer more money in the long run because he will and require special education classes, speech therapy, etc. He will be unable to be outside playing without special supervision.
with other children because he cannot hear. Without hearing aids John will not acquire speech and be able to communicate verbally his needs with friends and family.

We learned that your insurance covers items such as prosthetics and leg braces if the child needs them. We are quite surprised to learn that INSURANCE COMPANY X is selective as to what types of “birth defects” trigger necessary coverage. Perhaps it is because hearing loss is not as visual as a physical and obvious defect. We believe it is unjust that INSURANCE COMPANY X will not cover a medically needed item, in this case – hearing aids, ear-molds and hearing evaluations for a child with congenital hearing loss.

Effective July 1, 2007, the state of New Mexico requires insurance companies that provide coverage in New Mexico to pay for hearing aids for individuals under age 18 (or 21 if still in high school) for hearing loss that is not correctable by other covered procedures. In addition, hearing aid claims utilization is very low when funded by an insurer. Even in retiree benefit plans, claims utilization almost never exceeds four percent, and in general populations the claims utilization rate is below two percent. The NM Statute 59A-22-34.5 is attached for your review.

It would be a serious travesty if you deny a six-year-old child the chance to hearing like you and I do.

Thank you for your prompt attention to this matter. I look forward to receiving your response.

Sincerely,

Mr. Doe
John’s Father

Enclosures:

Cc:
Insurance Company Appeal
Sample Letter #2

SEND THIS LETTER TO ALL PARTIES INVOLVED

Date

Name
Consumer Appeals Advisor

Insurance Company Name

Address
City, ST Zip

Re: Child’s name
Subscriber #
Patient #
D.O.B.
Second Appeal

Dear Mr. Smith:

This letter is in reference to your denial letter dated December 7, 2XXX; this letter serves as our request for a second appeal in behalf of my son, John Doe. In your above referenced letter you stated, “Recently you appealed to INSURANCE COMPANY X regarding the denial of coverage for hearing aids that John would like to receive”. I do not want to sound disrespectful, but would you ask a child that needed a wheelchair or a child that needed leg braces if they would “like” those needed items? No one with a birth defect would “like to receive” leg braces, a wheel chair, hearing aids or any other such medically necessary items. John medically needs the hearing aids to be able to hear. Therefore, we are respectfully requesting that you reconsider denial of our request.

John was born on (date) and a hearing test was administered in the nursery; he failed. We have learned through numerous tests that he as a “Moderate-Severe Bilateral Sensorineural Hearing Loss”. John is not a candidate for either the Otosclerosis Stapendectomy procedure or the Cochlear Implant. Hearing aids are the only “medical solution for his birth defect” at this date and time. Enclosed is the actual data (Auditory Evoked Response Record) showing what John can and can’t hear. Also, I have enclosed an audiogram chart on which I highlighted the frequencies that John is unable to hear. In addition, I have included some statistical information that reflects John’s experiences with a moderate-severe hearing loss without hearing aids. We are quite surprised to learn INSURANCE COMPANY X is selective in what types of “birth defects” you are willing to help. If he had needed leg braces, INSURANCE COMPANY X would have helped in that instance.

Our request for hearing aids is not cosmetic in nature. It is medically necessary and would drastically help our son not only hear, but also enable him to integrate more with
other children. Without the hearing aids John will not hear correctly, therefore will not learn correctly in order to advance in school. Without hearing aids John will be in special education classes, speech therapy, etc. He will be unable to be outside playing with other kids because he cannot interact and be able to hear cars, unable to communicate with others. Would you let your child live this kind of life because INSURANCE COMPANY X insurance discriminates by determining the type of aids they deem “medically necessary”? My husband and I will not let our child be without hearing aids, but find it unjust that INSURANCE COMPANY X will not cover this medically necessary item.

When I was pregnant with John, we took the tests offered at the time for birth defects and detected no abnormality. I (John’s mother) practiced preventative health care by having the appropriate tests, exams, self-care and immunizations recommended as well as eating a healthy nutritious diet, yet my son was still born with a hearing loss.

Effective July 1, 2007, the state of New Mexico requires insurance companies that provide coverage in New Mexico to pay for hearing aids for individuals 18 years of age or younger (or 21 if still in school) for hearing loss that is not correctable by other covered procedures. In addition, hearing aid claims utilization is very low when funded by an insurer. Even in retiree benefit plans, claims utilization almost never exceeds four percent, and in general populations the claims utilization rate is below two percent.

As stated above, this would be a serious travesty by INSURANCE COMPANY X to deny a six-year-old child the chance to hear like you and I do.

We wait to hear your final decision and hope your insurance carrier will approve our request.

Sincerely,

Jane Doe
John Doe’s Mother

Enclosures

Cc: New Mexico Public Regulation Commission
   New Mexico Department of Health
   New Mexico State Representative for the House
   New Mexico State Representative for the Senate
   Attorney General’s Office
7. **Requesting for an Employer to Add Hearing Aid Benefits**

If your employer declined your insurance claim, as an employee, you have 90 days to file an appeal in writing. The following letters are sample letters by parents in the past requesting their employers to add universal hearing aid coverage. Appealing does not guarantee that employers will pay for the hearing aids or add hearing aids to their plans, but at least parents know they've tried to advocate their child and for other employees that might be in similar circumstances.

If the employer declines the appeal the second time, according to ERISA Section 502, the consumer can take the employer to federal court. Consumers can also send a copy of their complaint letter to their local legislators requesting them to address the barriers with ERISA.
Date

XX Corporation
Benefits Department

Address
City, State Zip

Re: John Doe

INSURANCE COMPANY X
Subscriber #
Patient #
D.O.B.

To Whom It May Concern:

John Doe, my son, was born on (date). Before leaving the hospital, John was given a hearing test and failed. Finally at 4 months, he was diagnosed with a moderate bilateral sensorineural hearing loss by the audiologist, Dr. Smith at (hospital). This type of loss is permanent and if untreated will adversely affect John’s ability to acquire speech. Enclosed is the actual data – ABR (Auditory Brainstem Response) and OAE (Otoacoustic Emissions) showing what John can and cannot hear. I have also enclosed an audiogram on which I have highlighted the frequencies at which John cannot hear and some statistical information as to what a person with a moderate hearing loss would encounter during their life without hearing aids.

John is not a candidate for either the otosclerosis stapendectomy procedure or the cochlear implant. Hearing aids are the only “medical solution to his birth defect” at this date and time. However, our medical insurance plan – INSURANCE COMPANY X Primary Clinic Plan (Group number XXXX) –will not cover hearing aids, hearing evaluations or ear molds.

As a big and famous company, XX Corporation must be aware of the importance of language and communication in our society. Children have their greatest capacity for learning language from ages 0-3. If a child can’t hear, how can he learn to communicate? Understanding this, you must appreciate the need of a child to have access to language in
his most formative years. Giving our child this opportunity is important not only for our child but to society in general. Being able to hear will ultimately decrease the costs to the school system in providing speech therapy and other services that our child will need if he cannot have quality access to speech and language through hearing aids. It also sets a good example for other employers with self-funded health plans to offer this important coverage to the children covered under our company’s medical insurance plans. In addition, hearing aid claims utilization is very low when funded by an insurer. Even in retiree benefit plans, claims utilization almost never exceeds four percent, and in general populations the claims utilization rate is below two percent.

Effective July 1, 2007, the state of New Mexico requires insurance companies that provide coverage in New Mexico to pay for hearing aids for individuals 18 years of age or younger (21 if still in school) for hearing loss that is not correctable by other covered procedures. A copy of the New Mexico statute is enclosed.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

Mr. Frank Doe
John’s Father

Enclosures:
- Statute 59A-22-34.5
- Letter from Dr. X
- Letter from Dr. Y
- Letter from Dr. Z
- Audiogram highlighting the frequencies John can’t hear
- Postpartum discharge form
- ABR hearing test report for left ear and failed OAE tests on (date)
- ABR hearing test report for right ear and failed OAE tests on (date)

(Use resources as recommended in the packet or your own that you see fit for your letter)
MEMORANDUM

TO: XX Corporation
FROM: Frank Doe
DATE: Month Day, Year
RE: Health Insurance Coverage for Hearing Aids

This memo is to recommend that XX Corporation add hearing aid coverage as a benefit to all health plans offered to its employees. My child, John Doe, who is hard of hearing, has been denied hearing aid coverage. John needs hearing aids to be able to reach his full potential and become responsible, contributing citizens and effective members of the workforce.

Effective July 1, 2007 the state of New Mexico requires insurance companies that provide coverage in New Mexico to add hearing aid coverage for children under age 18 (or 21 if still in school) for hearing loss that is not correctable by other covered procedures of their benefit set when the policy is issued or renewed. The law, NM Statute 59A-22-34.5, requires the insurance company to provide (with applicable, but not special, co-pay or deductible) new hearing aid(s) once every 36 months. I have attached a copy of the law as well as testimony from parents and doctors in support of the bill. Because XX Corporation is self-insured for its employees, this legislation does not impact our plan. The purpose of this memo is to ask XX Corporation to consider adding hearing aid coverage to its self-insured plan.

The average cost of one hearing aid is about $2,200.00, with each device lasting approximately 3 years. Without access to hearing development of speech and spoken language will be compromised. At this time, it is estimated that the cost of speech and language therapy, which most insurance covers including XX Corporation, is estimated to decrease cost by 40% when children with hearing loss receive early intervention with hearing aid(s). Subsequently, the cost of providing hearing aid(s) can be offset by the reduction in cost for speech and language therapy.

In 2009, New Mexico screened more than 27,000 newborns for hearing loss, 36 were diagnosed with a hearing loss. It is unlikely that XX Corporation’s self-insured plan would be greatly impacted by adding this coverage. Hearing aid claims utilization is very low when funded by an insurer. Even in retiree benefit plans, claims utilization almost
never exceeds four percent, and in general populations the claims utilization rate is below two percent.

As the sponsor of a self-insured plan, *XX Corporation* can control, in many cases, which benefits its insurance plan will provide. While I do not believe this should be simply a matter of dollars and cents, I urge you to look at the enclosed studies regarding *XX Corporation*’s potential cost savings in speech therapy by providing hearing aid coverage at an early age. Then determine if this is a benefit *XX Corporation* can afford to provide its employees.

Children who do not receive early intervention cost schools an additional $420,000 and are faced with overall lifetime costs of $1 million in special education, lost wages, and health complications. (1995 study published in the "International Journal of Pediatric Otorhinolaryngology".)

The New Mexico Commission for Deaf and Hard of Hearing is a state agency that can be an additional resource for you.

If you need further information, please feel free to contact me at (phone number).
8. **Letters to State & Federal Representatives**

If the employer declines the appeal the second time, according to ERISA Section 502, the consumer can take the employer to federal court. Consumers can also send a copy of their complaint letter to their local legislators requesting them to address the barriers with ERISA.

If you do not feel satisfied with the response to your letter from your local or state representative, you can send a letter to your Federal representatives and to the First Lady.

The letter to the Governor of New Mexico is an example that could be used for states pursuing a statue mandating all state insurances covering hearing aids for children. You can tweak your letter and use parts of other letters from “Sections 5 & 6” depending on your circumstances with the insurance carrier or employer.
Letter to Governor of New Mexico

SEND THIS LETTER TO ALL EXCEPT THE INSURANCE COMPANY

Date

The Honorable (Governor’s Name)
Office of the Governor
490 Old Santa Fe Trail
Room 400
Santa Fe, NM 87501

Dear Governor (Governor’s last name),

I am writing to ask for your help addressing self-insured Insurance Coverage for Children’s Hearing Aids. This bill requires insurance companies to provide up to $2200 in coverage per hearing aid for hearing impaired children.

My 4½-year-old daughter, Jane Doe, is hearing impaired. She was diagnosed with a hearing loss when she was a year old, and began wearing hearing aids at 13-months-of-age. With much help through the use of her hearing aids and work with speech therapists, Jane has come such a long way. She participates fully in her 4-year-olds’ preschool class, and her hearing loss goes undetected by many. Though Jane receives physical and occupational therapy services through the Public Schools, her speech and hearing related functionality is high enough that she does not require speech therapy.

We were fortunate to be able to afford high quality digital hearing aids, as well as the medical follow-up and therapy also required to maintain and utilize her existing hearing. When we purchased the aids on (date), the pair cost just under $5300. At a time when our daughter was just learning about the world around her and was already late in the process of acquiring language, providing her with top quality hearing aids and related therapy were of utmost importance to us. We feel the early intervention she received has helped her in her many successes thus far. There are many expenses related to overcoming the effects of a hearing loss, and any help to reduce those costs is appreciated by us. However, this reduction is desperately needed by so many in our state.

House Bill ## is currently waiting for your signature, and many young, developing New Mexicans could greatly benefit from your passage of this bill into law.

Thank you for your time and consideration. (May enclose some pictures to personalize the letter)
Sincerely,

(Name)
Parent
(Address)
(E-mail address)
(Phone number)
Letter to Senator/First Lady

SEND THIS LETTER TO ALL EXCEPT THE INSURANCE COMPANY

Date

First Lady Michelle Obama
White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Re: John Doe

Dear Ms. Obama:

Enclosed for your review is a copy of my second appeal letter to our insurance carrier, Insurance Company X, dated (month day, year). This request is for hearing aids that are medically necessary for my six-year-old son, John.

John’s hearing condition is not an actual acquired “hearing loss”, but a defect with which he was born. Without hearing aids the only sounds my son can hear, at best, are muffled noises. He is not able to hear someone speaking or understand what they are saying. If my son was born with a different birth defect, Insurance Company X would have covered his medical needs.

I am writing this letter to make people like you aware of what I consider discrimination by Insurance Company X. I would also like to know what more I can do in my son’s case as well as for all the other children who may need hearing aids, but are being denied them. I feel this discrimination is a great injustice and I will continue pursuing every avenue possible.

When an insurance company denies a child hearing aids, the impact of their decision affects more than his/her parents who pay for this discrimination. The future impact on school districts, employers, and social systems will also be affected financially. John’s personal development and self-esteem are at risk as well. Without hearing aids my son will have to be in speech therapy, special education classes, etc. throughout all of his school years. With hearing aids he has the opportunity to hear and learn to speak like you and me. If he can’t hear and needs special education services, through taxes, not the
insurance company, our government pays for special education and for a set of hearing aids.

The insurance companies do not pay for this specialized education, our government pays, which means you and I pay. I cannot imagine the amount of monies that would need to be spent on specialized education and learning for my son, when a set of hearing aids costing approximately $5,600 would eliminate that need. According to a 1995 study published in the International Journal of Pediatric Otorhinolaryngology, “Children who do not receive early intervention cost schools an additional $420,000 and are faced with overall lifetime costs of $1 million in special education, lost wages, and health complications.”

Effective July 1, 2007, the state of New Mexico requires insurance companies that provide coverage in New Mexico to pay for hearing aids for individuals 18 years of age or younger (21 if still in school) for hearing loss that is not correctable by other covered procedures. In addition, hearing aid claims utilization is very low when funded by an insurer. Even in retiree benefit plans, claims utilization almost never exceeds four percent, and in general populations the claims utilization rate is below two percent.

As stated earlier, please let me know if there is any more information I can provide or anything more I can do to acquire your assistance in this matter. I would like to pursue every avenue available to stop the discrimination we are currently experiencing with Insurance Company X.

Thank you in advance for your time. I hope to hear from you or your office soon.

Yours Truly,  (May enclose some pictures to personalize the letter)

Jane Doe  
John Doe’s Mother

Enclosures

Cc:  New Mexico Insurance Commissioner  
New Mexico Attorney General’s Office  
New Mexico Department of Health  
New Mexico State Representative for the House  
New Mexico State Representative for the Senate
9. Sample Audiograms

Sending one of these sample audiograms along with your child’s audiogram will help explain the sounds (including spoken words) that your child does not hear without hearing aids.