

# Hearing Services

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## DETAILS FOR HEARING SERVICES

**Applies to:** All plans

**Hearing care** involves the diagnosis and treatment of hearing loss. Hearing loss is categorized by which part of the auditory system is damaged. There are three basic types of hearing loss: conductive, sensorineural, and mixed hearing loss.

**Conductive hearing loss** affects the outer or middle ear and causes a barrier to the sound waves that need to be passed to the inner ear. Most conductive hearing losses aren't permanent and may be treatable with medication or surgery. Some examples of causes of conductive hearing loss are total wax occlusion, otitis media (middle ear infection), perforation of the ear drum, or otosclerosis (a disease in which the middle ear bones fuse and affect the vibrations needed to transmit sound to the inner ear).

**Sensorineural hearing loss** is caused by damage to the inner ear affecting the tiny outer and inner hair cells. The disruption of normal function of these cells results in poor transmission of the messages sent to the brain for interpretation of sound. Some causes of this type of loss include noise damage, presbycusis (age-related loss), viral inner ear infections, or the use of ototoxic medication (medicine that is harmful to the ear). Sensorineural hearing loss is permanent. The best treatment is fitting hearing aids for sound stimulation.

**Mixed hearing loss** is a combination of conductive and sensorineural hearing loss.

### Original FFS Medicare

According to the Code of Federal Regulations and the Centers for Medicare and Medicaid Services guidelines, hearing aids or exams for the purpose of prescribing, fitting, or changing hearing aids are excluded from coverage under Original Medicare.

Certain devices that produce the perception of sound by replacing the functions of the middle ear, cochlea, or auditory nerve are payable by Medicare as prosthetic devices. These devices are indicated only when hearing aids are medically inappropriate or cannot be used due to congenital malformation, chronic disease, severe sensorineural hearing loss, or surgery.

The following are prosthetic devices:

- Cochlear implants
- Auditory brainstem implants
- Osseo integrated implants

## Coverage guidelines

**Medicare-covered hearing service coverage:** All Premera Blue Cross Medicare Advantage plans cover hearing screening and audiologist services when Medicare coverage criteria are met. There is a copayment for these benefits that are outlined in the plans EOC.

- **Hearing screening services:** Covered when performed during a physician's office visit and may include the use of an office screening audiometer, tuning fork, or whispered number recognition.
- **Audiology services:** Provide audiological diagnostic testing refers to tests of the audiological and vestibular systems, e.g., hearing, balance, auditory processing, tinnitus, and diagnostic programming of certain prosthetic devices, performed by qualified audiologists. Audiological diagnostic tests are not covered under the benefit for services incident to a physician's service (described in Pub.100-02, chapter 15, section 60), because they have their own benefit as "other diagnostic tests". See Pub. 100-04, chapter 13 for general diagnostic test policies.

Audiological diagnostic testing refers to tests related to implantation of auditory prosthetic devices, central auditory processing, contralateral masking; and/or tests to identify central auditory processing disorders, tinnitus, or nonorganic hearing loss.

Examples of appropriate reasons for ordering audiological diagnostic tests that could be covered include, but are not limited to:

- Evaluation of suspected change in hearing, tinnitus, or balance
- Evaluation of the cause of disorders of hearing, tinnitus, or balance
- Determination of the effect of medication, surgery, or other treatment
- Reevaluation to follow-up changes in hearing, tinnitus, or balance that may be caused by established diagnoses that place the patient at probable risk for a change in status including, but not limited to: otosclerosis, atelectatic tympanic membrane, tympanosclerosis, cholesteatoma, resolving middle ear infection, Menière's disease, sudden idiopathic sensorineural hearing loss, autoimmune inner ear disease, acoustic neuroma, demyelinating diseases, ototoxicity secondary to medications, or genetic vascular and viral conditions
- Failure of a screening test (although the screening test is not covered)
- Diagnostic analysis of cochlear or brainstem implant and programming
- Audiology diagnostic tests before and periodically after implantation of auditory prosthetic devices.

## Routine hearing services

**Routine hearing exam only for medical related purposes:** A set copay applies to one routine hearing exam per calendar year through a non-Hearing Care Solutions in-network provider if the exam is for medical purposes and not related to hearing aid candidacy. Coverage for various procedures that fall into the generic category of routine hearing services under Medicare regulations is provided to members under Premera Blue Cross

Medicare Advantage HMO plans. Because Original Medicare does not cover these services, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member’s cost sharing are determined by Premera Blue Cross for any non-network services. There is a copayment for these benefits that are outlined in the plans EOC.

**Conditions for payment:**

The table below specifies payment conditions for hearing services:

Conditions for Medicare-covered and routine hearing exam payment	
Eligible provider	Primary care doctors (M.D. or D.O.), and audiologist
Payable location	No restrictions
Frequency	Once every 12 months
CPT/HCPCS codes	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
Diagnosis restrictions	Restrictions
Age restrictions	No restrictions
Copayment	Copay of the plan applies

**Member cost sharing**

- Premera Blue Cross Medicare Advantage HMO members are liable for costs in excess of the plan’s defined benefit allowance amount up to the lesser of the Premera Blue Cross Medicare Advantage HMO allowed amount or the provider’s charge.
- Premera Blue Cross Medicare Advantage HMO providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance, or a deductible. Providers can only collect the appropriate Premera Blue Cross Medicare Advantage HMO cost sharing amount from the member.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.

Medicare-covered and routine hearing exam billing Instructions for providers:

**Coding (medical codes)**

CPT Code	Description
92550	tympanometry and reflex measure
92567	tympanometry (impedance testing)
92568	acoustic reflex testing, threshold
92570	acoustic immittance testing, includes tympanometry (impedance testing) acoustic reflex, threshold testing and acoustic reflex decay testing
92587	evoked otoacoustic emissions; limited evaluation (3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
92588	evoked auditory test; ; comprehensive evaluation (minimum of 12 frequencies); with interpretation and report

**Hearing Care Solution covered hearing services:**

**Applies to:** All plans

**Accessing the benefit through Hearing Care Solutions**

- Members contact Hearing Care Solutions (HCS) at 1-866-344-7756.
- All appointments are scheduled through HCS with a provider in the HCS network.
- All eligibility is verified. HCS providers have immediate access to an approved list of hearing instruments in the online HCS provider portal.
- To verify member eligibility, benefits, and cost share, visit the HCS provider portal at <https://providerportal.hearingcaresolutions.com/>

**Benefits through HCS:** Members on Premera Blue Cross Medicare Advantage plans have an exclusive benefit through HCS:

- Annual benefit is \$1,000 per ear per year
- 60-day trial period
- 1 year of routine follow-up servicing at no charge with original provider
- 2-year supply of batteries for nonrechargeable devices (up to 64 cells per ear, per year)
- Hearing exams for the purpose of determining hearing aid candidacy are covered under the HCS benefit at no charge to the patient. Exams for medical purposes are not part of this hearing aid benefit

**Hearing aid offering:** Hearing aids include features such as: direct to iPhone and Android connectivity, Bluetooth capabilities, smartphone apps, lithium-ion rechargeability technology, remote access adjustments and telehealth capabilities, TV & phone connectivity.

Technology Level	HCS Average Retail (Per Instrument)	HCS Discounted Price (Per Instrument)	Benefit (Per Instrument)	Premiera Member Price (Per Instrument)
<b>Basic</b>	\$1,000+	\$500	\$1,000	\$0
<b>Entry</b>	\$1,500	\$675	\$1,000	\$0
<b>Superior</b>	\$1,800	\$800	\$1,000	\$0
<b>Advanced</b>	\$2,350	\$1,150	\$1,000	\$150
<b>Premium</b>	\$3,200	\$1,550	\$1,000	\$550
<b>Specialty</b>	\$3,400	\$1,850	\$1,000	\$850

**Excluded services**

The following services are excluded from the Premiera Blue Cross Medicare Advantage HMO enhanced hearing services benefit:

- Drugs
- Medical treatment/evaluation that is covered under Medicare parts A or B
- Examinations related to medical surgical procedures
- Unnecessary services not prescribed by the audiologist or hearing aid dealer

**Conditions of payment and reimbursement**

- Members are required to contact HCS to use their benefit through a provider within the HCS network. All other claims will be denied.
- Providers aren't permitted to bill Premiera, the member or HCS for hearing examinations and testing to determine hearing aid candidacy.
- Members will not receive reimbursements.
- All claims for hearing aids are processed through HCS in accordance with the HCS provider agreement. Claims will only be paid for HCS in-network providers.

**Joining the HCS network**

If a member requests a specific provider not currently participating in the HCS network, please contact HCS for recruitment outreach.

- HCS Provider Recruitment: 303-407-6813 or [applications@hearingcaresolutions.com](mailto:applications@hearingcaresolutions.com)
- Providers can also inquire on the HCS website: [www.hearingcaresolutions.com/provider-program-information/](http://www.hearingcaresolutions.com/provider-program-information/)
- Providers can submit applications to join HCS online:

<https://www.hearingcaresolutions.com/provider-application/>

Conditions for Hearing Exam Payment, for the purpose of Hearing Aids - Hearing Care Solutions (HCS)	
Eligible provider	Providers enrolled in the HCS network
Payable location	Locations active in the HCS network
Frequency	Once every 12 months
CPT/HCPCS Codes	Testing for the purpose of determining hearing aid candidacy is performed at no charge in accordance with the HCS provider agreement and provider instructions
Diagnosis restrictions	Restrictions
Age restrictions	No restrictions
Copayment	\$0

Conditions for Hearing Aid Payment – Hearing Care Solutions (HCS)	
Eligible provider	Providers enrolled in the HCS network
Payable location	Locations active in the HCS network
Frequency	Once every 12 months
CPT/HCPCS Codes	<a href="#">Refer to Hearing Care Solution</a> for access to approved list
Age restrictions	No restrictions
Out-of-network	No coverage available

**Revision History**

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Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.