

Hearing Services

DETAILS FOR HEARING SERVICES

Applies to: Peak + Rx (HMO), Sound + Rx (HMO), Alpine (HMO) and Charter + Rx (HMO)

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 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

Benefits through Hearing Care Solutions

Members have an exclusive benefit through Hearing Care Solutions (HCS).

- Complete hearing exam at no charge
- 60-day trial period
- 1 year of routine follow-up servicing at no charge with original provider
- 2-year supply of batteries (up to 128 cells per ear)
- 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.

Accessing the Benefit through Hearing Care Solutions

- Members contact Hearing Care Solutions 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.
- [Members can learn more by visiting the HCS website](#)

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 Premera, 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 Hearing Care Solutions Network

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

- HCS Provider Recruitment: 303-407-6862 or applications@hearingcaresolutions.com
- Providers can also inquire on the HCS website: www.hearingcaresolutions.com/provider-program-information/
- Providers can submit applications to join HCS online: <https://www.hearingcaresolutions.com/provider-application/>

Premera Blue Cross Medicare Advantage HMO Plans Enhanced Benefit

Premera Blue Cross Medicare Advantage HMO Plans are Medicare Advantage plans, that provide at least the same level of benefit coverage as Original Medicare (Part A and B). They may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Premera Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for various procedures that fall into the generic category of routine hearing services under Medicare regulations is provided to members under select Premera Blue Cross Medicare Advantage HMO plans that include this benefit. 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 Hearing Care Solutions and Premera Blue Cross for any non-network services.

Hearing providers may choose to participate in the Premera Blue Cross Medicare Advantage HMO network on an individual basis. Providers who choose to participate in the Premera Blue Cross Medicare Advantage HMO network are considered in-network. Providers must be enrolled in the Hearing Care Solutions network to participate in the HCS program and be considered for servicing members and their benefits.

Medical Evaluation

A medical evaluation to determine the cause of the hearing loss and if it can be improved with a hearing aid is required if the member has never had a hearing aid. This evaluation is covered under the member benefit with Hearing Care Solutions.

Hearing exam for determining hearing aid candidacy: \$0 copay applies to one routine hearing exam per calendar year through a Hearing Care Solutions provider.

Hearing exam only for medical related purposes: Specialist copay of the plan applies to one routine hearing exam per calendar year through a non-Hearing Care Solutions provider, if the exam is for medical purposes and not related to hearing aid candidacy.

Hearing aid benefit: Hearing aid benefits are available from the Hearing Care Solutions provider network only.

Excluded Services

The following services are excluded from the Premera 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 for Payment

The table below specifies payment conditions for hearing services:

Conditions for Payment	
Eligible Provider	Providers enrolled in the HCS network
Payable Location	Locations active in the HCS network
Frequency	Within 1 year of claims signed claims date of receipt
CPT/HCPCS Codes	In accordance with the HCS provider agreement
Diagnosis restrictions	Restrictions
Age restrictions	No restrictions

Conditions for Hearing Exam Payment- for 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 Exam Payment- for Medical Purposes – Premera Blue Cross	
Eligible provider	Primary care doctors (M.D. or D.O.), audiologist, hearing aid
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	Specialist copay of the plan applies

Conditions for Hearing Aid Payment	
Eligible provider	Providers enrolled in the HCS network
Payable location	Locations active in the HCS network
Frequency	Once every 12 months
CPT/HCPCS Codes	Refer to Hearing Care Solution for access to approved list
Age restrictions	No restrictions
Out-of-network	No coverage available

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.
- To verify member eligibility, benefits, and cost share, visit the Hearing Care Solutions provider portal at <https://providerportal.hearingcaresolutions.com/login.php>

Billing Instructions for Providers

Contact Hearing Care Solutions for the Delivery Receipt and Purchase Agreement that corresponds to an order placed through their network.

Coding (Medical Codes)

CPT Code	Description
92550	tympanometry and reflex measure
92567	tympanometry
92568	acoustic reflex testing
92570	acoustic immittance testing
92587	evoked otoacoustic emissions
92588	evoked auditory test

Hearing Aids

Procedure Code	Procedure Code Description
V5030	Hearing aid, monaural; body worn, air conduction
V5050	Hearing aid, monaural; in the ear
V5060	Hearing aid, monaural; behind the ear
V5100	Hearing aid, bilateral, body worn
V5120	Binaural; body
V5130	Binaural body; in the ear
V5140	Binaural body; behind the ear
V5170	Hearing aid, CROS; in the ear
V5180	Hearing aid, CROS; behind the ear
V5210	Hearing aid, bicros; in the ear
V5220	Hearing aid, bicros; behind the ear
V5244	Hearing aid, digitally programmable analog, monaural, CIC
V5245	Hearing aid, digitally programmable, analog, monaural, ITC
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
V5250	Hearing aid, digitally programmable analog, binaural, CIC
V5251	Hearing aid, digitally programmable analog, binaural, ITC
V5252	Hearing aid, digitally programmable, binaural, ITE
V5253	Hearing aid, digitally programmable, binaural, BTE
V5254	Hearing aid Digital Monaural CIC
V5255	Hearing aid Digital Monaural ITC

Procedure Code	Procedure Code Description
V5256	Hearing Aid Digital Monoaural ITE
V5257	Hearing Aid Digital Monoaural BTE
V5258	Hearing Aid Digital Binaural CIC
V5259	Hearing Aid Digital Binaural ITC
V5260	Hearing Aid Digital Binaural ITE
V5261	Hearing Aid Digital Binaural BTE
V5266	Battery for use in hearing device
V5275	Earmold impression procedure
V5014	Repair/Modification
V5011	Fitting
V5090	Dispensing Fee, unspecified hearing aid
V5110	Dispensing Fee, bilateral
V5160	Dispensing Fee, binaural
V5241	Dispensing Fee, monaural
V5014**	If the device was purchased through HCS and is within the 3-year manufacturer warranty that HCS provides with each hearing aid purchased, Plan should not be billed.
V5266**	HCS provides 2 years of batteries (up to 128 cells per ear) to members with hearing aid purchase through HCS
V5275, V5011, V5090, V5110, V5160, V5241	These are all covered under the CAP with purchases made through HCS

Medical Codes

Codes covered at no charge through HCS program (non-billable)

CPT Code	Description
92552	Pure tone audiometry (threshold); air only
92553	Pure tone audiometry (threshold); air and bone
92555	Speech audiometry threshold
92556	Speech audiometry threshold; with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)

Revision History

Policy Number: PMA-HMO

Created: 09/14/2017

Effective: 01/01/2019

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

Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator — Complaints and Appeals
Premera Blue Cross Medicare Advantage Plans -
Complaints & Appeals
PO Box 262527, Plano, TX 75026
Phone: 888-850-8526, fax: 800-889-1076, TTY: 711
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 888-850-8526 (TTY: 711).

አማራኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 888-850-8526 (TTY: 711) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 888-850-8526 (TTY: 711)

中文 (Chinese):

本通知有重要的訊息。 本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 888-850-8526 (TTY: 711)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 888-850-8526 (TTY: 711) tii bilbilaa.

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 888-850-8526 (TTY: 711).

日本語 (Japanese): この通知には重要な情報が含まれています。 この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。888-850-8526 (TTY: 711)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 888-850-8526 (TTY: 711) 로 전화하십시오.

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្លៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 888-850-8526 (TTY: 711)។

ລາວ (Lao):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 888-850-8526 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ
Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ
ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਜਵਾਬ
ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤ ਕਵਰੇਜ
ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ
ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ
ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ, ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ
ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਕਾਲ
888-850-8526 (TTY: 711).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 888-850-8526 (TTY: 711).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 888-850-8526 (TTY: 711).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 888-850-8526 (TTY: 711).

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 888-850-8526 (TTY: 711).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 888-850-8526 (TTY: 711).