

Hearing Services

DETAILS FOR HEARING SERVICES

Applies to: Classic (HMO), Core Plus (HMO), Total Health (HMO), 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
- Osseointegrated 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, bicos; in the ear
V5220	Hearing aid, bicos; 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: 01/01/2021

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 (Premera) 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, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and 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>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-850-8526 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-850-8526 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-850-8526 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-850-8526 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-850-8526 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-850-8526 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-850-8526 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អប្រថាប់ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 888-850-8526 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。888-850-8526 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 888-850-8526 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-850-8526 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-850-8526 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 888-850-8526 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-850-8526 (TTY: 711).

ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ຈຳນວນ ຈາກ ພາສາ ລາວ, ການ ບໍລິການ ຈຳນວນ ວຍເຫຼືອ ອດ ຈາກ ພາສາ, ໂດຍ ບໍ່ ສ່ວຍ ຈ່າຍ ວ່າ, ຕອນ ນັ້ນ ພ້ອມ ໃຫ້ ທ່ານ. ໂທ 888-850-8526 (TTY: 711).