

Hearing Services

Applies to Iowa:
Blue Medicare Advantage HMO



Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Hearing Services

Hearing care involves the diagnosis and treatment of hearing loss. Hearing loss can be categorized by what 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 losses are not 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 way to address it is by the fitting of 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 examinations 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 utilized 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

Wellmark Advantage Health Plan HMO Enhanced Benefit

Wellmark Advantage Health Plan (WAHP) Blue Medicare Advantage HMO is a Medicare Advantage Plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows WAHP Blue Medicare Advantage HMO to offer enriched plans by using Original Medicare as the base program and adding desired benefit options. WAHP Blue Medicare Advantage HMO has contracted with NationsHearing, a leading provider of hearing aid services, to administer and support some of these benefits.

Coverage for various procedures that fall into the generic category of routine hearing services under Medicare regulations is provided to members under WAHP Blue Medicare Advantage HMO plans benefit. Because Original Medicare does not cover routine hearing exams and hearing aids, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost sharing are determined by WAHP.

Wellmark Advantage Health Plan

<https://www.WellmarkAdvantageHealthPlan.com>

Medicare-Covered Exam

A Medicare-covered exam is a diagnostic hearing and balance evaluation performed by your provider to determine if you need medical treatment and the services are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.

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 base Medicare office visit benefit and member cost sharing apply.

Advanced and Premium Hearing Aid Coverage

Hearing aids must be purchased at a NationsHearing provider based on the most recent audiometric examination and hearing aid evaluation test. WAHP Blue Medicare Advantage HMO plan has maximum allowance for hearing aids. Benefits are per ear every year.

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 benefits, and cost share contact NationsHearing www.NationsBenefits.com/WellmarkMA or customer service at **1-877-271-1467**.

Excluded Services

The following services are excluded from the WAHP Blue Medicare Advantage HMO Services benefit:

- Medical treatment/evaluation that is appropriately covered under Medicare Parts A or B
- Examinations related to medical surgical procedures or hearing aid fittings
- Unnecessary services not prescribed by the physician specialist, audiologist, or hearing aid dealer

Conditions for Payment

The table below specifies payment conditions for hearing services.

Conditions for Payment	
Eligible provider	Primary care doctors (M.D. or D.O.), Nation's Hearing Network Providers
Payable location	No restrictions
Frequency	12 months
NationsHearing HCPCS/CPT codes	92590-92592, V5008, V5010-V5011, V5014, V5020, V5030, V5040, V5050, V5060, V5070, V5080, V5090, V5100, V5110, V5120, V5130, V5140, V5150, V5160, V5171-V5172, V5181, V5200, V5211-V5215, V5221, V5230, V5040, V5241-V5261, V5264, V5266, V5275
Medicare CPT codes	92553-92558, 92561-92588, 92596-92597, 92601-92633
Diagnosis restrictions	ICD-10 audiology codes
Age restrictions	No restrictions

Reimbursement

NationsHearing network providers will be reimbursed by NationsHearing for services applicable to the WAHP Blue Medicare Advantage HMO member benefits as submitted using the appropriate HCPCS/CPT codes.

Please reference the plans Evidence of Coverage (EOC) or Summary of Benefits (SOB) for specific cost share amounts.

Cost share amounts incurred by the member under this benefit do not count toward the plans medical combined maximum out of pocket limit as listed in the Evidence of Coverage document.

Billing instructions for providers

- Bill services on the CMS 1500 (02/12) claim form or the 837 equivalent claim form.
- Out of network providers submit claims to NationsHearing using the hearing services codes.
- Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- Providers with questions on filing for Medicare-covered exams and Out-of-Network exams may contact NationsHearing customer service at 1-877-271-1467.

Revision history

Policy number: H-8095-001

Created: 09/15/2021

Effective: 01/01/2022

Updated: 12/22/2022