# Audiology and Hearing Aids

Reimbursement Policy ID: RPC. 0120.SCDS

Recent review date: 02/2025

Next review date: 12/2025

*First Choice VIP Care reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. First Choice VIP Care may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This policy addresses reimbursement for hearing aids and audiology exams.

## Exceptions

N/A

## Reimbursement Guidelines

First Choice VIP Care provides reimbursement for diagnostic audiology, hearing screenings, preventive hearing, and corrective hearing services for members when furnished by a physician, audiologist, or other qualified health professional (QHP) when such services are furnished in accordance with state guidelines for age and frequency.

**Hearing Aid Coverage**

Provisions for hearing aids services are as follows:
Hearing aid coverage for First Choice VIP Care VIP Choice is through TruHearing Advanced Line of hearing aids. One hearing aid (per ear) is allowed every 3 years, with a maximum allowance of $1,500 total for both ears.

TruHearing must submit CPT V5010 for routine hearing exams.

Hearing aids must be billed with one of the following codes:

| Billing Code | Description |
|---|---|
| V5050 | Monaural ITE |
| V5060 | Monaural BTE |
| V5130 | Binaural ITE |
| V5140 | Binaural BTE |

Included in hearing aid purchase:

- One routine hearing exam a year.
- Up to three follow up visits for programming.
- One fitting per year.
- 80 batteries per aid for non-rechargeable models

The following items are not covered:

- Over the Counter (OTC) hearing aids
- Ear molds
- Hearing aid accessories
- Additional provider visits
- Additional batteries, batteries when a rechargeable hearing aid is purchased
- Hearing aids that are not TruHearing-branded hearing aids
- Costs associated with loss and damage warranty claims

Costs associated with excluded items are the responsibility of the member and not covered by the plan.

*Routine hearing exams must be provided by a participating TruHearing Provider.

## Definitions

**Qualified Health Professional**
A qualified health professional (QHP) is someone who has the education, training, and licensure to perform a professional service within their scope of practice.

**Pure-Tone Testing-** Pure Tone Audiometry is a behavioral hearing test that evaluates a person's ability to hear different frequencies using pure tones.

**Bone Conductions Testing** is a hearing test that measures the integrity of the inner ear and sensorineural structures by transmitting sound vibrations through the skull. A small oscillator is placed on the mastoid bone or forehead to stimulate the skull's bones, which then vibrate the cochlea in the inner ear. This bypasses the

outer and middle ear. It helps determine the type of hearing loss a person has, such as sensorineural or conductive.

**Speech Testing** - Speech testing measures how well someone can hear and repeat words. This test can be performed in a quiet or noisy environment. The audiologist will play words at different volumes through headphones and ask the patient to repeat them. The audiologist will record the softest level of speech that the patient can repeat.

**Auditory Brainstem response-** An auditory brainstem response (ABR) test measures how well the auditory nerve and brain stem respond to sound to assess hearing.

**Otoacoustic emissions (OAE) -** Otoacoustic emissions (OAE) are sounds generated from the cochlea transmitted across the middle ear to the external ear canal where they can be recorded. The production of an OAE is a marker for inner ear health and a simple way to screen for hearing loss.

**Tympanometry**- is used to detect or rule out several things: the presence of fluid in the middle ear, a middle ear infection, a hole in the eardrum (perforation), or eustachian tube dysfunction. This test is especially important for children who have suspected middle ear infection or other problems but is sometimes given to adults as part of a routine hearing test to determine if there are any middle ear problems contributing to hearing loss.

**Cochlear Implants** - A cochlear implant is an implanted electronic hearing device, designed to produce useful hearing sensations to a person with severe to profound nerve deafness by electrically stimulating nerves inside the inner ear. These implants usually consist of 2 main components: the implanted receiver and electrode system, which contains the electronic circuits that receive signals from the external system and send electrical currents to the inner ear and the externally worn microphone, sound processor and transmitter system.

**Bone-anchored hearing aids** - A bone anchored hearing aid (BAHA) is similar to other hearing aids, but instead of being inserted into the ear canal or held behind the ear, it is attached to a soft band worn on the head or fixed to a metal implant inserted into the skull.

## Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Medicare Fee Schedule(s).
VII. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-B

## Attachments

N/A

## Associated Policies

N/A

## Policy History

| | |
|---|---|
| 02/2025 | Reimbursement Policy Committee Approval |
| 04/2024 | Revised preamble |
| 08/2023 | Removal of policy implemented by First Choice VIP Care from Policy History section |
| 01/2023 | Template Revised<br>• Revised preamble<br>• Removal of Applicable Claim Types table<br>• Coding section renamed to Reimbursement Guidelines<br>• Added Associated Policies section |

CES edits

Rule 0c0107p “ACOH Ohio Audiology” (frequency edit)

Rule 51033 “Medicare Audiology Service with Modifier AB frequency”

Rule 5222 “Medicare Audiology Service Inappropriate Provider Specialty”

Rule 52048 “Medicare Audiology Service Inappropriate Modifier”

Rule 23969 “Hearing Services Outpatient Audiology Frequency” (LOB 2600 only)

Cotiviti edits

DP 10070-ENT Policy – Impacted Cerumen Removal - Deny 69209, 69210 or G0268 (Removal of impacted cerumen) when billed without a diagnosis of impacted cerumen.

DP 4776 – ENT Policy – Tympanometry - Deny 69209, 69210 or G0268 (Removal of impacted cerumen) when billed without a diagnosis of impacted cerumen.

Existing Policies

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) - RPC.0074.0000

Coverage for Children

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

EPSDT is the child health component under Medicaid (42 U.S.C. 1396a(a)(10)(A); 1396d(a)(4)(B); 1396d(r)). EPSDT services are mandated for children from birth through age 21. A state must provide to Medicaid beneficiaries under age 21 hearing services, including appropriate screening, diagnostic, and treatment, including hearing aids. Specifically, EPSDT covers the following medically necessary audiological services for children who are at risk for hearing impairment:

Audiological assessments;

Hearing aid evaluation; and

Medically necessary hearing aid services, including hearing aids and hearing aid accessories and services.

These hearing services must be provided periodically at intervals that meet reasonable standards of medical practice.

Because of this national requirement for coverage of children, the compilation below delineates only the Medicaid coverage for adults.

From <https://www.hearingloss.org/hearing-help/financial-assistance/medicaid/>

CMS

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R39BP.pdf

https://www.cms.gov/medicare/payment/fee-schedules/physician/audiology-services

https://www.ssa.gov/OP_Home/ssact/title18/1861.htm

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf

https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleID=57434#:~:text=(s)%20submitted.-,The%20following%20ICD%2D10%2DCM%20codes%20support%20medical%20necessity%20and,%2C%2092567%2C%2092568%20and%2092570.

Other

https://www.hearingloss.org/hearing-help/financial-assistance/medicaid/

https://www.asha.org/practice/reimbursement/coding/hcpcs_aud/

Other insurances Policies

https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-Audiologic-Vestibular-Function-Testing-Policy-(R0090).pdf

https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/hearing-aids-devices-including-wearable-bone-anchored-semi-implantable.pdf

https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/-/media/Molina/PublicWebsite/PDF/Providers/common/BI/2024/2024-Hearing-Services.pdf

https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/-/media/Molina/PublicWebsite/PDF/Providers/common/BI/2024/2024-Hearing-Services.pdf

https://www.medstarfamilychoicedc.com/-/media/project/mho/mfcdc/medical-policies-and-procedures/policy-1421dc-hearing-aid-coverage-october-2020.pdf

https://www.nhpri.org/wp-content/uploads/2024/07/Hearing-Aid-Payment-Policy-07.01.24.pdf

Lob 100

OLH info – Audiology/ Hearing Services
Covered under DME
Only for members 20 and younger
Auth required

LOB 500

OLH info – Audiology/ Hearing Services
Covered under DME
Only for members 20 and younger
Auth required

• DME Purchases less than $750 if on MA Fee Schedule

LOB 900

https://www.dhhs.nh.gov/programs-services/medicaid#covered

Benefits/Guidelines -

Hearing Tests and Hearing Aids

Hearing tests and hearing aid evaluations to determine, if a hearing aid is needed are covered.

Refer to “Hearing Services” for more information on related services and hearing aids.

Hearing tests are covered when provided by a network physician, audiologist, or other qualified provider.

The following is also covered:

Hearing exams, balance tests, and related consultations

Evaluations for fitting hearing aids, including ear molds and ear impressions

Hearing aids, including binaural

Providing and dispensing hearing aids, batteries, and accessories

Instruction in the use, care, and management of hearing aids

Follow-up visit to ensure hearing aid performance

Loan of a hearing aid when necessary

Limits - Hearing aid evaluations or hearing aid consultations performed by an audiologist are limited to one every 24 months for members over 21 years old, and as needed for members under age 21 years.

Prior Auth -

Prior authorization is not required for hearing exams performed by a participating (in-network) provider.

Prior authorization is required for hearing aids, repairs, and replacements.

LOB 2100

Description- Audiology is the study of hearing, hearing defects, and their treatment.

Benefit Rules/Guidelines- Covered

Limits

The following hearing testing codes are restricted to 1 per 180 days:

92552, 92553-92555, 92556 92557, 92563

92565, 92567-92568, 92571, 92572 92575

92576, 92577-92579, 92582 92583, 92583

Hearing Aids are payable to audiologists for members only under 21 years of age.

Authorization Guidelines -

Auth NOT required - Participating specialist visits

Auth required Non-participating specialist visits (see exceptions under Out of Network Services in this topic)

Refer to the Prior Authorization Lookup Tool for authorization requirement on hearing aids and cochlear implants.

LOB 2400

https://www.scdhhs.gov/internet/pdf/manuals/PrivateRehabAudiological/Section%204.pdf

https://www.scdhhs.gov/communications/cochlear-implants-and-related-services

Audiology Services

Audiology services include diagnostic, screening, preventive, and corrective services provided to individuals with hearing disorders or for the purpose of determining the existence of a hearing disorder.

To be eligible for audiology services, First Choice members must be aged 20 and younger and be identified as in need of audiology services either through an EPSDT examination or through an Individualized Treatment Plan (ITP).

Specific audiology services include the following:

Hearing evaluations (when services are provided by a participating provider)

Hearing Aids and related accessories:

Select Health has contracted with the Department of Health and Environmental Control (DHEC) to provide hearing aids and related accessories (excluding batteries).

Hearing aids will be provided to members when the medical need is established through a hearing evaluation.

Requests must include a physician’s statement completed within the last 6 months, indicating that there is no medical contraindication for using a hearing aid.

Hearing Aid Batteries

Members covered by First Choice will not be eligible for the Hearing Aid Battery Program administered by the Division of Children with Special Care Needs (CSHCN).

Batteries are covered as a Durable Medical Equipment (DME) benefit, and are limited to 96 per 12 months (1 year).

Audiology offices may provide hearing aid batteries, as their contract allows them to bill for DME services.

For more information, see Durable Medical Equipment.

Cochlear Implants

Cochlear implants are electronic devices implanted surgically to provide a sense of sound to individuals.

Cochlear implants are a covered benefit of First Choice under Durable Medical Equipment. For more information, see Durable Medical Equipment.

The implantation surgery requires prior authorization and clinical review.

Authorization for the implant (apart from the surgery) follows standard DME authorization rules.

Programming a cochlear implant does not require prior authorization, if performed by a participating provider.

Baha™ Implants

The Baha™, a bone-anchored hearing aid, uses a surgically-implanted titanium prosthesis to transmit sound through bone to the inner ear.

The Baha™ is not a covered benefit with SC Healthy Connections; therefore, it is not covered by First Choice.

First Choice will review authorization requests for minors (under age 21) for medical necessity. For more information, see Non-Covered Services.

LOB 2600

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2022-Bulletins/Final-Bulletin-MMP-23-01-Hearing.pdf?rev=1310d1b444d2490caf7f06c72d19edd2&hash=1AD6DAD9E6D22F0E2F022CE2C28A97AF

Hearing Exams - All Members: Hearing exams are provided if medically necessary, when ordered by the PCP according to Medicaid guidelines.

Hearing Exams -

Hearing aid benefits are covered for members of all ages.

Coverage includes:

hearing aid exams for all members to evaluate what type/brand of hearing aid is needed.

one single hearing aid unit (or one per ear if medically necessary) including earphone (receiver or oscillator), ear mold, necessary cords, tubing, and connections every 5 benefit years .

fitting of the hearing aid with one follow-up visit to evaluate its performance and to determine its conformance to the prescription.

The hearing aid unit must be a conventional amplification device, i.e., in-the-ear, behind-the-ear or on-the-body type, and be identified as basic to the hearing requirements.

Bone-anchored hearing aids are covered for members, but require prior authorization.

Hearing aid exams and hearing aid evaluations are available from network providers.

Find a hearing aid provider at www.mibluecrosscomplete.com. Click on Find a Doctor tab, then click on the Find a doctor link, enter "hearing aid" in the Provider Type, and type the location.

Batteries, maintenance, and repair - Batteries, maintenance and repair for hearing aids are covered.

Referral not required

Auth - required for only bone anchored hearing aids

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder3/Folder54/Folder2/Folder154/Folder1/Folder254/Database_instructions_-_hearingaiddealers_dhhs_logo.pdf?rev=b03650eadd4a42caa7388240e19d3d09

LOB 5400

Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries.

Medicaid: Covered for all Medicaid enrollees.

Alliance: Exclusion - Hearing services and devices (for enrollees over 21 years of age).

Medicaid: Hearing services and devices that exceed the $750 purchase price, including hearing aids, FM systems and cochlear implants and devices.

Alliance: Hearing services and devices that exceed the $750 purchase price, including hearing aids, FM systems and cochlear implants and devices.

Lob 6400

Hearing Evaluations and Aids are covered. The benefit includes:

mandatory newborn hearing screenings

medically necessary hearing evaluations

diagnostic testing

hearing aid fittings/dispensing/repairs and accessories

cochlear implant services

Hearing aids are limited to one per ear , per member, every 2 years (subject to medical necessity).

LOB 1200

https://medicaid.ncdhhs.gov/13a-cochlear-and-auditory-brainstem-implant-external-parts-replacement-and-repair/download?attachment

https://medicaid.ncdhhs.gov/7-hearing-aid-services/download?attachment

Audiology/Hearing Services

Background- Audiology is a branch of science that studies hearing, balance, and related disorders. Audiologists treat those with hearing loss and proactively prevent related damage. By employing various testing strategies, audiologists aim to determine whether someone has normal sensitivity to sounds.

Benefit Rules/Guidelines- Audiology: Diagnostic Services & Hearing Aids are covered benefits for beneficiaries ages 21 and under.

Cochlear Implant: A cochlear implant is a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing.

Covered Benefit.

Authorization Guidelines- Authorization is required.

LOB 7100

Hearing Aids and Batteries

Description- Hearing services, including the diagnosis and treatment of conditions related to hearing, hearing aids, and hearing aid batteries.

Benefit Rules/Guidelines -Hearing aids and batteries are covered for members aged 20 and younger.

Authorization Guidelines- Prior authorization is required if the purchase price exceeds $500.

Authorization is required for 21 and older.

Hearing Exams

Benefit Rules/Guidelines- Hearing exams are covered.

https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=909&language=en-US&PortalId=0&TabId=94

5.17 Hearing Aids 5.17.1 The DMAP may cover hearing aids for individuals who are under 21 years of age. 5.17.2 Requests for hearing aids require prior authorization. A physician’s letter that documents medical necessity and supportive documentation, as appropriate, must address the following areas: Supplies and Durable Medical Equipment https://medicaid.dhss.delaware.gov Provider Policy Manual 5.17.2.1 Complete medical diagnosis 5.17.2.2 Copy of Audiologist’s evaluation 5.17.2.3 Speech/Language evaluation or progress reports 5.17.2.4 Discussion of trial assessment with the device, including hearing testing 5.17.2.5 Explanation of why this device was selected over other hearing aid devices 5.17.2.6 Full description of the device that includes the make and model number 5.17.2.7 Itemized explanation of all charges 5.17.2.8 Copy of the company invoice for the hearing aid appliance 5.17.3 Reimbursement for hearing aids is made according to the actual cost to the provider for the appliance(s), plus a dispensing fee of no more than $400.00 per hearing aid. The dispensing fee includes: taking ear mold impressions, fitting/orientation sessions, periodic conformity and performance evaluations, periodic cleaning and testing of hearing aids, coordination of servicing under warranty, and all in-house repairs for the life of the aid. When requesting authorization for the hearing aid the

provider must indicate the appropriate HCPCS procedure code on the CMN. When requesting authorization for the dispensing fee the provider must indicate the HCPCS code for the “dispensing fee of an unspecified hearing aid.” 5.17.4 When the warranty expires, providers may bill the DMAP for repairs/replacement parts/labor of the purchased hearing aid(s) that cannot be completed in-house, if the total cost (material and labor) of repair does not exceed 75% of the cost of a total replacement.

• Hearing Services and Devices (may include but not limited to FM Systems, and Cochlear Implants/Devices) with a purchase price that exceeds the limits as noted below: - Monaural hearing aids costing more than $500.00. - Binaural hearing ads which exceed $500.00. • Replacement of Hearing Aides that are less than 4 years old, except for children under 21

LOB 7200 / PA

A hearing evaluation is an in-depth assessment of an individual's hearing by an audiologist to determine the nature and degree of the hearing loss and best treatment options. Audiologists use many different test in this evaluation.

A hearing aid is a small electronic device that amplifies sound. It is usually worn in or behind the ear of a hearing-impaired person.

Benefit Rules/Guidelines

Hearing Aid

Participants 20 Years Old and Under:

Covered with a prescription from a PCP or prescribing provider when presented to a participating DME provider.

The DME provider should call the DME department (717.108.2095  or 1.800.521.6622, prompt #2, #1, then #4, 8:30 a.m. - 5 p.m.) for authorization.

Participants 21 Years Old Over:

Hearing aids (or other hearing devices) are not a covered benefit for participants aged 21 and over, under the Medical Assistance program.

Hearing Evaluation

This is a covered benefit to a participating provider.

Hearing Evaluation Referral Guidelines:

Paper and electronic referrals are not required for participants to access specialist or specialty care services.

PCPs coordinate services with the participants via scripts, phone calls, sending letters, or faxing requests.

Hearing Evaluations:

Prior authorization is required for non-participating providers.

Prior authorization is not required for participating providers.

Providers can call UM to expand the authorization if necessary.

From
<https://teamsite.amerihealthcaritas.com/sites/eokm/Online%20Help%20Assets/OLH%20CC%20500%20530.aspx>

7200/ keystone first

Benefit Rules/Guidelines - Hearing Evaluation

Covered with PCP referral to par provider.

Provider can call UM to expand the authorization, if necessary.

Benefit Rules/Guidelines - Hearing Aids

Description- A hearing aid is a small, electronic device usually worn in or behind the ear of a hearing-impaired person to amplify sound.
Coverage- Covered under Durable Medical Equipment (DME).

Guidelines - Members 20 Years and Under

Hearing aids are covered with a prescription from a PCP or prescribing provider when presented to a participating DME provider.

For authorization, the DME provider should call the DME Department at 1.215.863.6551 or 1.800.521.6622 (prompt #1, #1, then #4, 8 a.m. - 5 p.m. ) for authorization.

Guidelines -

Members 21 and Over

Under the Medical Assistance program, Hearing Aids (or other hearing devices) are not a covered benefit for members aged 21 and over.

LOB 7700

Description- Audiology is a branch of science that studies hearing, balance, and related disorders. Audiologists treat those with hearing loss and proactively prevent related damage. By employing various testing strategies, audiologists aim to determine whether someone has normal sensitivity to sounds.

Benefit Rules/Guidelines

Audiology (Hearing Services) Include:

Exams

Hearing aids

Cochlear Implant Therapy

Diagnostic Services

Limits- One conventional hearing aid every four years; one digital or programmable hearing aid every five years. Two hearing aids may be considered in special circumstances.

Authorization Guidelines- Prior authorization is required for certain services. All services greater than $750 require prior authorization.

https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-11

AmeriHealth Caritas VIP Care

Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.

$0 for up to one routine hearing exam every year
$0 for up to three fittings for a hearing aid every three years
$0 for 80 batteries per aid for non-rechargeable models every three years
$1,500 allowance for hearing aids every three years
You must receive your care from a network provider. We will only pay for covered hearing services if you go to an in-network hearing provider. In most cases, you will have to pay for care that you receive from an out-of-
"There is no cost to you for one routine hearing exam every year. If hearing aids are need, you can choose from the TruHearing Advanced Line of hearing aids once every three (3) years. Follow up visits for fitting of the hearing aids for up to 12 months following the purchase are included. All hearing aids and routine hearing exams and must be provided by a TruHearing provider. I'd be happy to get a hearing consultant on the line to help you locate a provider and schedule an appointment."

Customer Service Note

For assistance with hearing exams and hearing aids, warm transfer the member to TruHearing (1.844.809.3501).

Medicare DE D-SNP

To utilize benefits, member can use the member line (1.844.808.8313) to call TruHearing.

Benefit Description

(Core) Hearing Aids

$0 for up to one (1) routine hearing exam every (1) year

$0 for up to three (3) follow up visits for programming and fitting for a hearing aid every three (3) years

$0 for eighty (80) batteries per aid for non-rechargeable models every three (3) years

$1,500 allowance for hearing aids every three (3) years– this is included in the choice of TruHearing Advanced Line

Three (3) year extended warranty

Limit

One (1) hearing exam per year.

Up to three (3) follow up visits for programming and fitting for a hearing aid every three (3) years. Members must choose from the TruHearing Advanced Line of hearing aids.

Eighty (80) batteries over three (3) years for all hearing aids without rechargeable batteries.

The following items are not covered:

Ear molds

Hearing aid accessories

Additional provider visits

Additional batteries, batteries when a rechargeable hearing aid is purchased

Hearing aids that are not TruHearing-branded hearing aids

Costs associated with loss and damage warranty claims

What Providers Should be Used?

Only participating TruHearing providers should be used.

The Online Provider Directory (OLPD) is not used in locating a participating TruHearing provider.

To locate a provider, call TruHearing at 844.809.3501. TruHearing can provide the most updated providers and schedule an appointment.

Where are Claims Submitted?

TruHearing Providers will submit their claim to TruHearing.

TruHearing will submit claims for both the exam and hearing aids to the Plan.

The Plan will pay TruHearing.

Authorization Guidelines

Participating providers must be used.

No authorization required.

Documentation Guidelines

Create a Medicare Customer Service Form:

Subject

Inquiry/Request

Broad Category Detail

Benefit Inquiry

Specific Category Detail

Part C - Hearing

Remarks

"There is no cost to you for one routine hearing exam every year. If hearing aids are need, you can choose from the TruHearing Advanced Line of hearing aids once every three (3) years. Follow up visits for fitting of the hearing aids for up to 12 months following the purchase are included. All hearing aids and routine hearing exams and must be provided by a TruHearing provider. I'd be happy to get a hearing consultant on the line to help you locate a provider and schedule an appointment."

Provided Phone #:

Transferred to TruHearing?: Yes/No

Name of TruHearing Rep: _____

Resolution

Call Transferred

network provider.