

## Medica Hearing Aid Coverage

Medica Product	Coverage	Comments
<b>ALL Medica Plans (with the exception of Medica Prime Solution<sup>®</sup>, Medica Group Prime Solution<sup>SM</sup>, Medica Advantage Solution<sup>®</sup>, and Medica Group Advantage Solution<sup>SM</sup>)</b>	Patients covered under plans with hearing aid benefits should <b>not</b> be billed up-front (except for any co-payment amount due) <ul style="list-style-type: none"> <li>• Hearing aids are reimbursed per manufacturer’s invoice make/model number - submit with claim</li> <li>• All billing and reimbursement policies are based on AUC guidelines</li> <li>• Unbundle all services</li> </ul>	<b>Questions?</b> For situations not covered within this document, contact: <b>Provider Service Center</b> phone number: <b>1 (800) 458-5512</b>  <b>Hours of Service</b> Monday- Friday, 7 a.m. to 5 p.m. Central Time Closed Mondays 8 to 9a.m. for training
<b>Medica Prime Solution Standard, Basic, Enhanced, Core, Premier, Focus, and Total Medica Group Prime Solution and Group Advantage Solution Plans 1, 2, 3, 4, 6, 8 and 10. Medica Select Solution<sup>®</sup> Extended Basic</b>	Medica Prime Solution, Medica Group Prime Solution, and Medica Group Advantage Solution have reimbursement benefits up to specified limits. Coverage includes hearing aids, fittings and evaluations and coverage for over-the-counter hearing aids. There is no provider network.	<ul style="list-style-type: none"> <li>• Bill the member for Medica Prime Solution, Medica Group Prime Solution, and Medica Group Advantage Solution</li> <li>• Medica is the payer for Medica Select Solution Extended Basic Authorization is not required</li> </ul>
<b>Medica Advantage Solution<sup>®</sup> (HMO-POS) and Medica Advantage Solution<sup>®</sup> (PPO)</b>	All Medica Advantage Solution plans offer hearing aid coverage when received from an EPIC <sup>®</sup> Hearing provider. <ul style="list-style-type: none"> <li>• Benefit limited to Silver or Gold hearing aids, which come in various styles and colors. You must see an EPIC Hearing provider to use this benefit.</li> <li>• \$0 copay for fittings/evaluation. One fitting/evaluation included w/ purchase of Silver hearing aid. Up to 3 hearing aid fittings-evaluations included with purchase of Gold hearing aid. You must see an EPIC Hearing provider.</li> <li>• Hearing aid purchase also includes:               <ul style="list-style-type: none"> <li>- 45-day trial period</li> <li>- 1-year free batteries programs (40 batteries per hearing aid, provided after trial period)</li> <li>- 3-year manufacturer warranty including a onetime loss and damage warranty (after \$400 deductible)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• EPIC Hearing customer service, contact: 1 (866) 956-5400 from 8:00 a.m. to 8:00 p.m. CT Monday – Friday (excluding national holidays); TTY users call 711</li> <li>• Provider must be part of the EPIC Hearing network</li> <li>• Authorization is not required</li> </ul>

<p><b>Medica Choice Care<sup>SM</sup> MSC+</b>  <b>Medica AccessAbility Solution<sup>®</sup></b>  <b>Medica DUAL Solution<sup>®</sup></b>  <b>Medica AccessAbility Solution<sup>®</sup>Enhanced</b>  <b>Medica Choice Care<sup>SM</sup> PMAP</b>  <b>Medica MinnesotaCare</b></p>	<p>Hearing aids, molds, inserts, batteries, re-fittings, repairs</p> <p>Minnesota Department of Human Services (DHS) Guidelines</p>	<ul style="list-style-type: none"> <li>• Participating provider only or referral from participating provider</li> <li>• Eligible providers: Audiologists and Otolaryngologists</li> <li>• Note: Please refer to <a href="#">the DHS website</a></li> <li>• Updates are available from DHS by request</li> </ul>
<p><b>Medica Commercial /Employer Group Coverage</b></p> <p>Including, but not limited to: <b>Medica Choice<sup>®</sup>, Medica Choice<sup>®</sup> Passport, Medica Elect<sup>®</sup>, Altru &amp; You with Medica<sup>SM</sup>, VantagePlus with Medica<sup>SM</sup></b></p>	<p>No coverage*</p> <p>* exceptions noted, see comments</p>	<p>Some self-insured plans may have coverage on a group-specific basis. Please verify benefits.</p> <p>Mandated Benefits (for Fully-Insured Commercial and non-ERISA Self-Insured Commercial) will cover depending on state requirements:</p> <ul style="list-style-type: none"> <li>• MN &amp; ND: Members 18 years of age and younger for hearing loss that is not correctable by other covered procedures; coverage is limited to one hearing aid per ear every three years</li> <li>• WI: Members 17 years of age and younger who are certified as deaf or hearing-impaired by physician or licensed audiologist</li> <li>• NE: Members under age 19; coverage is limited to \$3,000 every 48 months per covered child affected by a hearing impairment</li> <li>• IA &amp; SD: No mandate; not covered is standard</li> </ul>
<p><b>Medica IFB Coverage</b></p> <p>Including, but not limited to:</p> <p><b>Altru Prime by Medica<sup>SM</sup></b>  <b>Elevate by Medica<sup>SM</sup></b>  <b>Engage by Medica<sup>SM</sup></b>  <b>Harmony by Medica<sup>SM</sup></b>  <b>Medica Applause<sup>®</sup></b>  <b>Medica Connect<sup>SM</sup></b>  <b>Medica Direct HSA<sup>SM</sup> Medica</b>  <b>Medica Direct Value<sup>SM</sup></b>  <b>Medica Encore<sup>SM</sup></b>  <b>Medica Individual Choice<sup>SM</sup></b>  <b>Medica Insure<sup>SM</sup></b>  <b>Medica Quest<sup>SM</sup></b>  <b>Medica Symphony<sup>®</sup> for HSA<sup>SM</sup></b>  <b>Medica Solo<sup>SM</sup></b>  <b>Medica with CHI Health<sup>SM</sup></b></p>	<p>Limited coverage – see comments</p> <p>No Coverage</p> <ul style="list-style-type: none"> <li>• IA, KS, ND</li> </ul>	<p><b>MN:</b> Covered for hearing loss that is not correctable by other covered procedures. Coverage is limited on all plans- please check the policy document for the member’s specific limit.</p> <ul style="list-style-type: none"> <li>• Covered one pair per ear every 3 years (no age restrictions)</li> </ul> <p><b>WI:</b> Coverage for members who are certified deaf or hearing impaired if prescribed by a physician or licensed audiologist. Coverage is limited to one hearing aid per ear every three years.</p> <p><b>MO:</b> Covered for:</p> <ul style="list-style-type: none"> <li>• a newborn for initial amplification following a newborn hearing screening; or</li> <li>• prescribed, filed and dispensed by a licensed audiologist for hearing loss. Coverage is limited to one hearing aid per ear every 48 months.</li> </ul> <p><b>AZ:</b> Coverage is limited to one hearing aid per ear per calendar year.</p> <p><b>NE:</b> Ear level or bone conduction hearing aids intended to improve the sense of hearing for a member 18 years of age and younger with a hearing</p>

<p>North Memorial Acclaim by Medica<sup>SM</sup>  Select By Medica<sup>SM</sup>  Essentia Choice Care with Medica<sup>SM</sup>  Medica With MU Health Care<sup>SM</sup>  Balance By Medica<sup>SM</sup>  Medica Pinnacle  Bold by M Health/Fairview and Medica  Ridgeview Distinct by Medica  Empower by Medica</p>		<p>impairment, including all parts, replacement parts, parts for repair, tubing and ear molds</p> <ul style="list-style-type: none"> <li>• The ear level or bone conduction hearing aids must be purchased from a licensed audiologist with the medical clearance from an otolaryngologist.</li> <li>• Costs related to dispensing these aids include evaluation, fitting, programming, probe microphone measurements, repairs, adjustments, servicing and maintenance, ear molds and ear mold impressions and auditory rehabilitation and training.</li> <li>• Coverage for all of the services is limited to a maximum of \$3,000 every 48 months.</li> </ul> <p><b>OK:</b> Covered when prescribed, filled and dispensed by a licensed audiologist for hearing loss. Coverage is limited to one hearing aid per ear every 48 months for in-network and out-of-network combined. Four additional ear molds are allowed for members up to 2 years of age.</p>
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