

Medica Hearing Aid Coverage

Medica Product	Coverage	Comments
<p>ALL Medica Plans (with the exception of Medica Prime Solution®, Medica Group Prime SolutionSM, Medica Advantage Solution®, and Medica Group Advantage SolutionSM)</p>	<p>Patients covered under plans with hearing aid benefits should <i>not</i> be billed up-front (except for any co-payment amount due)</p> <ul style="list-style-type: none"> Hearing aids are reimbursed per manufacturer’s invoice make/model number - submit with claim All billing and reimbursement policies are based on AUC guidelines Unbundle all services 	<p>Questions? For situations not covered within this document, contact:</p> <p>Provider Service Center phone number: 1-800-458-5512</p> <p>Hours of Service Monday- Thursday from 8:30am-12pm; 1pm-5pm Friday from 9am-12pm; 1pm-5pm</p>
<p>Medica Prime Solution Basic, Enhanced, Core, Premier, Focus, and Total Medica Group Prime Solution and Group Advantage Solution Plans 1, 2, 3, 4, and 6. Medica Select Solution® Extended Basic</p>	<p>Medica Prime Solution, Medica Group Prime Solution, and Medica Group Advantage Solution have reimbursement benefits up to specified limits.</p>	<ul style="list-style-type: none"> Bill the member for Medica Prime Solution, Medica Group Prime Solution, and Medica Group Advantage Solution Medica is the payer for Medica Select Solution Extended Basic Authorization is not required
<p>Medica Advantage Solution® (HMO-POS) and Medica Advantage Solution® (PPO)</p>	<p>Medica Advantage Solution (HMO-POS) and Medica Advantage Solution (PPO) have hearing aid coverage when received from an EPIC® Hearing provider only.</p> <ul style="list-style-type: none"> Benefit limited to Vista 610 or Vista 810 hearing aids, which come in various styles and colors. You must see an EPIC Hearing provider to use this benefit Up to 3 hearing aid fittings-evaluations are included. You must see an EPIC Hearing provider. Hearing aid purchase also includes: <ul style="list-style-type: none"> 45-day trial period 1-year free batteries programs (40 batteries per hearing aid, provided after trial period) 3-year manufacturer warranty including a onetime loss and damage warranty (after \$400 deductible) 	<ul style="list-style-type: none"> 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 Provider must be part of the EPIC Hearing network Authorization is not required
<p>Medica Choice CareSM MSC+ Medica AccessAbility Solution®</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"> Participating provider only or referral from participating provider Eligible providers: Audiologists and Otolaryngologists Note: Please refer to the DHS website
<p>Medica DUAL Solution® Medica AccessAbility Solution® Enhanced</p>		<ul style="list-style-type: none"> Updates are available from DHS by request

<p>Medica Commercial /Employer Group Coverage</p> <p>Including, but not limited to: Medica Choice®, Medica Choice® Passport, Medica Elect®, Altru & You with MedicaSM, VantagePlus with MedicaSM</p>	<p>No coverage*</p> <p>* exceptions noted here for children and some groups</p>	<ul style="list-style-type: none"> • Some self-insured plans may have coverage on a group-specific basis. Please verify benefits. • Mandated Benefits 08/01/07 to current (for Fully-Insured Commercial and non-ERISA Self-Insured Commercial) will cover children ages 0-18 with hearing loss for any diagnosis • If eligible, coverage is for one pair per ear every 3 years for members age 17 years and younger.
<p>Altru Prime by MedicaSM Elevate by MedicaSM Engage by MedicaSM Harmony by MedicaSM Medica Applause® Medica ConnectSM Medica Direct HSASM Medica Direct ValueSM Medica EncoreSM Medica Individual ChoiceSM Medica InspireSM Medica InsureSM Medica QuestSM Medica Symphony® for HSASM Medica SoloSM Medica with CHI HealthSM North Memorial Acclaim by MedicaSM Select By MedicaSM</p>	<p>Limited coverage – see comments</p> <p>No Coverage</p> <ul style="list-style-type: none"> • IA, KS, ND, NE 	<ul style="list-style-type: none"> • MN: Covered only for members 18 years of age and younger 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. <ul style="list-style-type: none"> ○ Applause: covered one pair per ear every 3 years (no age restrictions) ○ Solo, Symphony, Symphony for HSA: covered one pair per ear every 3 years for members age 17 years and younger. • WI: Coverage only for members 17 years of age and younger 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. • MO: Covered for: <ul style="list-style-type: none"> ○ a newborn for initial amplification following a newborn hearing screening; or ○ prescribed, filed and dispensed by a licensed audiologist for hearing loss. Coverage is limited to one hearing aid per ear every 48 months. • OK: 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.

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