Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Audiology Professional Payment Policy

Applies to the following Tufts Health Plan products:

☐ Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
☒ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting ancillary providers and physicians who render audiology services.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

**POLICY**

Tufts Health Plan covers medically necessary audiology evaluations and related services for hearing disorders, as described below.

**GENERAL BENEFIT INFORMATION**

Services and subsequent payment are based on the member’s benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider website or by contacting Senior Products Provider Relations.

**Hearing Aids**

Effective January 1, 2019, members of Tufts Medicare Preferred HMO individual plans have benefit coverage for hearing aids through Hearing Care Solutions.

Through this program, Hearing Care Solutions will help eligible members arrange a hearing evaluation with a Hearing Care Solutions-contracting audiologist. If the member is a candidate for hearing aids, the audiologist and member can select an appropriate device from a range of options, and the audiologist will then work with Hearing Care Solutions to order the device and arrange fitting and follow-up appointments.

To learn more about this benefit or to become part of the Hearing Care Solutions provider network, contact Hearing Care Solutions at 866.344.7756.

**AUTHORIZATION REQUIREMENTS**

**Tufts Medicare Preferred HMO members:** Referrals are not required for hearing aids or hearing aid services; however, a written prescription from the ordering provider is necessary to authorize services.

**Tufts Health Plan SCO members:** Referrals are not required for annual routine hearing tests; however, referrals are required for coverage of hearing aid services (including diagnostic hearing exams) and prior authorization is required for hearing aids, supplies, and repairs. For a list of specific hearing aid HCPCS codes that require prior authorization, refer to the Tufts Health Plan Senior Care Options Prior Authorization List.

**BILLING INSTRUCTIONS**

Providers may bill for audiology evaluations and related services, in accordance with the applicable financial exhibits of their provider agreements.

**Note:** The negotiated discount for hearing aids, molds and repairs is always applied for covered services.

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¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.
**COMPENSATION/REIMBURSEMENT INFORMATION**
Ancillary audiology reimbursement rates are inclusive of all audiological function tests performed. The reimbursement for hearing aids includes the initial evaluation and all follow-up tests and adjustments, which may be required to properly fit the hearing aids.

**Maximum Unit Limitations**
The following procedure codes have maximum unit limitations:

- 92557 (comprehensive audiometry threshold evaluation and speech recognition) is reimbursed only once within a 12-month period
- 92567 (tympanometry) is compensated only up to four times within a 12-month period in a child under the age of 12 when the diagnosis is acoustic nerve disorder or sensorineural hearing loss
- 92567 (tympanometry) is compensated only twice within a 12-month period
- 69210 (removal impacted cerumen, one or both ears) is compensated only once within a 90-day period

**ADDITIONAL RESOURCES**

**DOCUMENT HISTORY**
- April 2019: Removed procedure code list; added language directing providers to their contracts to determine specific procedure codes that may be billed
- November 2018: Added Hearing Care Solutions benefit for Tufts Medicare Preferred HMO members, effective January 1, 2019
- June 2018: Template updates
- January 2017: Policy reviewed; added existing SCO authorization requirements for hearing services; template updates
- September 2015: Template conversion
- November 2013: Template updates
- September 2013: Template conversion
- December 2012: Policy reviewed; added codes effective January 1, 2013 and information regarding Tufts Health Plan Senior Care Options
- November 2012: Added information regarding discounts on hearing aids
- May 2012: Added CPT procedure code 92540
- March 2011: Reviewed for clarity; no content changes made
- October 2010: Revised with CPT procedure code 92550
- January 2010: Removed references to the Tufts Medicare Preferred PPO product
- March 2009: Policy created; moved Tufts Medicare Preferred HMO information to its own document

**AUDIT AND DISCLAIMER INFORMATION**
Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.