



**LISTEN. SOLVE. EMPOWER.**

**P:** 614.246.7500 **F:** 614.246.5790 **W:** bmdllc.com  
250 Civic Center Drive, Suite 300, Columbus, Ohio 43215

**Brandon T. Pauley**  
**D:** (614) 246-7510  
**F:** (614) 246-7511  
**E:** btpauley@bmdllc.com

December 12, 2025

VIA CERTIFIED MAIL

Anthem, Inc.  
c/o Legal Department  
220 Virginia Avenue  
Indianapolis, IN 46204

And

Anthem Blue Cross and Blue Shield  
c/o Legal Department  
P.O. Box 105187  
Atlanta, GA 30348-5187

**Re: Unlawful Denial of Medically Necessary Audiologic Diagnostic Services—  
Medicare Advantage Claims**

Please be advised this office and the undersigned represents the Academy of Doctors of Audiology (“ADA”). I write to formally notify Anthem Blue Cross Blue Shield (“Anthem”) of significant and ongoing concerns regarding Anthem’s systemic denials of medically necessary diagnostic audiology services rendered to Medicare Advantage beneficiaries beginning since at least July 1, 2025. ADA is the national professional association representing audiologists who are committed to evidence-based, patient-centered hearing and balance healthcare. ADA advocates for transparent, high-quality clinical standards, ethical benefit design, and compliance with federal law to ensure that Medicare beneficiaries receive the care as they are entitled. This pervasive issue has now impacted a critical mass of ADA member constituents and it is incumbent on ADA to intervene.

Despite repeated attempts to resolve this matter informally—including ADA personnel initiating correspondence with Anthem/Elevance Health personnel—Anthem has been unresponsive. Anthem’s failure to correct these unlawful denials has left both providers and Medicare beneficiaries without payment, recourse, or clarity regarding Anthem’s obligations under federal law. We hope and expect this issue will be reviewed and addressed in accordance with applicable Medicare policies and law. We have outlined relevant statutes and regulations and a demand for action.

## **I. Medicare Requires Coverage of Medically Necessary Audiologic Diagnostic Services**

Under **Chapter 15, Section 80.3** of the *Medicare Benefit Policy Manual*, Medicare covers medically necessary audiologic diagnostic tests when ordered by a physician or non-physician practitioner for the purpose of informing the patient's medical care. CMS's published Audiology Services guidance, and the Medicare Physician Fee Schedule, confirm the specific diagnostic codes that are covered.

## **II. Medicare Advantage Plans Must Cover All Medically Necessary Medicare-Covered Services**

Under 42 U.S.C. § 1395w-22 and CMS's publicly available guidance, Medicare Advantage (MA) plans are required—at a minimum—to cover every medically necessary service covered by traditional Medicare (Part A and Part B). This includes diagnostic audiologic assessments.

## **III. Anthem Is Systematically Denying Medically Necessary Diagnostic Audiology Claims**

Anthem plans in the following states began denying claims for medically necessary diagnostic hearing and balance evaluations:

- California
- Colorado
- Connecticut
- Georgia
- Indiana
- Kentucky
- Maine
- Missouri (excluding 30 counties in the Kansas City region)
- Nevada
- New Hampshire
- New York
- Ohio
- Virginia
- Wisconsin

To our knowledge, each Anthem **electronic remittance advice (ERA)** states:

*“The claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.”*

Upon information and belief, Anthem has instructed providers that the “correct payer/contractor” is Hearing Care Solutions, a hearing benefit manager wholly owned by WSAudiology, a hearing aid manufacturer. When ADA constituents contact Hearing Care Solutions (as instructed by Anthem), Hearing Care Solutions stated unequivocally that it “does not process diagnostic audiology service claims.” We trust and expect this practice is not conditioned or tied to routing of patients to specific manufacturer owned networks. Any such practice requiring providers to divert Medicare Advantage beneficiaries away from medically necessary diagnostic



LISTEN. SOLVE. EMPOWER.

P: 614.246.7500 F: 614.246.5790 W: bmdllc.com  
250 Civic Center Drive, Suite 300, Columbus, Ohio 43215

testing and into a manufacturer-owned retail network as a condition of coverage creates additional issues requiring scrutiny.

#### **IV. Anthem Is Denying All Appeals**

In turn, ADA constituent providers have initiated appeals to the denials. To date, Anthem has denied *every* provider appeal, despite clear medical necessity, applicable Medicare coverage, and irrefutable statutory obligations under Medicare Advantage regulations. As a result, providers and beneficiaries are left without a responsible payer.

We believe this is a direct violation of Medicare Advantage coverage requirements. As such, it is ADA's position that:

1. Anthem is legally obligated to process Medicare Advantage claims for diagnostic audiologic services that are medically reasonable and necessary;
2. Anthem has improperly redirected providers to a third-party benefit administrator that does not process such claims;
3. Anthem has violated and continues to violate law as it applies to Medicare; and
4. Anthem's current practice is causing financial harm, treatment delays, and misleading beneficiaries into believing no diagnostic benefit exists under their medical plan.

#### **V. Escalation to Date**

Given Anthem's continued non-responsiveness and ongoing noncompliance, please be advised ADA constituents have filed a formal complaint with the Centers for Medicare & Medicaid Services (CMS) regarding Anthem's failure to cover mandatory Medicare services. We have also escalated the matter within CMS and the U.S. Department of Health and Human Services (HHS). ADA constituent providers have filed complaints through Medicare's official complaint portal, and Anthem's own grievance and complaint channels.

Absent prompt attention to this issue, ADA will be forced to review and consider available options and remedies on behalf of its member constituents.

#### **VI. Required Corrective Action**

ADA respectfully demands that Anthem:

1. Immediately reprocess all denied medically necessary diagnostic audiology claims dating back to July 1, 2025, with interest where applicable;
2. Issue written confirmation that Anthem, not Hearing Care Solutions, is responsible for processing these Medicare-covered diagnostic services;
3. Update all internal processing, workflows, and claims edit systems to ensure compliance with CMS coverage rules;

4. Notify providers and beneficiaries of the reinstated and proper coverage of diagnostic audiologic testing under the medical benefit; and
5. Cease any benefit structures or internal policies that mislead beneficiaries into receiving only routine “hearing aid evaluations” through a hearing-aid-affiliated network while denying access to medically necessary diagnostic testing.

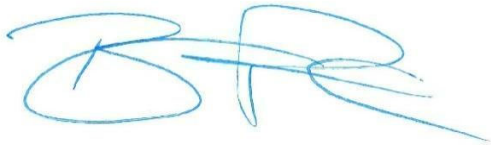
ADA strongly urges Anthem to immediately rectify these unlawful coverage practices. Anthem’s refusal to process medically necessary, covered diagnostic audiology claims is in clear violation of federal law and places Medicare beneficiaries at risk of improper care, misdiagnosis, and inappropriate device-driven treatment.

Please respond in writing within 14 days confirming Anthem’s plan for corrective action.

I look forward to your prompt response.

Very truly yours,

BRENNAN, MANNA & DIAMOND, LLC



Brandon T. Pauley

CC: Academy of Doctors of Audiology