



EFFECTIVE DATE: 05 | 17 | 2007
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OVERVIEW

Audiology is a specialty focusing on hearing impairment/loss through identification and evaluation, and the rehabilitation of persons with hearing impairment/loss. Audiological services are normally provided by a licensed audiologist who performs audiometric/diagnostic tests that evaluate both sensorineural and conductive hearing impairment/losses.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Evaluation of hearing impairment tests are considered medically necessary in illnesses or injuries including, but not limited to, the following: Hearing loss; Otitis media; Meniere's disease; Labyrinthitis; Vertigo (dizziness); Tinnitus; Cochlear otosclerosis; Neoplasms of the auditory or central nervous system; Congenital anomalies; Surgery involving the auditory and/or central nervous system, e.g., skull-based tumors such as acoustic neuroma and meningioma; Facial nerve paralysis (Bell's palsy); Bacterial meningitis; Exposure to intense noise; Ototoxic drugs; Fractures of the temporal bone or trauma affecting the central auditory pathways.

Hearing exams and diagnostic hearing tests are covered when furnished by a physician, audiologist or other qualified provider. Audiology studies performed by independently licensed audiologists are covered diagnostic services when they are ordered by a physician or an Advance Practice Provider.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable benefits for Hearing Services.

BACKGROUND

Hearing impairment or hearing loss is a reduction in the ability to perceive sound. The loss may range from slight to complete deafness caused by sensorineural and/or conductive hearing losses.

Audiology is a specialty focusing on hearing impairment or hearing loss through identification and evaluation, and the rehabilitation of persons with hearing impairment or hearing loss. Audiological services are normally provided by a licensed audiologist who performs audiometric/diagnostic tests that evaluate both sensorineural and conductive hearing impairment/losses.

The various audiometric tests can be subdivided into standard batteries that are typically used as part of the initial work-up of patients presenting with hearing impairment, as well as specialized tests that are typically used in specific clinical situations. The standard batteries vary according to whether the patient is an adult, child, or infant. Tests identified as specialized would not be part of the initial hearing impairment work-up,

but may be considered medically necessary when initial diagnostic tests are inconclusive or not appropriate to the specific condition.

The following tests identify standard and specialized audiology tests for adults, children, and infants:

Standard Battery of Tests

For Adults and Children:

1. Pure-tone audiometry, air and bone conduction
2. Speech audiometry
3. Word recognition tests
4. Acoustic reflex test and acoustic reflex decay
5. Tympanometry (impedance testing)

For Children Only:

1. Select picture audiometry
2. Conditioning play audiometry

For Infants Only:

1. Auditory evoked potential, aka Auditory Brainstem Response (ABR)
2. Visual reinforcement audiometry (VRA)
3. Evoked otoacoustic emissions (OAE)
4. Acoustic reflex test

Specialized Tests for Adults and Children:

1. Auditory Evoked Potential
2. Electrocochleography (ECochG)
3. Tone decay test
4. Stenger test, pure tone or speech
5. Sensorineural acuity level (SAL) test
6. Evoked otoacoustic emissions

The following audiometric tests are considered obsolete and thus are **not** covered for Medicare Advantage Plans and not medically necessary for Commercial products:

- Lombard test (replaced by the Stenger test and auditory evoked potential);
- Alternate binaural loudness balance test;
- Short increment sensitivity test (replaced by pure tone audiometry, auditory evoked potential);
- Bekesy audiometry.

The following audiometric tests are not covered for Medicare Advantage Plans and not medically necessary for Commercial products-as there is no scientific literature to support efficacy:

- Staggered spondaic word test;
- Synthetic sentence identification test.

CODING

Medicare Advantage Plans and Commercial Products

The following tests are covered:

Hearing Tests (routine):

92551 Screening test, pure tone, air only

92552 Pure tone audiometry (threshold); air only

92557 Comprehensive audiometry threshold evaluation and speech recognition

(92553 and 92556 combined)

V5008 Hearing screening

Hearing Tests:

- 92550** Tympanometry and reflex threshold measurements
- 92553** Pure tone audiometry (threshold); air and bone
- 92555** Speech audiometry threshold;
- 92556** Speech audiometry threshold; with speech recognition
- 92559** Audiometric testing of groups (Code deleted 12/31/2021)
- 92560** Bekesy audiometry; screening (Code deleted 12/31/2021)
- 92561** Bekesy audiometry; diagnostic (Code deleted 12/31/2021)
- 92564** Short increment sensitivity index (SISI) (Code deleted 12/31/2021)
- 92563** Tone decay test
- 92565** Stenger test, pure tone
- 92567** Tympanometry (impedance testing)
- 92568** Acoustic reflex testing; threshold
- 92570** Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
- 92571** Filtered speech test
- 92575** Sensorineural acuity level test
- 92577** Stenger test, speech
- 92579** Visual reinforcement audiometry (VRA)
- 92582** Conditioning play audiometry
- 92583** Select picture audiometry
- 92584** Electrocochleography
- 92585** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive (Code Deleted 12/31/2020)
- 92586** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited (Code Deleted 12/31/2020)
- 92587** Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
- 92588** Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
- 92650** Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis (New Code effective 1/1/2021)
- 92651** Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report (New Code effective 1/1/2021)
- 92652** Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report (New Code effective 1/1/2021)
- 92653** Auditory evoked potentials; neurodiagnostic, with interpretation and report (New Code effective 1/1/2021)

The following codes are not covered for Medicare Advantage Plans and not medically necessary for Commercial products:

- 92559** Audiometric testing of groups (Deleted 12/31/2021)
- 92560** Bekesy audiometry; screening (Deleted 12/31/2021)
- 92561** Bekesy audiometry; diagnostic (Deleted 12/31/2021)
- 92562** Loudness balance test, alternate binaural or monaural
- 92564** Short increment sensitivity index (SISI) (Deleted 12/31/2021)
- 92572** Staggered spondaic word test

RELATED POLICIES

Hearing Aid Mandate
Cochlear Implants
Preventive Services for Commercial Members

PUBLISHED

Provider Update, May 2021
Provider Update, May 2020
Provider Update, April 2019
Provider Update, May 2017
Provider Update, June 2016

REFERENCES

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2. Bamiou DE, Musiek FE, Luxon LM. Aetiology and clinical presentations of auditory processing disorders – a review. *Arch Dis Child* 2001; 85(5):361-5.
3. Amos NE, Humes LE. SCAN test-retest reliability for first and third grade children. *J Speech Lang Hear Res* 1998; 41(4):834-45.
4. Domitz DM, Schow RL. A new CAPD battery – multiple processing assessment: factor analysis and comparisons with SCAN. *Am J Audiol* 2000; 9(2):101-11.
5. Jerger J, Musiek F. Report of the Consensus Conference on the Diagnosis of Auditory Processing Disorders in School-Aged Children. *J Am Acad Audiol* 2000; 11(9):467-74.

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