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**POLICY LAST UPDATED:** 04 | 06 | 2022

## **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

## 92576 Synthetic sentence identification test

### RELATED POLICIES

Hearing Aid Mandate

Cochlear Implants

Preventive Services for Commercial Members

### PUBLISHED

Provider Update, June 2022

Provider Update, May 2021

Provider Update, May 2020

Provider Update, April 2019

Provider Update, May 2017

### 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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