

EFFECTIVE DATE: 05/17/2007
POLICY LAST UPDATED: 12/02/2014

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.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

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.

MEDICAL CRITERIA

None

BACKGROUND

Hearing impairment/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/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.

The various audiometric/diagnostic tests can be subdivided into:

1. standard batteries that are typically used as part of the initial hearing impairment work-up; and
2. 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 considered **not medically necessary**:

- 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 considered **not medically necessary**, as there is no scientific literature to support efficacy.

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

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable Hearing Services, Diagnostic Imaging, Lab and Machine Tests/Office Visit benefits/coverage.

CODING

BlueCHiP for Medicare and Commercial.

The following tests are covered:

Hearing Tests - Routine

92551	92552	V5008	
Hearing Tests:			
92550	92553	92555	92556
92557	92563	92565	92567
92568	92570	92571	92575

92577	92579	92582	92583
92584	92585	92586	92587
92588			
The following code is covered under the members Diagnostic Imaging, Lab and Machine Tests benefit:			
92596			
The following codes follow the unlisted codes process and documentation must be submitted for review:			
92700	V5299		
The following code will be covered under the member's DME benefit and will apply to the hearing aid benefit maximum when the above guidelines are met:			
V5020			
The following codes are not medically necessary for all product lines:			
92559	92560	92561	92562
92564	92572	92576	

RELATED POLICIES

Hearing Aid Mandate
 Cochlear Implants
 Preventive Services for Commercial Member

PUBLISHED

Provider Update	Jan 2015
Provider Update	Jul 2013
Provider Update	Apr 2012
Provider Update	Jun 2011
Provider Update	Jul 2010
Policy Update	Dec 2009
Policy Update	Feb 2009

REFERENCES

1. American Academy of Pediatrics. Year 2000 position statement: prin
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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