

**EFFECTIVE DATE:** 05 | 17 | 2007

**POLICY LAST UPDATED:** 04 | 05 | 2016

## 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

### BlueCHiP for Medicare 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.

Audiology studies performed by independently licensed audiologists are covered diagnostic services when they are ordered by a physician or a mid-level practitioner.

## COVERAGE

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

## 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 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.

### **CODING**

#### **BlueCHiP for Medicare and Commercial Products**

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 codes are not medically necessary for all products:

92559 92560 92561 92562 92564 92572  
92576

## RELATED POLICIES

Hearing Aid Mandate  
Cochlear Implants  
Preventive Services for Commercial Members

## PUBLISHED

Provider Update, June 2016  
Provider Update, August 2015  
Provider Update, January 2015  
Provider Update, July 2013  
Provider Update, April 2012  
Provider Update, June 2011  
Provider Update, July 2010  
Policy Update, December 2009  
Policy Update, February 2009

## REFERENCES

1. American Academy of Pediatrics. Year 2000 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics* 2000; 106(4):798-817.
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.

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge



are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.