

**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

### 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 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 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** Screening test, pure tone, air only  
**92552** Pure tone audiometry (threshold); air only  
**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
- 92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
- 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
- 92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
- 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

The following codes are not medically necessary for all products:

- 92559 Audiometric testing of groups
- 92560 Bekesy audiometry; screening
- 92561 Bekesy audiometry; diagnostic
- 92562 Loudness balance test, alternate binaural or monaural
- 92564 Short increment sensitivity index (SISI)
- 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, May 2017  
 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

## 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.

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