
Medical Policy



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***Current Policy Effective Date: 9/1/24**
(See policy history boxes for previous effective dates)

Title: Hearing Services

Description/Background

Hearing impairment or hearing loss is a reduction in the ability to perceive sound. The loss may range from slight to complete deafness.

Audiometric studies are diagnostic tests that evaluate sensorineural and conductive hearing losses. Conductive hearing loss is the result of disorders of the external or middle ear; sensory hearing loss is secondary to disturbance of the cochlea; neural hearing loss results from disease of the auditory (eighth) nerve or central auditory channel connections. Sensory and neural hearing losses are frequently included under the term "sensorineural hearing loss." Mixed or combined hearing loss involves disturbances of both conductive and sensorineural mechanisms.

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. The tests are briefly defined as follows:

- A basic hearing screening is a brief evaluation done during a routine office visit. A physician may decide after screening the patient that more sophisticated tests are needed to determine the cause of a suspected hearing loss. The test may be as simple as using a tuning fork to test chosen sound frequencies. A variety of other methods (whispering, rubbing fingers, a ticking watch, etc.) can be used to quantify hearing using readily accessible sources of noise.
- Audiometric studies may be ordered after initial screening indicates the possibility that there may be an illness or injury including, but not limited to, the following:
 - Established hearing loss
 - Otitis media

- Ménière'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
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Regulatory Status

N/A

Medical Policy Statement

The standard battery of hearing tests are established as part of an initial work-up of an individual with hearing impairment in the corresponding age group.

Specialized hearing tests may be established if the initial standard battery of tests are inconclusive.

Audiometric testing is established for the treatment planning of individuals who have hearing disorders that require interventions other than determining the need for or the appropriate type of hearing aid.

Inclusionary and Exclusionary Guidelines

Standard battery of hearing tests for adults and children:

- Pure-tone audiometry, air and bone conduction
- Speech audiometry
- Word recognition test
- Acoustic reflex test and acoustic reflex decay
- Tympanometry (impedance testing)

Standard battery of hearing tests for children only:

- Select picture audiometry
- Conditioning play audiometry

Standard battery of hearing tests for infants only:

- Auditory evoked potentials
- Visual reinforcement audiometry
- Evoked otoacoustic emissions
- Acoustic reflex test

Specialized hearing tests for adults and children:

- Electrocochleography
- Auditory evoked potentials
- Tone decay
- Stenger test
- Sensorineural acuity level test
- Evoked otoacoustic test

Exclusions (Experimental/Investigational):

- Automated audiometry (self-administered or administered by non-audiologists)
- Speech in noise (SIN)
- Hearing in noise test (HINT)
- Tests solely used to determine the appropriate type of hearing aid (e.g., SIN, HINT)

Exclusions (tests considered obsolete and thus not medically necessary):

- Lombard test (replaced by the Stenger test and auditory evoked potential) (92700)
- Short increment sensitivity test (replaced by pure tone audiometry, auditory evoked potential) (92700)
- Bekesy audiometry; screening (92700)

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

92551	92552	92553	92555	92556	92557
92558	92562	92563	92565	92567	92568
92570	92571	92572	92575	92576	92577
92579	92582	92583	92584	92587	92588
92650	92651	92700*			

*(Note: codes 92559 and 92561 were removed from policy as the codes were deleted on 1/1/22. Code 92700 is only allowed to report group audiometric testing and Bekesy).

Other codes (investigational, not medically necessary, etc.):

0208T

0209T

0210T

0211T

0212T

Note: Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.

VARIOUS TESTS

Pure-Tone Testing (92552, 92553)

This test is a standard audiometric study that uses tones of various frequencies and intensities as auditory stimuli to measure hearing. As air conduction is the usual method of sound transmission, air audiometry uses the external and middle ear in the transmission of sound to the cochlea and beyond. Bone-conduction audiometry involves the vibration of the skull by direct contact with an oscillating device that is thought to set the cochlear fluids into motion, bypassing the external and middle ear. When bone conduction thresholds are better than air-conduction thresholds, the hearing loss is conductive. When bone-conduction thresholds are the same as air-conduction thresholds, the hearing loss is sensorineural. When bone-conduction thresholds are reduced but are still better than air conduction, the loss is mixed or combined.

Speech Audiometry (92555, 92556)

This test is a standard audiometric study that measures overall performance in hearing, understanding, and responding to speech for a general assessment of hearing and an estimate of degree of practical handicap. It may include a speech recognition test, in which the patient repeats words back, and a speech reception threshold, which determines when the patient can first hear speech. It may also be used to reaffirm the findings of the pure-tone audiometry and to diagnose pseudohypacusis (a non-existent or false hearing loss).

Evoked Otoacoustic Test (92558)

A probe tip is placed in the ear canal to screen for normal hearing function. The probe tip emits a repeated clicking sound (transient evoked emissions) or two tones at two frequencies (distortion product emissions). The sounds pass through the tympanic membrane, middle ear, and to the inner ear. In the inner ear, the sound is picked up by the hair cells in the cochlea, which in turn bounce the sound back in low intensity sound waves (OAE). These OAEs are recorded and analyzed by computerized equipment.

Tone Decay Test (92563)

The tone decay test is used in audiology to detect and measure auditory fatigue. In people with normal hearing, a tone whose intensity is only slightly above their absolute threshold of hearing can be heard continuously for 60 seconds. The tone decay test produces a measure of the "decibels of decay", i.e., the number of decibels above the patient's absolute threshold of hearing that are required for the tone to be heard for 60 seconds. A decay of between 15 and 20 decibels is indicative of cochlear hearing loss. A decay of more than 25 decibels is indicative of damage to the vestibulocochlear nerve.

Stenger Test (92565)

This test is for unilateral pseudohypacusis (malingering). It is based on the principle that if two sounds of the same frequency, but different intensities are presented simultaneously to both ears, only the louder tone will be heard. Tones are presented to the good ear at a level above that ear's threshold to obtain a response. Tones are presented to the poor ear simultaneously. The intensity of the sound in the poor ear is increased while the intensity presented to the good ear remains the same. The patient will respond until the intensity of the tones in the poor ear exceeds that of the good ear. At that point, the patient will not respond because the patient is not supposed to hear out of the poor ear. However, the patient should still respond, as the intensity of presentation to the good ear has not changed.

Tympanometry (92567)

Tympanometry is an examination used to test the condition of the middle ear and mobility of the eardrum and the conduction bones by creating variations of air pressure in the ear canal. This is an objective test of the middle-ear function. It is not a hearing test, but rather a measure of energy transmission through the middle ear. The test should not be used to assess the sensitivity of hearing and the results of this test should always be viewed in conjunction with pure tone audiometry.

Acoustic Reflex Measures (92568, 92570)

Acoustic reflex testing measures the changes in the ear's ability to conduct sound to the cochlea. Reflexes, called acoustic reflexes, exist which involve middle ear function. Absence of the acoustic reflex may be indicative, among other things, of lesions of the middle ear, acoustic tumor, otosclerosis, facial nerve involvement of the probe ear side, and surgical removal or congenital absence of the stapes. These tests may be used in assessing the hearing of neonates and other children too young to cooperate in the audiometric testing of functional hearing loss.

Static acoustic impedance (92570)

This test measures how much air is in the ear canal. This test helps show if there is a hole in the eardrum. Some people have tubes put in their eardrums to help stop ear infections and hearing loss. This test can tell if your tubes are open or blocked. It can also tell if you have fluid behind your eardrum.

Sensorineural Acuity Level Test (SAL) (92575)

The audiologist places earphones on the patient and presents tones to the patient at different volumes and different frequencies (itches). The volume at each frequency where the patient responds correctly 50% of the time is the threshold at that frequency. The sounds presented through the earphones are air-conduction. The air-conduction thresholds are measured in the presence of noise (masking) through a bone vibrator on the side of the head (bone-conducted masking). The masked and unmasked air-conduction thresholds are compared.

Visual Reinforcement Audiometry (92579)

Visual reinforcement audiometry (VRA) is a test that allows an audiologist to assess hearing in infants and toddlers too young for normal tests. VRA relies on behavioral conditioning to train very young kids to respond to sounds. It is designed for children aged 6 months to around 2 to 3 years old. VRA uses a machine called an audiometer to test a child's hearing threshold levels. Standard pure tone audiometers use headphones and a feedback button, so they are not practical for young kids. VRA replaces the headphones with earphones (usually with foam

tips) or sound field speakers. Visual reinforcers such as video animations or lighted toys are placed 90-degrees to each side of the patient to "train" the child to look toward the direction of the sound.

Conditioning Play Audiometry (92582)

Conditioned play audiometry (CPA) allows an audiologist to test the hearing of very young toddlers and preschoolers. CPA uses behavioral conditioning to get kids to respond to sounds. It is designed for children between 2 and 5 years of age. CPA uses a machine known as an audiometer to test a child's hearing threshold levels. CPA makes a game out of the hearing test by replacing the feedback device with activity-related toys such as blocks or pegs.

Picture Audiometry (92583)

Select picture audiometry has been used for children. This approach can screen the hearing of children as young as three years old. It has been successfully utilized for testing mentally handicapped adults. Adults with intelligence levels as low as 30 months have been reliably tested. In select picture audiometry, the patient is placed in a booth with or without earphones. The patient is asked to identify different pictures with the instructions given at different intensity levels. A threshold level for speech, which is the intensity level at which the patient correctly responds 50 percent of the time, is obtained.

Electrocochleography (92584)

Electrocochleography (ECochG or ECOG) is a technique of recording electrical potentials generated in the inner ear and auditory nerve in response to sound stimulation, using an electrode placed in the ear canal or tympanic membrane. The test is performed by an otologist or audiologist with specialized training and is used for detection of elevated inner ear pressure (endolymphatic hydrops) or for the testing and monitoring of inner ear and auditory nerve function during surgery.

Otoacoustic Emissions (OAEs) (92587, 92588)

An OAE is a sound which is generated from within the inner ear. Studies have shown that OAEs disappear after the inner ear has been damaged, so OAEs are often used in the laboratory and the clinic as a measure of inner ear health. There are two types of otoacoustic emissions: spontaneous otoacoustic emissions (SOAEs), which can occur without external stimulation, and evoked otoacoustic emissions (EOAEs), which require an evoking stimulus.

Auditory evoked potentials (AEPs) (92650, 92651)

In testing auditory evoked potentials (AEPs), electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations delivered through earphones. The origin of the electrical response is believed to be from the auditory nerve and brainstem. In 92650, an automated screening is performed with broadband (i.e., frequency nonspecific) stimuli, such as amplitude modulated noise, chirps, or clicks. Broadband stimuli are also used in 92651, which reports a hearing status determination with interpretation and report.

Automated Audiometry (self-administered or administered by non-audiologists) (0208T-0212T)

This test is a patient-directed evaluation tool that uses patented test methods and algorithms to perform diagnostic or screening audiometry. This test provides an opportunity to perform audiometry without direct access to a clinical audiologist.

Hearing In Noise Test (HINT, also known as Speech in Noise [SIN]) (92700)

The Hearing in Noise Test (HINT) measures a person's ability to hear speech in quiet and in noise. During the test, the patient uses both ears together (binaural hearing) to repeat sentences. In this test, the patient is required to repeat sentences both in a quiet environment and with competing noise being presented from different directions. The test is primarily used in patients with normal hearing or a very mild hearing loss who report persistent difficulty understanding conversation amid background noise.

Government Regulations

National:

Medicare Claims Processing Manual (100-04), Chapter 13-Radiology Services and Other Diagnostic Procedures (Rev, 12364, 11-16-23).

As defined in the Social Security Act, section 1861,(II)(3), the term "audiology services" specifically means hearing and balance assessment services furnished by a qualified audiologist. Hearing and balance assessment services are termed "audiology services" regardless of whether they are furnished by an audiologist, physician, nonphysician practitioner (NPP), or hospital.

Audiology services are generally covered as "other diagnostic tests" under section 1861(s)(3) of the Social Security Act and payable under the Physician Fee Schedule (PFS). Audiology services furnished to an outpatient of a hospital are covered as "diagnostic services" under section 1861(s)(2)(C) and payable under the hospital Outpatient Prospective Payment System (OPPS). View the list of audiology services HCPCS codes (PDF) .

There is no provision in Medicare law to pay audiologists for therapy services such as auditory rehabilitation (see Pub 100-02, chapter 15 (PDF), section 80.3) or hearing aids and auditory implants (see Pub 100-02, chapter 16 (PDF), section 100). Audiology services are not covered under the benefit for services "incident to" a physician's service (see Pub 100-02, chapter 15 (PDF), section 60) because audiologists have their own Medicare benefit that allows them to bill for audiology services they personally furnish.

A physician order is required for audiology services in all settings. Coverage for audiology services is determined by the reason the tests are ordered, rather than by the patient's diagnosis or condition.

Local:

No LCD on hearing services available.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

N/A

References

1. American Speech-Language-Hearing Association. Types of tests used to evaluate hearing in adults and children. Available at: <https://www.asha.org/public/hearing/Types-of-Tests-Used-to-Evaluate-Hearing/>. Last accessed May 2, 2024.
2. American Speech-Language-Hearing Association. Medicare CPT Coding Rules for Audiology Services. Available at: https://www.asha.org/practice/reimbursement/medicare/aud_coding_rules/. Last accessed May 2, 2024.
3. Social Security Act, Section 1861 (11) (3). Part E—Miscellaneous Provisions. Speech-Language Pathology Services; Audiology Services.
4. Medicare Claims Processing Manual (100-04), Chapter 13-Radiology Services and Other Diagnostic Procedures (Rev, 12364, 11-16-23). Available at: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c13.pdf>. Last accessed May 2, 2024.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through May 2, 2024, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
9/1/19	1/13/20		Joint policy established
9/1/20	6/16/20		Routine policy maintenance, no change in policy status.
9/1/21	6/15/21		Routine policy maintenance, no change in policy status. Procedure codes 92585 and 92586 removed from policy as codes were deleted on 1/1/21. Codes 92650 and 92651 replaced them.
9/1/22	6/21/22		Routine policy maintenance, no change in policy status. The following four procedure codes 92559, 92560, 92561, and 92564 removed from policy as the codes were deleted on 1/1/22. These codes were deleted because changes in technology and clinical practice have resulted in low utilization of these specific tests. To report group audiometric testing and Bekesy audiometry; diagnostic, use code 92700. Moved code 92700 to EST from E/I to allow for only audiometric testing and Bekesy audiometry; diagnostic.
9/1/23	6/13/23		Routine policy maintenance, no change in policy status. Vendor: N/A (ky)
9/1/24	6/14/24		Routine policy maintenance. The codes 92562, 92572, and 92576 are moved from obsolete/EI to EST. Vendor: N/A (ky)

Next Review Date: 2nd Qtr. 2025

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN:	Revised:
BCBSM:	Revised:

BLUE CARE NETWORK BENEFIT COVERAGE POLICY: HEARING SERVICES

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered per policy criteria
BCNA (Medicare Advantage)	See government section
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.