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Hearing Services Corporate Medical Policy

File Name: Evaluation of Hearing Impairment

File Code: 9.01.VT02

Origination: 07/1997

Last Review: 07/2025

Next Review: 09/2026

Effective Date: 10/01/2025

Description/Summary

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 conductive and sensorineural and 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.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- CPT® coding table & instructions](#)

When a service may be considered medically necessary

The Plan covers a screening test for hearing in conjunction with a preventive medicine evaluation and management service when done in accordance with current American Academy of Pediatrics, American Academy of Family Practice, and/or Bright Futures guidelines.

Audiometric studies may be **medically necessary** for patients who have experienced or continue to experience illnesses or injuries which may predispose them to hearing loss including, but not limited to, the following types of situations:

- Hearing loss;

- Otitis media;
- Meniere's disease;
- Labyrinthitis;
- Vertigo (dizziness);
- Tinnitus;
- Cochlear otosclerosis;
- Neoplasms of the auditory or central nervous system;
- Congenital anomalies, including craniofacial 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;
- Cytomegalovirus infection, Zika virus, TORCH infections, and other congenital infections which predispose to hearing loss
- Exposure to intense noise;
- Prematurity or history of Neonatal Intensive Care Unit admission
- Ototoxic drugs;
- Fractures of the temporal bone or trauma affecting the central auditory pathways.
- Family history of childhood hearing loss due to a genetically inheritable condition

When a service is considered not medically necessary

- Lombard test;
- Alternate binaural loudness balance test;
- Short increment sensitivity test (replaced by pure tone audiometry, auditory evoked potential);
- Bekesy audiometry.

When a service is considered investigational*

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

*This policy no longer addresses tests of central auditory processing since these tests do not evaluate hearing impairment.

NOTE:

Hearing Aid Benefit

We only provide benefits when the hearing aid(s) are prescribed, fitted, and dispensed by a hearing care Professional within the hearing benefit network which includes an audiologist or hearing aid dispenser acting within the scope of their license, a physician or physician assistant or advanced practice registered nurse acting within the scope of their license.

To locate a hearing care Professional within the hearing benefit network, visit our website at www.bluecrossvt.org/find-doctor.

Limitations

We limit coverage to one hearing aid, per ear, every three years unless a hearing care Professional determines a new hearing aid for one or both ears is Medically Necessary.

Exclusions

We provide no benefits for:

over-the-counter hearings aids; or

hearing aids from a hearing care Professional outside the hearing benefit network.

General Exclusions in Chapter Three [of Certificate] also apply.

Reference Resources

1. BCBSA Policy 9.01.02 - Archived June 2010
2. American Academy of Pediatrics. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics* 2007; 120(4):898-921.

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service.

to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

12/2005	Reviewed replacement battery codes added to attachment. Clarified benefit, corrected and added new CPT codes
06/2007	Added CPT codes
07/2007	Reviewed by CAC
06/2008	Annual review. No clinical changes made. Minor changes to attachment page.
07/2008	Reviewed by CAC
11/2009	Name changed to match BCBSA Medical Policy and incorporated language and criteria; audiologists and speech-language pathologists added as providers; and when services are not covered was clarified. Cerumen removal was removed from policy as not applicable
01/2010	Reviewed by CAC
08/2011	Policy converted to new format
09/2011	Policy adopted
	Coding is appropriate per Medical/Clinical Coder SAR
02/2014	ICD-10 remediation only. SAR
06/2015	Vestibular CPTs added. S0618 added to non-covered section. Providers encouraged to use more appropriate CPT code. Reviewed and approved by MPC on 06/08/15.
01/2016	CPT code updates to reflect AMA CPT changes.
04/2017	Reviewed, corrected and added new CPT Codes. ICD 10 Codes reviewed and updated. CPT Code 92506 deleted 01/01/2017, CPT codes 92521 deleted 01/01/2017 replaced with 92521, 92522, 92523, 92524, CPT Codes 92569 deleted 01/01/2010, CPT cods 92589 deleted 01/01/2015, 92700 (Unlisted) changed from not medically necessary to suspend for review. HCPCS Code S0618 changed from non-covered to not medically necessary.

01/2019	Added language around childhood hearing loss. Language added regarding newborn hearing screens and craniofacial anomalies and medical syndromes associated with deafness - Waardenburg syndrome. Updated references. Updated to expand the role of ABR and OAE and removed old testing. Removed ICD-10-CM appendix. Clarified benefit exclusions. Reviewed and updated CPT® codes to reflect current standard of care. Added codes 99211-99125. Added codes 99201-99205. Adaptive Maintenance: Added hearing aid codes: V5171, V5172, V5181, V5211, V5212, V5213, V5214, V5215 & V5221 as benefit exclusions. Added the following codes: V5010, V5011, V5014, V5020, V5030, V5040, V5050, V5060, V5070, V5080, V5090, V5095, V5100, V5110, V5120, V5130, V5140, V5150, V5160, V5170, V5180, V5190, V5200, V5210, V5220, V5230, V5240, V5241, V5442, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5264, V5265, V5275, V5298 as benefit exclusions. Added codes 0208T & 0209T as medically necessary.
09/2020	Policy reviewed no changes to policy statements.
01/2021	Adaptive Maintenance: Codes 92585 deleted replaced with 92652 & 92653. Code 92586 deleted and replaced with 92650 & 92651. Code deleted 99201, Added code 99417 and revised code descriptors 99211-99215, 99202-99205.
10/2021	Policy reviewed, no changes to policy statement.
07/2022	Policy reviewed; No changes to policy statement. Added code V5008 as medically necessary per guidelines. Added code V5299 to coding table as contract exclusion. Deleted codes V5170, V5180, V5210, V5220 from coding table.
12/2022	Adaptive Maintenance Effective 01/01/2023: Revised code descriptor 99417 added to coding table.
07/2023	Policy reviewed. No changes to policy statement. Minor stylistic/grammatical changes.
10/2023	Removed benefit exclusion section on hearing aids. Updated coding table and removed hearing aid codes and services: 92590, 92591, 92592, 92593, 92594, 92595, V5010, V5011, V5014, V5020, V5030, V5040, V5050, V5060, V5070, V5080, V5090, V5095, V5100, V5110, V5120, V5130, V5140, V5150, V5160, V5171, V5172, V5181, V5190, V5200, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5240, V5241, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5264, V5265, V5275, V5298, V5299.

09/2024	Policy reviewed. Policy name changed from Evaluation of Hearing Impairment to “Hearing Services”. No change to policy statement. Minor formatting changes for clarity and consistency.
07/2025	Policy reviewed. No changes to policy statement.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President and Chief Medical Officer

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Senior Medical Director

Attachment I
CPT® Coding table & instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
CPT®	0208T	Pure tone audiometry (threshold), automated; air only	Medically Necessary when applicable criteria have been met.
CPT®	0209T	Pure tone audiometry (threshold), automated; air and bone	Medically Necessary when applicable criteria have been met.
CPT®	92507	Treatment of speech, language voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Medically Necessary when applicable criteria have been met.
CPT®	92521	Evaluation of speech fluency (eg, stuttering, cluttering)	Medically Necessary when applicable criteria have been met.
CPT®	92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	Medically Necessary when applicable criteria have been met.
CPT®	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language	Medically Necessary when applicable criteria have been met.
CPT®	92524	Behavioral and qualitative analysis of voice and resonance	Medically Necessary when applicable criteria have been met.
CPT®	92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	Medically Necessary when applicable criteria have been met.
CPT®	92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a	Medically Necessary when applicable criteria have been met.

		total of two irrigations)	
CPT®	92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	Medically Necessary when applicable criteria have been met.
CPT®	92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	Medically Necessary when applicable criteria have been met.
CPT®	92542	Positional nystagmus test, minimum of 4 positions, with recording	Medically Necessary when applicable criteria have been met.
CPT®	92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	Medically Necessary when applicable criteria have been met.
CPT®	92545	Oscillating tracking test, with recording	Medically Necessary when applicable criteria have been met.
CPT®	92546	Sinusoidal vertical axis rotational testing	Medically Necessary when applicable criteria have been met.
CPT®	92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	Medically Necessary when applicable criteria have been met.
CPT®	92550	Tympanometry and reflex threshold measurements	Medically Necessary when applicable criteria have been met.
CPT®	92551	Screening test, pure tone, air only	Medically Necessary when applicable criteria have been met.
CPT®	92552	Pure tone audiometry (threshold), air only	Medically Necessary when applicable criteria have been met.
CPT®	92553	Pure air and bone audiometry	Medically Necessary when applicable criteria have been met.
CPT®	92555	Speech audiometry threshold	Medically Necessary when applicable criteria have been met.

CPT®	92556	Speech audiometry threshold; with speech recognition	Medically Necessary when applicable criteria have been met.
CPT®	92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	Medically Necessary when applicable criteria have been met.
CPT®	92563	Tone decay test	Medically Necessary when applicable criteria have been met.
CPT®	92565	Stenger test, pure tone	Medically Necessary when applicable criteria have been met.
CPT®	92567	Tympanometry (impedance testing)	Medically Necessary when applicable criteria have been met.
CPT®	92568	Acoustic reflex testing	Medically Necessary when applicable criteria have been met.
CPT®	92570	Acoustic Inmittance testing	Medically Necessary when applicable criteria have been met.
CPT®	92571	Filtered speech test	Medically Necessary when applicable criteria have been met.
CPT®	92575	Sensorineural acuity level test	Medically Necessary when applicable criteria have been met.
CPT®	92577	Stenger test, speech	Medically Necessary when applicable criteria have been met.
CPT®	92579	Visual reinforcement audiometry (VRA)	Medically Necessary when applicable criteria have been met.
CPT®	92582	Conditioning play audiometry	Medically Necessary when applicable criteria have been met.
CPT®	92583	Select picture audiometry	Medically Necessary when applicable criteria have been met.
CPT®	92584	Electrocochleography	Medically Necessary when applicable criteria have been met.
CPT®	92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion	Medically Necessary when applicable criteria have been met.

		products)	
CPT®	92588	Evoked otoacoustic emissions: comprehensive or diagnostic evaluation (comparisons of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	Medically Necessary when applicable criteria have been met.
CPT®	92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	Medically Necessary when applicable criteria have been met.
CPT®	92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	Medically Necessary when applicable criteria have been met.
CPT®	92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	Medically Necessary when applicable criteria have been met.
CPT®	92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	Medically Necessary when applicable criteria have been met.
CPT®	92620	Evaluation of central auditory function, with report; initial 60 minutes	Medically Necessary when applicable criteria have been met.
CPT®	92621	Each additional 15 minutes	Medically Necessary when applicable criteria have been met.
CPT®	92625	Assessment of tinnitus (includes pitch, loudness, matching and masking.)	Medically Necessary when applicable criteria have been met.
CPT®	99202	New Patient - Level 2	Medically Necessary when applicable criteria have been met.
CPT®	99203	New Patient Level-3	Medically Necessary when applicable criteria have been met.
CPT®	99204	New Patient Level-4	Medically Necessary when applicable criteria have been met.
CPT®	99205	New Patient Level -5	Medically Necessary when applicable criteria have been met.

CPT®	99211	Established Patient Level-1	Medically Necessary when applicable criteria have been met.
CPT®	99212	Established Patient Level-2	Medically Necessary when applicable criteria have been met.
CPT®	99213	Established Patient Level-3	Medically Necessary when applicable criteria have been met.
CPT®	99214	Established Patient Level-4	Medically Necessary when applicable criteria have been met.
CPT®	99215	Established Patient Level-5	Medically Necessary when applicable criteria have been met.
CPT®	99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	Medically Necessary when applicable criteria have been met.
HCPCS	V5008	Hearing screening	Medically Necessary when applicable criteria have been met.
The following codes will be denied as Not Medically Necessary, Non-Covered, Contract Exclusions or Investigational			
CPT®	92548	Computerized Dynamic Posturography	Investigational
CPT®	92559	Audiometric testing of groups	Not Medically Necessary
CPT®	92560	Bekesy audiometry; screening	Not Medically Necessary
CPT®	92561	Bekesy diagnostic	Not Medically Necessary
CPT®	92562	Loudness balance test, alternate binaural or monaural	Not Medically Necessary
CPT®	92564	Short Increment Sensitivity index SISI	Not Medically Necessary
CPT®	92572	Staggered spondaic word test	Investigational
CPT®	92576	Synthetic sentence identification test	Investigational

CPT®	92596	Ear protector attenuation measurements	Not Medically Necessary
CPT®	92700	Unlisted otorhinolaryngological service or procedure	Suspend for Medical Review
HCPCS	S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	Not Medically Necessary