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Evaluation of Hearing Impairment Corporate Medical Policy

File Name: Evaluation of Hearing Impairment
File Code: 9.01.VT02
Origination: 07/1997
Last Review: 07/2023
Next Review: 07/2024
Effective Date: 08/01/2023

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.

When a service is considered non-covered because it is a contract exclusion

Hearing aids or examinations for the prescription or fitting of hearing aids or tinnitus masking devices.

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 (BCBSVT) 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, BCBSVT 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

BCBSVT 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, BCBSVT 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

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| 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. |

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| 1/2019 | 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. |

Eligible providers

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

Approved by BCBSVT Medical Directors

Date Approved

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

Tammaji P. Kulkarni, MD
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. |

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| CPT® | 92538 | Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) | Medically Necessary when applicable criteria have been met. |
| 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. |

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| 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. |

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| CPT® | 92587 | Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products) | Medically Necessary when applicable criteria have been met. |
| 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. |

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| 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. |
| HCPSCS | 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 |

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| 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® | 92590 | Hearing aid examination and selection; monaural | Contract Exclusion |
| CPT® | 92591 | Hearing aid examination and selection; binaural | Contract Exclusion |
| CPT® | 92592 | Hearing aid check; monaural | Contract Exclusion |
| CPT® | 92593 | Hearing aid check; binaural | Contract Exclusion |
| CPT® | 92594 | Electroacoustic evaluation for hearing aid; monaural | Contract Exclusion |
| CPT® | 92595 | Electroacoustic evaluation for hearing aid; binaural | Contract Exclusion |
| CPT® | 92596 | Ear protector attenuation measurements | Not Medically Necessary |
| CPT® | 92700 | Unlisted otorhinolaryngological service or procedure | Suspend for Medical Review |
| HCPCS | V5010 | Assessment for hearing aid | Contract Exclusion |
| HCPCS | V5011 | Fitting/orientation/checking of hearing aid | Contract Exclusion |
| HCPCS | V5014 | Repair/modification of a hearing aid | Contract Exclusion |
| HCPCS | V5020 | Conformity evaluation | Contract Exclusion |
| HCPCS | V5030 | Audiometry for hearing aid evaluation to determine the level and degree of hearing loss | Contract Exclusion |
| HCPCS | V5040 | Hearing aid, monaural, body worn, bone conduction | Contract Exclusion |
| HCPCS | V5050 | Hearing aid, monaural, in the ear | Contract Exclusion |
| HCPCS | V5060 | Hearing aid, monaural, behind the ear | Contract Exclusion |
| HCPCS | V5070 | Glasses, Air Conduction | Contract Exclusion |
| HCPCS | V5080 | Glasses, bone conduction | Contract Exclusion |
| HCPCS | V5090 | Dispensing fee, unspecified hearing aid | Contract Exclusion |
| HCPCS | V5095 | Semi-Implantable middle ear hearing prosthesis | Contract Exclusion |
| HCPCS | V5100 | Hearing aid, bilateral, body worn | Contract Exclusion |

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| HCPCS | V5110 | Dispensing fee, bilateral | Contract Exclusion |
| HCPCS | V5120 | Binaural, body | Contract Exclusion |
| HCPCS | V5130 | Binaural, in the ear | Contract Exclusion |
| HCPCS | V5140 | Binaural, behind the ear | Contract Exclusion |
| HCPCS | V5150 | Binaural, glasses | Contract Exclusion |
| HCPCS | V5160 | Dispensing fee, binaural | Contract Exclusion |
| HCPCS | V5171 | Hearing aid, contralateral routing device, monaural, in the ear (ITE) | Contract Exclusion |
| HCPCS | V5172 | Hearing aid, contralateral routing device, monaural, in the canal (ITC) | Contract Exclusion |
| HCPCS | V5181 | Hearing aid, contralateral routing device, monaural, behind the ear (BTE) | Contract Exclusion |
| HCPCS | V5190 | Hearing aid, CROS, glasses | Contract Exclusion |
| HCPCS | V5200 | Dispensing fee, CROS | Contract Exclusion |
| HCPCS | V5211 | Hearing aid, contralateral routing system, binaural, ITE/ITE | Contract Exclusion |
| HCPCS | V5212 | Hearing aid, contralateral routing system, binaural, ITE/ITC | Contract Exclusion |
| HCPCS | V5213 | Hearing aid, contralateral routing system, binaural, ITE/BTE | Contract Exclusion |
| HCPCS | V5214 | Hearing aid, contralateral routing system, binaural, ITC/ITC | Contract Exclusion |
| HCPCS | V5215 | Hearing aid, contralateral routing system, binaural, ITC/BTE | Contract Exclusion |
| HCPCS | V5221 | Hearing aid, contralateral routing system, binaural, BTE/BTE | Contract Exclusion |
| HCPCS | V5230 | Hearing aid, BICROS, glasses | Contract Exclusion |
| HCPCS | V5240 | Dispensing fee, BICROS | Contract Exclusion |
| HCPCS | V5241 | Dispensing fee, monaural hearing aid, any type | Contract Exclusion |
| HCPCS | V5242 | Hearing aid, analog, monaural, CIC (completely in the ear canal) | Contract Exclusion |
| HCPCS | V5243 | Hearing aid, analog, monaural, ITC (in the canal) | Contract Exclusion |
| HCPCS | V5244 | Hearing aid, digitally programmable analog, monaural, CIC | Contract Exclusion |

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| HCPCS | V5245 | Hearing aid, digitally programmable, analog, monaural, ITC | Contract Exclusion |
| HCPCS | V5246 | Hearing aid, digitally programmable analog, monaural, ITE (in the ear) | Contract Exclusion |
| HCPCS | V5247 | Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) | Contract Exclusion |
| HCPCS | V5248 | Hearing aid, analog, binaural, CIC | Contract Exclusion |
| HCPCS | V5249 | Hearing aid, analog, binaural, ITC | Contract Exclusion |
| HCPCS | V5250 | Hearing aid, digitally programmable analog, binaural, CIC | Contract Exclusion |
| HCPCS | V5251 | Hearing aid, digitally programmable analog, binaural, ITC | Contract Exclusion |
| HCPCS | V5252 | Hearing aid, digitally programmable, binaural, ITE | Contract Exclusion |
| HCPCS | V5253 | Hearing aid, digitally programmable, binaural, BTE | Contract Exclusion |
| HCPCS | V5254 | Hearing aid, digital, monaural, CIC | Contract Exclusion |
| HCPCS | V5255 | Hearing aid, digital, monaural, ITC | Contract Exclusion |
| HCPCS | V5256 | Hearing aid, digital, monaural, ITE | Contract Exclusion |
| HCPCS | V5257 | Hearing aid, digital, monaural, BTE | Contract Exclusion |
| HCPCS | V5258 | Hearing aid, digital, binaural, CIC | Contract Exclusion |
| HCPCS | V5259 | Hearing aid, digital, binaural, ITC | Contract Exclusion |
| HCPCS | V5260 | Hearing aid, digital, binaural, ITE | Contract Exclusion |
| HCPCS | V5261 | Hearing aid, digital, binaural, BTE | Contract Exclusion |
| HCPCS | V5262 | Hearing aid, disposable, any type, monaural | Contract Exclusion |
| HCPCS | V5263 | Hearing aid, disposable, any type, binaural | Contract Exclusion |
| HCPCS | V5264 | Ear mold/insert, not disposable, any type | Contract Exclusion |
| HCPCS | V5265 | Ear mold/insert, disposable, any type | Contract Exclusion |
| HCPCS | V5275 | Ear impression, each | Contract Exclusion |
| HCPCS | V5298 | Hearing aid, not otherwise classified | Contract Exclusion |

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| HCPCS | V5299 | Hearing [aid] service, miscellaneous | Contract Exclusion |
| HCPCS | S0618 | Audiometry for hearing aid evaluation to determine the level and degree of hearing loss | Not Medically Necessary |