

LCD for VESTIBULAR and Audiologic Function Tests - 4F-67AB-R1 (L26596)

Contractor Information

Contractor Name

TrailBlazer Health Enterprises, LLC

Contractor Number

04402

Contractor Type

MAC - Part B

LCD Information

LCD ID Number

L26596

LCD Title

VESTIBULAR and Audiologic Function Tests - 4F-67AB-R1

Contractor's Determination Number

4F-67AB

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CMS National Coverage Policy

- *Medicare Benefit Policy Manual* – Pub. 100-02, Chapter 15, Section 80.3 and 80.6.
- *Medicare National Coverage Determinations Manual* – Pub. 100-03.
- *Medicare Claims Processing Manual* – Pub. 100-04:
 - Chapter 12, Section 30.3.
 - Chapter 13.
- Correct Coding Initiative – *Medicare Contractor Beneficiary and Provider Communications Manual* – Pub. 100-09, Chapter 5.
- Social Security Act (Title XVIII) Standard References, Sections:

- 1861(II)(2) Payments to Audiologists.
- 1861(II)(3)(B) Qualifications of Audiologists.
- 1862(a)(1)(A) Medically Reasonable & Necessary.
- 1862(a)(1)(D) Investigational or Experimental.
- 1862(a)(7) Screening (Routine Physical Checkups).
- 1833(e) Incomplete Claim.

Primary Geographic Jurisdiction

Texas

Oversight Region

Region I

Original Determination Effective Date

For services performed on or after 03/01/2008

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 12/19/2008

Revision Ending Date**Indications and Limitations of Coverage and/or Medical Necessity**

Vestibular tests are tests of function. Their purpose is to determine if there is something wrong with the vestibular portion of the inner ear. If dizziness is not caused by the inner ear, it might be caused by the brain, by medical disorders such as low blood pressure or by psychological problems such as anxiety. Studies have documented that vestibular tests are more accurate than clinical examination in identifying inner ear disorders. Hearing pathway tests (audiometry, Auditory Brainstem Response (ABR), Electrocochleography (ECoG)) can also be used for the same purpose and are frequently combined with vestibular tests.

Diagnostic otologic evaluation services are performed to detect presence or absence of a hearing deficit and to identify the factors responsible for the deficit. The assessment of a deficit involves both physical and physiological measurements for appropriate diagnosis and referral.

Accurate assessment of hearing (audiometry) is vital to the diagnostic evaluation of patients with suspected otologic disorders for the determination of the underlying process, as well as in the planning of rehabilitation of hearing loss. Originally, audiometry was limited to the psychophysical measurement of the sensation of hearing; thus, patient cooperation was essential. However, other tests have been developed over the years that permit more objective assessment of hearing even in infants, small children, malingers and hysterics.

Most humans hear sounds in the range of 20 to 20,000 Hz. Sensitivity varies as a function of frequency, with sounds in the middle frequencies being heard best. The ability to hear higher frequencies declines with age.

Basic Audiometry: Adequate testing requires an audiometer (device for presenting sounds to the patient at precisely controlled intensity), a controlled acoustic environment that meets American National Standards Institute (ANSI) specifications, a competent audiologist and a cooperative patient. The standard testing battery may vary depending on purpose.

- **Pure Tone Audiometry, Speech Audiometry and Immittance Audiometry**

- **Pure Tone Audiogram:** This is a graphic plot of the patient's thresholds of audiometry sensitivity for pure tone (sine wave) stimuli. Threshold hearing levels are indicated for each frequency tested. By convention, normal hearing levels are shown at the top of a graph; a decrease in hearing sensitivity is indicated by larger values of hearing level. Hearing level is plotted on a logarithmic decibel scale. Sounds are tested with presentation by air conduction (earphones) as well as bone conduction (skull vibrator). An air bone gap indicates a conductive component of hearing loss. A decrease in threshold sensitivity by bone conduction reflects a sensory or neural loss.
 - **Speech Audiometry:** These tests utilize spoken words and sentences rather than pure tones. Tests are designed to assess sensitivity (threshold) or understanding (intelligibility).
 - Threshold – The level at which the patient can correctly repeat 50 percent of test materials: Phoneme-Balanced (PB) words, synthetic sentences, etc.
 - Intelligibility – By convention, the percentage of words or sentences a patient can correctly repeat when presented at supra-threshold levels.
 - Provides information about hearing handicap. Problem may be worse than indicated by Pure Tone Average (PTA) for the speech frequencies. Useful to determine candidacy for hearing aid.
 - Very poor results, out of proportion to PTA, suggest probable retrocochlear cause of hearing loss.
 - **Immittance Audiometry:** These hearing tests utilize an electroacoustic immittance bridge. This device is designed to quantify the **impedance** (resistance to movement) of the conductive mechanism of the ear by bouncing a probe tone off the tympanic membrane and measuring the proportion of reflected sound. Impedance testing can measure either the impedance or admittance (the American Speech-Language-Hearing Association term that encompasses both is "immittance"). Typically, today's equipment measures admittance. The purpose of the test is to assess middle ear integrity. Maximal reflection of sound occurs when the mechanism is very stiff, while a compliant system transmits more sound and reflects less. There are two principal applications of this device:
- **Tympanometry:** A tympanogram is a graphic representation of the relationship of external auditory canal air pressure to impedance; the latter is usually reported in terms of tone of its derivatives' compliance in arbitrary units. Pressure in the external auditory canal is varied from -200 daPa through +200 daPa while monitoring impedance. Impedance is the lowest (maximal compliance) when pressure in the canal equals pressure in the middle ear. Ears can be classified into three basic groups (Type A, Type B and Type C) on the basis of the configuration of the tympanogram.

- **Acoustic Reflex (AR):** Contraction of the stapedius muscle occurs with loud sounds, producing a measurable change in compliance.

Diagnostic Audiometry: Consists of a battery of tests intended to determine the site of lesion in patients with otologic or neurologic disorders. The constellation of tests varies according to the available test battery and provisional diagnosis.

- **Immittance Audiometry** (see above).
- **PI-PB Functions** – Speech discrimination is plotted as a function of sound intensity. Normally, discrimination improves with intensity up to a maximal level, then plateaus. In eighth-nerve disorders, discrimination often declines dramatically as intensity increases above the level yielding maximum performances.
- **Bekesy Audiometry** – This test has a significant historical interest in the development of assessment of hearing. However, today it is used predominantly only in industrial and military hearing screening situations. A patient traces his own auditory threshold by means of a self-recording audiometer. Tracings are obtained for pulsed as well as continuous tones. The relationship between the two categories can be categorized into diagnostic patterns.
- **Tone Decay Tests** – Abnormal adaptation to a continuous tone is seen in retro-cochlear lesions.
- **Stenger Test** – Performed to detect malingering of unilateral loss. If sound is presented to both ears, a patient will deny hearing in the ear with the feigned loss. If sound is presented to the good ear at a suprathreshold level, simultaneous to a louder sound in the questionable ear, a malingerer will localize the sound to his “bad” ear, and therefore deny hearing anything at all.
- **ABR – Evoked Auditory Brainstem Responses** – Scalp electrodes measure electrical activity in response to sound clicks. The response is quite small in relation to other ongoing brain activity, but by presenting a large number of clicks and averaging the responses by computer, unrelated events can be canceled out. This is useful for documenting hearing in uncooperative or unresponsive patients. The disadvantage is that it tests mainly the 1,000–4,000 Hertz frequency range of hearing and is a poor indicator of the overall auditory function. An abnormal ABR is seen in eighth-nerve or brainstem lesions.
- **ECOG (Electrocochleography)** – Electrical activity is measured from the promontory, and responses to a large number of clicks are averaged. These will be abnormal in eighth-cranial-nerve lesions and certain cochlear disorders.

Audiologist's Services

Audiological diagnostic testing refers to tests of the audiological and vestibular systems, e.g., hearing, balance, auditory processing, tinnitus and diagnostic programming of certain prosthetic devices, performed by qualified audiologists.

Audiological tests require the skills of an audiologist and shall be furnished by qualified audiologists or, in states where it is allowed by state and local laws, by a physician or Non-Physician Practitioner (NPP). Medicare is not authorized to pay for these services when performed by audiological aides, assistants, technicians or others who do not meet the qualifications below. In cases where it is not clear, the Medicare contractor shall determine whether a service is an audiological service that requires the skills of an audiologist and whether the qualifications for an audiologist have been met.

Diagnostic testing, including hearing and balance assessment services, performed by a qualified audiologist is covered as “other diagnostic tests” under Section 1861(s)(3) of the Social Security Act. This type of testing can be allowed when a physician orders the tests to obtain information as part of his diagnostic evaluation or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem. Payment for diagnostic services performed by a qualified audiologist is determined by the reason the tests were performed, rather than the diagnosis or the patient’s condition.

The practice of the profession of audiology means the application of principles, methods and procedures of measurement, testing, evaluation, consultation, counseling, instruction and rehabilitation related to hearing, its disorders, and related communication and impairments for the purpose of non-medical diagnosis, prevention, identification, amelioration or modification of such disorders and conditions in individuals and/or groups of individuals.

As provided in Section 1861(II)(3) of the Social Security Act, a qualified audiologist is an individual with a master's degree or doctoral degree in audiology and who has a valid license issued by the state in which the services are rendered.

In addition to the above qualification criteria, the following requirements must also be met:

- The testing is ordered by a physician to obtain additional information to evaluate the need for or appropriate type of medical or surgical treatment for a hearing deficit or related medical problem even if the only outcome is the prescription of a hearing aid.
- The name of the physician ordering the testing is reported on the audiologist's claim. For example, if a beneficiary undergoes diagnostic testing performed by an audiologist without a physician's referral, these tests are not covered even if the audiologist discovers a pathologic condition.

The entity billing for the audiologist's services may accept assignment under the usual procedure or, if not accepting assignment, may charge the patient and submit a non-assigned claim on his behalf.

Individuals Who Provide Audiological Tests: Some diagnostic audiological tests require, for both the technical and professional components, the skills of an audiologist to perform the test and interpret not only the data output, but also the manner of the patient's response to the test. These tests must be personally furnished by an audiologist or a physician. The skills of an audiologist required when furnishing the ordered diagnostic tests involve skilled judgment or assessment including but not limited to:

- Interpretation, comparison or consideration of the anatomical or physiological implications of test results or patient responsiveness to stimuli during the test.
- Modification of the stimulus based on responses obtained during the test.
- Choices for subsequent presentations of stimuli, or tests in a battery of tests.
- Tests related to implantation of auditory prosthetic devices, central auditory processing or contralateral masking.
- Tests designed to identify central auditory processing disorders, tinnitus or non-organic hearing loss.

The technical components of certain audiological diagnostic tests, i.e., tympanometry (92567) and vestibular function tests (e.g., 92541) that do not require the skills of an audiologist may be performed by a qualified technician or by an audiologist, physician or NPP acting within his scope of practice. If performed by a technician, the service must be provided under the direct supervision [42 CFR §410.32(3)] of a physician or qualified NPP who is responsible for all clinical judgment and for the appropriate provision of the service. The physician or qualified NPP bills the directly supervised service as a diagnostic test.

Indications

- Vestibular function tests and/or diagnostic audiometric tests are covered when testing is for the purpose of determining the appropriate **medical or surgical** treatment for disorders of auditory, balance and other neural systems.

- For conductive hearing loss, hearing should be retested after medical or surgical treatment or observation. For sensorineural hearing loss, the audiologist or physician will recommend when reasonable and necessary repeat testing should be done. Since hearing may change or fluctuate, it is important to detect this as early as possible to prevent further loss and to obtain medical treatment if needed. Billing for any testing assumes that the provider has a reasonable expectation that the patient will require medical or surgical treatment. Repeat testing for age-related hearing loss either as a follow-up or to screen for hearing aids is non-covered.
- Audiologic testing (CPT codes 92553, 92557, 92568, 92569) may be performed for patients on continuing (current) long-term (more than 14 days) use of antibiotics known to be ototoxic, such as streptomycin and aminoglycosides.
- If a physician refers a beneficiary to an audiologist for evaluation of signs and symptoms associated with hearing loss or ear injury, the audiologist's diagnostic services are covered, even if the only outcome is the prescription of a hearing aid.
- Services by an independent audiologist to beneficiaries in a Part B SNF stay (beneficiaries who have exhausted their Part A covered SNF stay) are payable under Part B. The provider should bill these services directly to the Part B Carrier.
- Diagnostic analysis of cochlear or brain stem implant and programming are audiology diagnostic services covered under the "other diagnostic test" benefit. Audiological diagnostic tests before and periodically after implantation of auditory prosthetic devices are covered services.

Limitations

- Screening evaluation or testing for hearing aid evaluation is specifically excluded. This exclusion does not apply to the evaluation for the auditory osseointegrated device, known as the Bone-Anchored Hearing Aid (BAHA) device.
- Services are excluded under Section 1862(a)(7) of the Social Security Act when the diagnostic information required to determine the appropriate medical or surgical treatment is already known to the physician or is not under consideration and the diagnostic services are performed only to determine the need for the appropriate type of hearing aid the services are excluded from Medicare coverage whether performed by a physician or non-physician.
- If a beneficiary undergoes diagnostic testing performed by an audiologist without a physician's referral, these tests are not covered even if the audiologist discovers a pathologic condition.
- Services documented as audiological services when furnished through use of computer-administered tests that do not require the skills of an audiologist.
- Audiological services billed as incident to the service of a physician or NPP or as services incident to an audiologist's services.
- When a qualified physician or qualified NPP orders a specific audiological test using the CPT descriptor for the test, only that test may be provided on that order. Further orders are necessary if the ordered test indicates that other tests are necessary to evaluate, for example, the type or cause of the condition. Orders for specific tests are required for technicians. However, when the qualified physician or qualified NPP orders diagnostic audiological tests by an audiologist without naming specific tests, the audiologist may select the appropriate battery of tests.

Note: Type of Bill and Revenue Codes DO NOT apply to Part B.

Coverage Topic

Diagnostic Tests and X-Rays

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
18x	Hospital-swing beds
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
28x	SNF-swing beds
71x	Clinic-rural health
73x	Clinic-independent provider based FQHC (eff 10/91)
74x	Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97)
75x	Clinic-CORF
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Note: TrailBlazer has identified the Type of Bill (TOB) and Revenue Center (RC) codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all the CPT/HCPCS codes listed can be billed with all the TOB and/or RC codes listed. CPT/HCPCS codes are required to be billed with specific TOB and RC codes. Providers are encouraged to refer to the CMS *Internet-Only Manual* (IOM) Pub. 100-04, *Claims Processing Manual*, for further guidance.

047X	Audiology-general classification
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CPT/HCPCS Codes

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book. The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) require the use of short CPT descriptors in policies published on the Web.

92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING
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92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS), WITH RECORDING
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING
92545	OSCILLATING TRACKING TEST, WITH RECORDING
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY
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)
92561	BEKESY AUDIOMETRY; DIAGNOSTIC
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL
92563	TONE DECAY TEST
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)
92565	STENGER TEST, PURE TONE
92567	TYMPANOMETRY (IMPEDANCE TESTING)
92568	ACOUSTIC REFLEX TESTING; THRESHOLD
92569	ACOUSTIC REFLEX TESTING; DECAY
92571	FILTERED SPEECH TEST
92572	STAGGERED SPONDAIC WORD TEST
92575	SENSORINEURAL ACUITY LEVEL TEST
92576	SYNTHETIC SENTENCE IDENTIFICATION 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	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH PROGRAMMING
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES

ICD-9 Codes that Support Medical Necessity

Note: Providers should continue to submit ICD-9-CM diagnosis codes without decimals on their claim forms and electronic claims.

Note: Limited coverage is not being established for CPT codes 92601, 92602, 92603 and 92604 at this time.

The CPT/HCPCS codes included in this LCD will be subjected to “procedure to diagnosis” editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 92541, 92542, 92543, 92544, 92545, 92546, 92547, 92552, 92553, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92565, 92567, 92568, 92569, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92585, 92586, 92587, 92588, 92620 and 92621:**

Covered for:

015.60	TUBERCULOSIS OF MASTOID UNSPECIFIED EXAMINATION
017.40	TUBERCULOSIS OF EAR UNSPECIFIED EXAMINATION
053.0	HERPES ZOSTER WITH MENINGITIS
053.10 - 053.14	HERPES ZOSTER WITH UNSPECIFIED NERVOUS SYSTEM COMPLICATION - HERPES ZOSTER MYELITIS
053.19	HERPES ZOSTER WITH OTHER NERVOUS SYSTEM COMPLICATIONS
053.20 - 053.22	HERPES ZOSTER DERMATITIS OF EYELID - HERPES ZOSTER IRIDOCYCLITIS
053.29	HERPES ZOSTER WITH OTHER OPHTHALMIC COMPLICATIONS
053.71	OTITIS EXTERNA DUE TO HERPES ZOSTER
053.79	HERPES ZOSTER WITH OTHER SPECIFIED COMPLICATIONS
053.8 - 053.9	HERPES ZOSTER WITH UNSPECIFIED COMPLICATION - HERPES ZOSTER WITHOUT COMPLICATION
055.2	POSTMEASLES OTITIS MEDIA
094.86	SYPHILITIC ACOUSTIC NEURITIS
192.0	MALIGNANT NEOPLASM OF CRANIAL NERVES
198.4	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM
225.1	BENIGN NEOPLASM OF CRANIAL NERVES
237.9	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED PARTS OF NERVOUS SYSTEM
239.7	NEOPLASM OF UNSPECIFIED NATURE OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM
306.7	DISORDER OF ORGANS OF SPECIAL SENSE ARISING FROM MENTAL FACTORS
325	PHLEBITIS AND THROMBOPHLEBITIS OF INTRACRANIAL VENOUS SINUSES
326	LATE EFFECTS OF INTRACRANIAL ABSCESS OR PYOGENIC INFECTION
351.0	BELL'S PALSY
380.50 - 380.53	ACQUIRED STENOSIS OF EXTERNAL EAR CANAL UNSPECIFIED AS TO CAUSE - ACQUIRED STENOSIS OF EXTERNAL EAR CANAL SECONDARY TO INFLAMMATION
380.81	EXOSTOSIS OF EXTERNAL EAR CANAL
380.89	OTHER DISORDERS OF EXTERNAL EAR

381.10	CHRONIC SEROUS OTITIS MEDIA SIMPLE OR UNSPECIFIED
381.19	OTHER CHRONIC SEROUS OTITIS MEDIA
381.20	CHRONIC MUCOID OTITIS MEDIA SIMPLE OR UNSPECIFIED
381.29	OTHER CHRONIC MUCOID OTITIS MEDIA
381.3 - 381.4	OTHER AND UNSPECIFIED CHRONIC NONSUPPURATIVE OTITIS MEDIA - NONSUPPURATIVE OTITIS MEDIA NOT SPECIFIED AS ACUTE OR CHRONIC
381.50 - 381.52	EUSTACHIAN SALPINGITIS UNSPECIFIED - CHRONIC EUSTACHIAN SALPINGITIS
381.60 - 381.63	OBSTRUCTION OF EUSTACHIAN TUBE UNSPECIFIED - EXTRINSIC CARTILAGENOUS OBSTRUCTION OF EUSTACHIAN TUBE
381.7	PATULOUS EUSTACHIAN TUBE
381.81	DYSFUNCTION OF EUSTACHIAN TUBE
381.89	OTHER DISORDERS OF EUSTACHIAN TUBE
382.1 - 382.4	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA - UNSPECIFIED SUPPURATIVE OTITIS MEDIA
383.00 - 383.02	ACUTE MASTOIDITIS WITHOUT COMPLICATIONS - ACUTE MASTOIDITIS WITH OTHER COMPLICATIONS
383.1	CHRONIC MASTOIDITIS
383.20 - 383.22	PETROSITIS UNSPECIFIED - CHRONIC PETROSITIS
383.30 - 383.33	POSTMASTOIDECTOMY COMPLICATION UNSPECIFIED - GRANULATIONS OF POSTMASTOIDECTOMY CAVITY
383.81	POSTAURICULAR FISTULA
383.89	OTHER DISORDERS OF MASTOID
383.9	UNSPECIFIED MASTOIDITIS
384.00 - 384.01	ACUTE MYRINGITIS UNSPECIFIED - BULLOUS MYRINGITIS
384.20 - 384.25	PERFORATION OF TYMPANIC MEMBRANE UNSPECIFIED - TOTAL PERFORATION OF TYMPANIC MEMBRANE
384.81 - 384.82	ATROPHIC FLACCID TYMPANIC MEMBRANE - ATROPHIC NONFLACCID TYMPANIC MEMBRANE
385.00 - 385.03	TYMPANOSCLEROSIS UNSPECIFIED AS TO INVOLVEMENT - TYMPANOSCLEROSIS INVOLVING TYMPANIC MEMBRANE EAR OSSICLES AND MIDDLE EAR
385.09	

TYMPANOSCLEROSIS INVOLVING OTHER
COMBINATION OF STRUCTURES

385.10 - 385.13

ADHESIVE MIDDLE EAR DISEASE UNSPECIFIED AS
TO INVOLVEMENT - ADHESIONS OF DRUM HEAD
TO PROMONTORIUM

385.19

OTHER MIDDLE EAR ADHESIONS AND
COMBINATIONS

385.30 - 385.33

CHOLESTEATOMA UNSPECIFIED -
CHOLESTEATOMA OF MIDDLE EAR AND MASTOID

385.35

DIFFUSE CHOLESTEATOSIS OF MIDDLE EAR AND
MASTOID

385.82 - 385.83

CHOLESTERIN GRANULOMA OF MIDDLE EAR -
RETAINED FOREIGN BODY OF MIDDLE EAR

385.89

OTHER DISORDERS OF MIDDLE EAR AND
MASTOID

385.9

UNSPECIFIED DISORDER OF MIDDLE EAR AND
MASTOID

386.00 - 386.04

MÉNIÈRE'S DISEASE, UNSPECIFIED - INACTIVE
MÉNIÈRE'S DISEASE

386.10 - 386.12

PERIPHERAL VERTIGO UNSPECIFIED -
VESTIBULAR NEURONITIS

386.19

OTHER PERIPHERAL VERTIGO

386.2

VERTIGO OF CENTRAL ORIGIN

386.30 - 386.35

LABYRINTHITIS UNSPECIFIED - VIRAL
LABYRINTHITIS

386.40 - 386.43

LABYRINTHINE FISTULA UNSPECIFIED -
SEMICIRCULAR CANAL FISTULA

386.48

LABYRINTHINE FISTULA OF COMBINED SITES

386.50 - 386.56

LABYRINTHINE DYSFUNCTION UNSPECIFIED -
LOSS OF LABYRINTHINE REACTIVITY BILATERAL

386.58

OTHER FORMS AND COMBINATIONS OF
LABYRINTHINE DYSFUNCTION

386.8 - 386.9

OTHER DISORDERS OF LABYRINTH - UNSPECIFIED
VERTIGINOUS SYNDROMES AND LABYRINTHINE
DISORDERS

387.0 - 387.2

OTOSCLEROSIS INVOLVING OVAL WINDOW
NONOBLITERATIVE - COCHLEAR OTOSCLEROSIS

387.8 - 387.9

OTHER OTOSCLEROSIS - OTOSCLEROSIS
UNSPECIFIED

388.00 - 388.02

DEGENERATIVE AND VASCULAR DISORDERS
UNSPECIFIED - TRANSIENT ISCHEMIC DEAFNESS

388.10 - 388.12

NOISE EFFECTS ON INNER EAR UNSPECIFIED -
NOISE-INDUCED HEARING LOSS

388.2

SUDDEN HEARING LOSS UNSPECIFIED

388.30 - 388.32	TINNITUS UNSPECIFIED - OBJECTIVE TINNITUS
388.40 - 388.45	ABNORMAL AUDITORY PERCEPTION UNSPECIFIED - ACQUIRED AUDITORY PROCESSING DISORDER
388.5	DISORDERS OF ACOUSTIC NERVE
388.60 - 388.61	OTORRHEA UNSPECIFIED - CEREBROSPINAL FLUID OTORRHEA
388.69	OTHER OTORRHEA
389.00 - 389.04	CONDUCTIVE HEARING LOSS UNSPECIFIED - CONDUCTIVE HEARING LOSS INNER EAR
389.08	CONDUCTIVE HEARING LOSS OF COMBINED TYPES
389.10 - 389.18	SENSORINEURAL HEARING LOSS UNSPECIFIED - SENSORINEURAL HEARING LOSS, BILATERAL
389.20 - 389.22	MIXED HEARING LOSS, UNSPECIFIED - MIXED HEARING LOSS, BILATERAL
389.9	UNSPECIFIED HEARING LOSS
781.94	FACIAL WEAKNESS
872.61	OPEN WOUND OF EAR DRUM UNCOMPLICATED
993.0	BAROTRAUMA OTITIC
V12.40	PERSONAL HISTORY OF UNSPECIFIED DISORDER OF NERVOUS SYSTEM AND SENSE ORGANS
V12.49	PERSONAL HISTORY OF OTHER DISORDERS OF NERVOUS SYSTEM AND SENSE ORGANS
V58.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
V58.12	ENCOUNTER FOR IMMUNOTHERAPY FOR NEOPLASTIC CONDITION
V66.2	CONVALESCENCE FOLLOWING CHEMOTHERAPY

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

All diagnoses not listed in the “ICD-9-CM Codes that Support Medical Necessity” section of this LCD.

General Information

Documentation Requirements

- Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record and made available to Medicare upon request.
- Each claim must be submitted with ICD-9-CM codes that reflect the condition of the patient, and indicate the reason(s) for which the service was performed. Claims submitted without ICD-9-CM codes will be returned.
- The Unique Physician Identification Number (UPIN) of the physician ordering the testing must always be submitted by audiologists. It must be indicated in Item 17a of the CMS-1500 Part B claim form, or in the EA0 record, field 22.0 for electronic claims.
- The total number of timed minutes must be documented in the medical record.
- The “other diagnostic tests” benefit requires an order from a physician or, where allowed by state and local law, by an NPP.
- The reason for the test should be documented either on the order, the audiological evaluation report, or in the patient’s medical record. Examples of appropriate reasons include but are not limited to:
 - Evaluation of suspected change in hearing, tinnitus or balance.
 - Evaluation of the cause of disorders of hearing, tinnitus or balance.
 - Determination of the effect of medication, surgery or other treatment.
 - Re-evaluation (follow-up changes in hearing, tinnitus or balance) that may be caused by, but are not limited to, otosclerosis, atelectatic tympanic membrane, tympanosclerosis, cholesteatoma, resolving middle-ear infection, Meniere’s disease, sudden idiopathic sensorineural hearing loss, autoimmune inner-ear disease, acoustic neuroma, demyelinating diseases, ototoxicity secondary to medications, genetic, vascular and viral conditions.
 - Screening tests are not payable, but failure of a screening test may be an appropriate reason for diagnostic audiological tests.
- The medical record shall identify the name and professional identity of the person who ordered the service and the person who actually performed the service. When the medical record is subject to medical review, it is necessary for the contractor to determine that the service qualifies as an audiological diagnostic test that requires the skills of an audiologist. A technician must meet qualifications determined by the Medicare contractor to whom the claim is billed. At a minimum, the qualifications must include the requirements of any applicable state or local laws and successful completion of a curriculum including both classroom training and supervised clinical experience in administration of the audiological service.
- If a technician performs the technical component of a service that does not require the skills of an audiologist, the physician supervisor shall provide and document the physician’s professional component of the service including clinical decision-making and other active participation in the delivery of the service. This participation may not also be billed as evaluation and management or as part of other billed services.

Appendices

Utilization Guidelines

When monitoring for antibiotic induced ototoxicity, it is anticipated that the audiologic testing (CPT codes 92553, 92557, 92567, 92568, 92569) services may be performed as frequently as once a month during the period in which the beneficiary is receiving the antibiotic.

Based on information from the *Coder's Desk Reference* for procedures:

- Medicare would not expect to see the following procedures billed more than **once** during a session:
 - 92541 – Electronystagmography (ENG) electrodes are placed on the patient to measure the difference between the patient's right and left vestibular functions. Recordings are made to detect spontaneous nystagmus.
 - 92542 – An ENG recording is made of the rapid eye movements occurring when the patient's head is placed in a variety of positions, e.g., supine with head extended dorsally, left, right and sitting. This is often done using infrared video recording systems. Based on the description of this code, the allowed amount for this code includes a minimum of four positions. This test should not be billed two times for two positions or any multiple increments.
 - 92544 – This test is usually done with a rotating drum of alternating light and dark vertical stripes. The drum is placed in front of the patient who is instructed to stare at the drum without focusing on a stripe. The drum is then rotated in one direction, reversed and rotated in the opposite direction. ENG electrodes are used to record nystagmus.
- Medicare would not expect to see the following procedures billed more than **twice** during a session:
 - 92545 – ENG electrodes are placed on the patient who is then asked to follow a swinging object (i.e., a ball) on a string. A recording is made of the patient's eye while it tracks the motion. The recording is then analyzed for smoothness.
 - 92546 – This test is done by seating the patient in a rotating chair and bending his head forward. ENG electrodes are placed on the patient while the chair is rotated. The patient's eyes remain closed during the procedure. A recording is made and studied to determine if there is an abnormal labyrinthine response on one side or the other.
- Medicare would not expect to see the following procedure billed more than **four times** during a session:
 - 92543 – Measurements are taken to determine the difference between the patient's right and left vestibular functions. Each ear is separately irrigated with cold water and then warm water to create nystagmus in the patient. Electronystagmography (ENG) recordings are evaluated to detect any difference between the right side and the left side. Four irrigations occur – a warm and cold irrigation for both the right and left ears. Use of this code indicates that, as the study is performed, measurements are recorded with an ENG. If the measurements are performed by physician observation, use code 92533. This code is billed based on the number of irrigations performed; up to four (two water temperatures in two ears).

- Re-evaluation is appropriate at a schedule dictated by the ordering physician when the information provided by the diagnostic test is required to determine changes in hearing, to evaluate the appropriate medical or surgical treatment or to evaluate the results of treatment.

Sources of Information and Basis for Decision

J4 (CO, NM, OK, TX) MAC Integration

TrailBlazer adopted the TrailBlazer LCD, “Vestibular & Auditory Function Tests,” for the Jurisdiction 4 (J4) MAC transition. Consolidated LCD will incorporate TrailBlazer’s descriptive clinical indications with Pinnacle’s ICD-9-CM diagnosis codes and the credentialing requirements.

Full disclosure of sources of information is found with original contractor LCDs.

Other Contractor Local Coverage Determinations

“Vestibular and Audiologic Function Tests,” TrailBlazer LCD, (00400) L21257, (00900) L21244.

“Audiology Services,” Arkansas BlueCross BlueShield (Pinnacle) LCD, (NM, OK) L11991 and L11992.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/20/2007

Revision History Number

R1

Revision History Explanation

R1

12/19/2008

Per CR 6236, added statement to the “Coding Guidelines” section of the related article: “Use CPT code 95992 for canalith repositioning procedures (Epley Maneuver, Semont Maneuver). This is a bundled service and is not separately payable by Medicare.” Effective date: 01/01/2009.

06/13/2008

LCD effective in TX Part A and Part B and Part A CO and NM 06/13/2008.

04/28/2008 LCD and related article updated to accommodate changes required of CMS' Change Request (CR) 5717 (e.g., requirements of individuals performing audiological tests and coverage of audiological tests of certain prosthetic devices, performed by qualified audiologists (see "*Audiologist's Services*"); clearly specified medical record documentation requirements (see "*Documentation Requirements*"); audiological diagnostic tests are not covered under the "incident to" benefit (see "*Reasons for Denial*" in related article) and various coding guidelines "*Coding Guidelines*" in related article). **Effective date for OK (Part A & Part B), for CO (Part B) and NM (Part B):** 04/01/2008 (per CR). **Effective date for CO (Part A), NM (Part A) and TX (Part A & Part B):** 06/13/2008 (cutover date).

03/21/2008

LCD effective in CO Part B 03/21/2008.

03/01/2008

LCD effective in NM Part B and OK Part A and Part B 03/01/2008

02/22/2008 Added 92587 to the list of CPT Codes in the limited coverage statement. **Effective for each state based upon cutover date.**

01/17/2008 Per provider request, requirement of "sound-proof environment" replaced with "controlled acoustic environment as per ANSI specifications" for basic audiometry (see Indications and Limitations section - Basic Audiometry).

12/20/2007 Consolidated LCD posted for notice effective: 12/20/2007.

Reason for Change

Last Reviewed On Date

Related Documents

This LCD has no Related Documents.

LCD Attachments

Article 4F-67AB-R1 (HTM - 57,860 bytes)

Other Versions

Updated on 08/10/2008 with effective dates 03/01/2008 - 12/18/2008

Updated on 05/22/2008 with effective dates 03/01/2008 - N/A

Updated on 04/30/2008 with effective dates 03/01/2008 - N/A

Updated on 04/29/2008 with effective dates 03/01/2008 - N/A

Updated on 04/25/2008 with effective dates 03/01/2008 - N/A

Updated on 02/21/2008 with effective dates 03/01/2008 - N/A

Updated on 02/21/2008 with effective dates 03/01/2008 - N/A

Updated on 02/18/2008 with effective dates 03/01/2008 - N/A

Updated on 01/24/2008 with effective dates 03/01/2008 - N/A

Updated on 12/14/2007 with effective dates 03/01/2008 - N/A

Updated on 12/12/2007 with effective dates 03/01/2008 - N/A