

# **LCD for Audiologic and VESTIBULAR FUNCTION Testing (L27390)**

## **Contractor Information**

### **Contractor Name**

National Government Services, Inc.

### **Contractor Number**

13102

### **Contractor Type**

MAC - Part B

## **LCD Information**

### **LCD ID Number**

L27390

### **LCD Title**

Audiologic and **VESTIBULAR FUNCTION** Testing

### **Contractor's Determination Number**

L27390

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## **CMS National Coverage Policy**

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

### Title XVIII of the Social Security Act (SSA):

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1861(II)(2) of the Social Security Act includes diagnostic tests for which Medicare payment may be made to audiologists include hearing and balance assessment services.

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1862(a)(7) excludes routine physical examinations, unless otherwise covered by statute.

Code of Federal Regulations:

42 CFR, Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 1:

50 Other Diagnostic or Therapeutic Items or Services

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

80.3 Audiological Diagnostic Testing

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 16:

90 Routine Services and Appliances

100 Hearing Aids and Auditory Implants

CMS Publication 100-03, *Medicare National Coverage Determinations Manual*, Part 1: Cochlear Implantation (Effective April 4, 2005)

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 5: Part B Outpatient Rehabilitation and CORF Services

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 6:

10.3 Types of Services Subject to the Consolidated Billing Requirement for SNFs

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 7:

40.1 Audiologic Tests

CMS Publication 100-4, *Medicare Claims Processing Manual*, Chapter 12:

30.3 Audiological Diagnostic Tests, Speech-Language Evaluations and Treatments

**Primary Geographic Jurisdiction**

Connecticut

**Oversight Region**

**Original Determination Effective Date**

For services performed on or after 11/15/2008

**Original Determination Ending Date**

**Revision Effective Date**

**Revision Ending Date**

**Indications and Limitations of Coverage and/or Medical Necessity**

This LCD describes coverage for audiometric, otologic, and vestibular evaluation procedures and evaluative and/or therapeutic services following cochlear implants. The testing procedures listed in this policy imply the use of calibrated electronic equipment. Other hearing tests, such as whispered voice, and tuning fork, are considered part of the general otorhinolaryngologic examination and are not billed separately. All CPT descriptors refer to testing in both ears.

Accurate assessment of hearing (audiometry) is vital to the diagnostic evaluation of patients with suspected otologic disorders for the determination of the underlying pathological process, as well as in the planning of the treatment and 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 allowing objective assessment of hearing in infants and small children, the mentally impaired, malingerers, and hysterics.

Vestibular tests are tests of balance function. Their purpose is to evaluate the vestibular portion of the inner ear. Dizziness may be caused by the inner ear, but also by brain dysfunction and medical disorders such as low blood pressure, or by psychological problems such as anxiety. Vestibular tests are more accurate than clinical examination in identifying inner ear disorders. Hearing pathway tests (audiometry, ABR, ECOG) can also be used for the same purpose, and are frequently combined with vestibular tests.

Diagnostic testing, including hearing assessment services, performed by a qualified audiologist, is paid for as "other diagnostic tests" under Section 1861(s)(3) of the Act. This type of testing requires that a physician orders testing to obtain information as part of a diagnostic evaluation, or to determine the appropriate medical or surgical treatment of a hearing deficit or other medical problem.

*Section 1861(II)(3) of the Act, provides that a qualified audiologist is an individual with a master's degree or doctoral degree in audiology. Therefore, a Doctor of Audiology (AuD) 4th year student with a provisional license from a State does not qualify unless he or she also holds a master's or doctoral degree in audiology. In addition, a qualified audiologist is an individual who:*

- Is licensed as an audiologist by the State in which the individual furnishes such services, or*
- In the case of an individual who furnishes services in a State which does not license audiologists has:*

- Successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating such supervised clinical experience) and
- Performed not less than 9 months of supervised full-time audiology services after obtaining a master's or doctoral degree in audiology or a related field, and
- Successfully completed a national examination in audiology approved by the Secretary. (See CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 12, Section 80.3)

### **Indications:**

*Vestibular function tests use measures of nystagmus, analyzes multiple types of eye movement including pursuit and saccades and detects abnormalities of the inner and central nervous system.*

1. *The spontaneous nystagmus test (92541) uses electronystagmography (ENG) electrodes and infrared video recording to detect and record spontaneous nystagmus.*
2. *The positional nystagmus test (92542) uses ENG electrodes and infrared video recording system to measure nystagmus in a minimum of five (5) head positions.*
3. *In the caloric vestibular test (92543), each ear is irrigated with warm and cold air or water and ENG recordings are made to detect differences in right and left nystagmus.*
4. *The optokenetic nystagmus test (92544) uses a bi-directional rotating drum with ENG electrodes and infrared video recording to record nystagmus.*
5. *The oscillating tracking test (92545) uses a swinging object or computer-generated targets with ENG electrodes and infrared video recording to evaluate tracking motion.*
6. *Sinusoidal vertical axis rotational testing (92546) uses a rotary chair with ENG electrodes and infrared video recording to detect and record an abnormal labyrinthine response.*
7. *The use of vertical ENG electrodes (92547) is an additional measure to detect and record vertical and rotary nystagmus. CPT code 92547 should be reported in addition to the code(s) for the primary procedure(s) for each vestibular test performed (92541-92546).*

*Audiometry tests measure hearing sensitivity and acuity. Adequate testing requires an audiometer (device for presenting sounds to the patient at a precisely controlled intensity), a sound-treated environment, a qualified audiologist, and a cooperative patient. The standard testing battery includes: pure tone audiometry (tests the ability to hear specific tones), speech audiometry (tests the ability to hear and understand spoken words), and immittance audiometry (test of middle-ear function) with acoustic reflex of the middle-ear in response to sound.*

1. *Pure Tone Audiogram (92552, 92553):  
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. Sounds are tested with presentation by air conduction (earphones) as well as bone conduction (skull vibrator). Generally, air conduction and bone conduction thresholds are similar in sensorineural losses. In conductive hearing losses, bone conduction is normal or near normal, but air conduction thresholds are elevated. In a mixed hearing loss, there is difference between bone conduction and air conduction thresholds, but both air conduction and bone conduction thresholds are elevated.*

2. *Speech Audiometry (92555, 92556): Speech audiometry provides information about hearing handicap. Hearing difficulty may be worse than indicated by pure tone average (PTA) for the speech frequencies. This testing can be useful to determine candidacy for hearing aids. Poor speech audiometric performance, out of proportion to PTA, may suggest a retrocochlear cause of hearing loss.*

*Speech audiometry uses spoken words and sentences rather than pure tones to assess sensitivity (threshold) or understanding (intelligibility). Speech reception threshold is the level at which the patient can correctly repeat 50% of spondee words (i.e. bisyllabic words with similar stress on the two syllables used to test speech reception). Speech recognition is the percentage of words or sentences presented at a comfortable level above the speech reception threshold that a patient can correctly repeat.*
3. *Comprehensive audiometry (92557), threshold evaluation and speech recognition combines the elements of 92553 and 92556.*
4. *Bekesy Audiometry (92561), a patient traces his own auditory threshold with 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. (Industrial and military hearing screening situations use code 92560. These screenings are non-covered.)*
5. *Loudness balance test, alternate binaural or monaural (92562), compares how loud sound is in one ear compared to the other.*
6. *Tone Decay Tests (92563), a constant sound is given to see if the ability to hear sound weakens with time. Test differentiates between sensory hearing loss and neural hearing loss. Abnormal adaptation to a continuous tone is seen in retro-cochlear lesions.*
7. *Short increment sensitivity index (92564) is a test of recruitment in which very small increases in loudness are provided. The normal ear will not discriminate the difference but the sensorineural-impaired ear may.*
8. *Stenger Test, pure tone (92565), or speech (92577), is a functional test to determine the validity of other test results. A sound (tone or speech) is given into both ears at the same time to see if there are differences. These tests are often performed to detect malingering of unilateral loss.*
9. *Tympanometry (92567) is a graphic representation of dynamic acoustic immittance as a function of air pressure introduced into the external ear canal. Impedance is lowest (maximal compliance) when pressure in the canal equals pressure in the middle ear. Diagnostic findings are described in terms of static acoustic immittance (compliance), dynamic acoustic immittance pattern, middle-ear pressure, and ear canal volume. Tympanometry evaluates the mobility of the ear drum under varying ear canal air pressures. The diagnostic test data are used to infer the status of the tympanic membrane (e.g., patency of PE tube; presence or absence of perforation) and the status of middle ear (e.g., presence or absence of middle ear effusion).*
10. *Acoustic reflex testing (92568) measures contraction of the stapedius muscle with loud sounds. Acoustic reflex decay (ARD) (92569) measures adaptation of stapedial contraction over time. ARD also measures auditory nerve and brainstem disease. This test is indicated for suspected retrocochlear disease, asymmetric hearing or speech recognition loss, sudden onset hearing loss, or sudden onset tinnitus.*

11. *In the filtered speech test (92571), the subject is asked to repeat words that sound muffled. The test stimuli consist of one syllable words that have been low-pass filtered at 500 Hz. Two practice words and 20 test words are presented to each ear. Tests perception in everyday situations (background noise, rapid speech rate, poor articulation, accent, dialect, etc.), is used to detect central auditory processing disorders.*
12. *Staggered spondaic word test (92572), also called the SSW test, is given as part of a larger battery of diagnostic tests to determine central auditory processing disorders (CAPD). The patient is asked to repeat a group of words presented to one or both ears at the same time. Purpose of the test is to determine how well the patient understands, interprets, and remembers a spoken message. It is commonly used with children.*
13. *The Lombard test is a functional test to determine validity of other test results. A masking sound is introduced while the patient is speaking. Malingerers raise the volume of their own speech to match the masking sound. The Stenger Test is used more commonly for this than the Lombard. Use CPT code 92700 (unlisted otorhinolaryngological service or procedure) to report the Lombard test.*
14. *Sensorineural acuity level test (92575) determines the air conduction threshold under earphones in an unmasked condition. Masking noise is introduced via a bone conduction oscillator affixed to the patient's forehead. As the masking level is increased, the air conduction threshold of each respective ear begins to increase at the point that the cochlea is being effectively masked by the noise. This provides an index of conduction hearing loss in situations where traditional masking techniques are not possible.*
15. *The synthetic sentence identification test (92576) is a procedure where the patient hears third-order synthetic sentences in one ear while listening to competing speech. The patient is required to listen to the synthetic sentence, identify it from a written list before the patient, and call out the corresponding sentence number. In a variation of the test procedure, both the target sentence and the competing message are presented from the single source (i.e., earphone or speaker). The presentation level of the competing message's loudness is varied. The synthetic sentence identification test is useful in diagnosis of central auditory processing disorders. It is also useful to estimate speech identification in background noise.*
16. *Visual reinforcement audiometry (92579) is a behavioral test for infants, young children, or individuals with neurodevelopmental disabilities that prohibit standard behavioral responses (e.g., raising the hand). The test may be conducted using earphones or sound field speakers. The premise of the test is to provide visual reinforcement (typically an illuminated toy in a box above the sound field speaker) when the child responds appropriate to auditory stimulation. Covered neurodevelopmental disabilities include mental retardation, autism, and cerebral palsy.*
17. *Play audiometry/conditioned orientation reflex (92582) is a behavioral test for infants or young children. The child is trained through an operant conditioning paradigm to manually respond (e.g., dropping a block in a bucket, placing a peg in a pegboard) when stimulated by an acoustic signal presented typically through earphones. This procedure uses minimum response levels to estimate auditory thresholds. In the Medicare population, this test may be used for patients with mental retardation.*
18. *Electrocochleography (ECOG) (92584) measures electrical activity evoked from the cochlea using click or tone burst stimulation and signal averaging recording techniques. This test will be abnormal in certain cochlear disorders. This test is commonly performed with electrodes placed in the ear canal or on the eardrum.*

19. *Evoked Auditory Brainstem Responses, comprehensive (92585), and limited (92586) uses scalp electrodes to measure electrical activity in the auditory nerve and brainstem in response to click stimuli. This is useful for documenting hearing in uncooperative or unresponsive patients. The stimulated frequency area of the cochlea limits the test to primarily frequencies in the 1,000-4,000 Hertz range. The procedure is useful as an estimate of hearing sensitivity in the high frequency portion of the cochlea but is a poor indicator of overall auditory function when clicks are used. However, a variation of this procedure using frequency specific tone bursts is useful to estimate frequency specific hearing thresholds. It is also useful to detect eighth nerve or brainstem lesions.*
20. *Evoked otoacoustic emissions, limited (92587), or comprehensive (92588) measure cochlear activity in response to clicks or pairs of tones. Transient emissions are responses to clicks and give an overall picture of cochlear functions across a wide range of frequencies. Distortion product emissions are responses to pairs of tones and can be used to determine physiologic thresholds at specific frequencies. They are often used as a screening test in infants (92587) or as a diagnostic test for a detailed assessment of cochlear function and site of lesion determination (92588).*
21. *Evaluation of central auditory function testing (92620 and 92621) uses tests of degraded speech intelligibility, dichotic speech tests, and psychoacoustic tasks to assess auditory processing abilities involving central nervous system structures. These tests are useful to determine the presence of a central auditory processing disorder.*
22. *Assessment of tinnitus testing (92625) determines the exact nature of the tinnitus sound to develop a masking process to ameliorate the disorder. The evaluation includes frequency (pitch matching), perceived loudness determination, and residual masking measurements.*
23. *Assessment of auditory rehabilitation status (92626/92627) determines the patient's ability to use residual hearing to understand speech with the assistance of a hearing aid. The procedure includes a battery of speech tests that examine a patient's ability to understand sentences, single words, and individual parts of speech. It may also include certain psychoacoustic tests that determine that patient's ability to detect changes in acoustic signal characteristics. It is useful to assist in the determination of cochlear implant candidacy. It can also be useful to monitor the patient's status with regard to speech understanding post implant.*

***Limitations:***

*Screening evaluation or testing for hearing aid evaluation are specifically excluded from Medicare coverage.*

*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 medical or surgical treatment are not under consideration and the diagnostic services are performed only to determine the need for the appropriate type of hearing aid.*

*If a beneficiary undergoes diagnostic testing performed by an audiologist without a physician's referral, then these tests are not covered, even if the audiologist discovers a pathologic condition.*

*In a nursing home, a sound-treated environment may not be available. In this and other places of service where a sound treated room is not available, tests of air and bone conduction may be performed if insert earphones are utilized and if the audiologist has measured and documented the level of background noise. The audiologist must document that the acoustic environment meets American National Standards Institute (ANSI) specifications for such testing.*

*CPT code 92584 may be medically necessary to evaluate the status of the cochlea and may be performed independent of 92585 or 92586.*

***Other Comments:***

## **LCD Category**

### **Clinical Diagnostic Tests**

*This LCD consolidates and replaces all previous policies and publications on this subject by the carrier and fiscal intermediary predecessors of National Government Services (AdminaStar Federal, Anthem Health Plans of New Hampshire, Associated Hospital Service, Empire Medicare Services, Group Health Incorporated (GHI), HealthNow, First Coast Service Options (CT) and United Government Services).*

*For CT and NY Part A contracts (numbers 13101 and 13201, respectively), this Local Coverage Determination (L27390) replaces LCD #L28190 as the policy in notice. This document (L27390) is effective on 11/15/2008 for all National Government Services contracts, including all NY and CT Jurisdiction 13 Medicare Administrative Contractor contracts.*

*For claims submitted to the fiscal intermediary: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated National Government Services to process their claims.*

*Bill type codes only apply to providers who bill these services to the fiscal intermediary. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier.*

*Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.*

*Notice to beneficiaries related to discharge and coverage notification, as described in CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 1, Sections 60 – 60.1.1, applies.*

*Hospitals have been instructed to provide Hospital-Issued Notices of Noncoverage (HINNs) to beneficiaries prior to admission, at admission, or at any point during an inpatient stay if the hospital determines that the care the beneficiary is receiving, or is about to receive, is not covered because it is:*

- *Not medically necessary;*
- *Not delivered in the most appropriate setting; or*
- *Is custodial in nature.*

*For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for audiologic and vestibular testing services as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)*

## **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.**

11x	Hospital-inpatient (including Part A)
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)
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
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.**

Revenue codes only apply to providers who bill these services to the fiscal intermediary. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

047X	Audiology-general classification
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## CPT/HCPCS Codes

92541	Spontaneous nystagmus test
92542	Positional nystagmus test
92543	Caloric vestibular test
92544	Optokinetic nystagmus test
92545	Oscillating tracking test
92546	Sinusoidal rotational test
92547	Supplemental electrical test
92552	Pure tone audiometry, air

92553	Audiometry, air & bone
92555	Speech threshold audiometry
92556	Speech audiometry, complete
92557	Comprehensive hearing test
92561	Bekesy audiometry, diagnosis
92562	Loudness balance test
92563	Tone decay hearing test
92564	Sisi hearing test
92565	Stenger test, pure tone
92567	Tympanometry
92568	Acoustic refl threshold tst
92569	Acoustic reflex decay test
92571	Filtered speech hearing test
92572	Staggered spondaic word test
92575	Sensorineural acuity test
92576	Synthetic sentence test
92577	Stenger test, speech
92579	Visual audiometry (vra)
92582	Conditioning play audiometry
92583	Select picture audiometry
92584	Electrocochleography
92585	Auditor evoke potent, compre
92586	Auditor evoke potent, limit
92587	Evoked auditory test
92588	Evoked auditory test
92620	Auditory function, 60 min
92621	Auditory function, + 15 min
92625	Tinnitus assessment
92626	Eval aud rehab status
92627	Eval aud status rehab add-on
92700	Ent procedure/service

**Non-covered tests include the following:**

92551	Pure tone hearing test, air
92559	Group audiometric testing
92560	Bekesy audiometry, screen
92590	Hearing aid exam, one ear

92591	Hearing aid exam, both ears
92592	Hearing aid check, one ear
92593	Hearing aid check, both ears
92594	Electro hearing aid test, one
92595	Electro hearing aid test, both
92596	Ear protector evaluation

### ICD-9 Codes that Support Medical Necessity

It is the responsibility of the provider to code to the highest level specified in the *ICD-9-CM* (e.g., to the fourth or fifth digit). The correct use of an ICD-9-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

**The following ICD-9-CM codes describe the conditions for which CPT codes 92541, 92542, 92543, 92544, 92545, 92546 and 92547 may be medically necessary.**

386.00	MÉNIÈRE'S DISEASE, UNSPECIFIED
386.01	ACTIVE MÉNIÈRE'S DISEASE, COCHLEOVESTIBULAR
386.02	ACTIVE MÉNIÈRE'S DISEASE, COCHLEAR
386.03	ACTIVE MÉNIÈRE'S DISEASE, VESTIBULAR
386.04	INACTIVE MÉNIÈRE'S DISEASE
386.10	PERIPHERAL VERTIGO UNSPECIFIED
386.11	BENIGN PAROXYSMAL POSITIONAL VERTIGO
386.12	VESTIBULAR NEURONITIS
386.19	OTHER PERIPHERAL VERTIGO
386.2	VERTIGO OF CENTRAL ORIGIN
386.30	LABYRINTHITIS UNSPECIFIED
386.31	SEROUS LABYRINTHITIS
386.32	CIRCUMSCRIBED LABYRINTHITIS
386.33	SUPPURATIVE LABYRINTHITIS
386.34	TOXIC LABYRINTHITIS
386.35	VIRAL LABYRINTHITIS
386.40	LABYRINTHINE FISTULA UNSPECIFIED
386.41	ROUND WINDOW FISTULA
386.42	OVAL WINDOW FISTULA
386.43	SEMICIRCULAR CANAL FISTULA
386.48	LABYRINTHINE FISTULA OF COMBINED SITES
386.50	LABYRINTHINE DYSFUNCTION UNSPECIFIED

386.51	HYPERACTIVE LABYRINTH UNILATERAL
386.52	HYPERACTIVE LABYRINTH BILATERAL
386.53	HYPOACTIVE LABYRINTH UNILATERAL
386.54	HYPOACTIVE LABYRINTH BILATERAL
386.55	LOSS OF LABYRINTHINE REACTIVITY UNILATERAL
386.56	LOSS OF LABYRINTHINE REACTIVITY BILATERAL
386.58	OTHER FORMS AND COMBINATIONS OF LABYRINTHINE DYSFUNCTION
386.8	OTHER DISORDERS OF LABYRINTH
386.9	UNSPECIFIED VERTIGINOUS SYNDROMES AND LABYRINTHINE DISORDERS
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL
389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.17	SENSORY HEARING LOSS, UNILATERAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL

**The following ICD-9-CM codes describe the conditions for which CPT codes 92552, 92553, 92555, 92556, 92557, 92567, 92568 and 92569 may be medically necessary.**

225.1	BENIGN NEOPLASM OF CRANIAL NERVES
300.11	CONVERSION DISORDER
381.00	ACUTE NONSUPPURATIVE OTITIS MEDIA UNSPECIFIED
381.01	ACUTE SEROUS OTITIS MEDIA
381.02	ACUTE MUCOID OTITIS MEDIA
381.03	ACUTE SANGUINOUS OTITIS MEDIA
381.04	ACUTE ALLERGIC SEROUS OTITIS MEDIA
381.05	ACUTE ALLERGIC MUCOID OTITIS MEDIA
381.06	ACUTE ALLERGIC SANGUINOUS OTITIS MEDIA
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	OTHER AND UNSPECIFIED CHRONIC NONSUPPURATIVE OTITIS MEDIA
381.4	NONSUPPURATIVE OTITIS MEDIA NOT SPECIFIED AS ACUTE OR CHRONIC
381.50	EUSTACHIAN SALPINGITIS UNSPECIFIED
381.51	ACUTE EUSTACHIAN SALPINGITIS
381.52	CHRONIC EUSTACHIAN SALPINGITIS
381.60	OBSTRUCTION OF EUSTACHIAN TUBE UNSPECIFIED
381.61	OSSEOUS OBSTRUCTION OF EUSTACHIAN TUBE
381.62	INTRINSIC CARTILAGENOUS OBSTRUCTION OF EUSTACHIAN TUBE
381.63	EXTRINSIC CARTILAGENOUS OBSTRUCTION OF EUSTACHIAN TUBE
381.7	PATULOUS EUSTACHIAN TUBE
381.81	DYSFUNCTION OF EUSTACHIAN TUBE
381.89	OTHER DISORDERS OF EUSTACHIAN TUBE
381.9	UNSPECIFIED EUSTACHIAN TUBE DISORDER
382.00	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EARDRUM
382.01	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EARDRUM
382.02	ACUTE SUPPURATIVE OTITIS MEDIA IN DISEASES CLASSIFIED ELSEWHERE
382.1	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA
382.2	CHRONIC ATTICOANTRAL SUPPURATIVE OTITIS MEDIA
382.3	UNSPECIFIED CHRONIC SUPPURATIVE OTITIS MEDIA
382.4	UNSPECIFIED SUPPURATIVE OTITIS MEDIA
382.9	UNSPECIFIED OTITIS MEDIA
384.20	PERFORATION OF TYMPANIC MEMBRANE UNSPECIFIED
384.21	CENTRAL PERFORATION OF TYMPANIC MEMBRANE
384.22	ATTIC PERFORATION OF TYMPANIC MEMBRANE
384.23	OTHER MARGINAL PERFORATION OF TYMPANIC MEMBRANE

384.24	MULTIPLE PERFORATIONS OF TYMPANIC MEMBRANE
384.25	TOTAL PERFORATION OF TYMPANIC MEMBRANE
385.00	TYMPANOSCLEROSIS UNSPECIFIED AS TO INVOLVEMENT
385.01	TYMPANOSCLEROSIS INVOLVING TYMPANIC MEMBRANE ONLY
385.02	TYMPANOSCLEROSIS INVOLVING TYMPANIC MEMBRANE AND EAR OSSICLES
385.03	TYMPANOSCLEROSIS INVOLVING TYMPANIC MEMBRANE EAR OSSICLES AND MIDDLE EAR
385.09	TYMPANOSCLEROSIS INVOLVING OTHER COMBINATION OF STRUCTURES
385.10	ADHESIVE MIDDLE EAR DISEASE UNSPECIFIED AS TO INVOLVEMENT
385.11	ADHESIONS OF DRUM HEAD TO INCUS
385.12	ADHESIONS OF DRUM HEAD TO STAPES
385.13	ADHESIONS OF DRUM HEAD TO PROMONTORIUM
385.19	OTHER MIDDLE EAR ADHESIONS AND COMBINATIONS
385.22	IMPAIRED MOBILITY OF OTHER EAR OSSICLES
385.23	DISCONTINUITY OR DISLOCATION OF EAR OSSICLES
385.30	CHOLESTEATOMA UNSPECIFIED
385.31	CHOLESTEATOMA OF ATTIC
385.32	CHOLESTEATOMA OF MIDDLE EAR
385.33	CHOLESTEATOMA OF MIDDLE EAR AND MASTOID
385.35	DIFFUSE CHOLESTEATOSIS OF MIDDLE EAR AND MASTOID
386.00	MÉNIÈRE'S DISEASE, UNSPECIFIED
386.01	ACTIVE MÉNIÈRE'S DISEASE, COCHLEOVESTIBULAR
386.02	ACTIVE MÉNIÈRE'S DISEASE, COCHLEAR
386.03	ACTIVE MÉNIÈRE'S DISEASE, VESTIBULAR
386.04	INACTIVE MÉNIÈRE'S DISEASE
386.10	PERIPHERAL VERTIGO UNSPECIFIED
386.11	BENIGN PAROXYSMAL POSITIONAL VERTIGO
386.12	VESTIBULAR NEURONITIS
386.19	OTHER PERIPHERAL VERTIGO

386.2	VERTIGO OF CENTRAL ORIGIN
386.30	LABYRINTHITIS UNSPECIFIED
386.31	SEROUS LABYRINTHITIS
386.32	CIRCUMSCRIBED LABYRINTHITIS
386.33	SUPPURATIVE LABYRINTHITIS
386.34	TOXIC LABYRINTHITIS
386.35	VIRAL LABYRINTHITIS
386.40	LABYRINTHINE FISTULA UNSPECIFIED
386.41	ROUND WINDOW FISTULA
386.42	OVAL WINDOW FISTULA
386.43	SEMICIRCULAR CANAL FISTULA
386.48	LABYRINTHINE FISTULA OF COMBINED SITES
386.50	LABYRINTHINE DYSFUNCTION UNSPECIFIED
386.51	HYPERACTIVE LABYRINTH UNILATERAL
386.52	HYPERACTIVE LABYRINTH BILATERAL
386.53	HYPOACTIVE LABYRINTH UNILATERAL
386.54	HYPOACTIVE LABYRINTH BILATERAL
386.55	LOSS OF LABYRINTHINE REACTIVITY UNILATERAL
386.56	LOSS OF LABYRINTHINE REACTIVITY BILATERAL
386.58	OTHER FORMS AND COMBINATIONS OF LABYRINTHINE DYSFUNCTION
386.8	OTHER DISORDERS OF LABYRINTH
386.9	UNSPECIFIED VERTIGINOUS SYNDROMES AND LABYRINTHINE DISORDERS
387.1	OTOSCLEROSIS INVOLVING OVAL WINDOW OBLITERATIVE
388.2	SUDDEN HEARING LOSS UNSPECIFIED
388.30	TINNITUS UNSPECIFIED
388.31	SUBJECTIVE TINNITUS
388.32	OBJECTIVE TINNITUS
388.40	ABNORMAL AUDITORY PERCEPTION UNSPECIFIED
388.45	ACQUIRED AUDITORY PROCESSING DISORDER
389.01	CONDUCTIVE HEARING LOSS EXTERNAL EAR
389.02	CONDUCTIVE HEARING LOSS TYMPANIC MEMBRANE
389.03	CONDUCTIVE HEARING LOSS MIDDLE EAR
389.05	CONDUCTIVE HEARING LOSS UNILATERAL

389.06	CONDUCTIVE HEARING LOSS, BILATERAL
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL
389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.17	SENSORY HEARING LOSS, UNILATERAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL
389.20	MIXED HEARING LOSS, UNSPECIFIED
389.21	MIXED HEARING LOSS, UNILATERAL
389.22	MIXED HEARING LOSS, BILATERAL
784.5	OTHER SPEECH DISTURBANCE
V58.62	LONG-TERM (CURRENT) USE OF ANTIBIOTICS

**The following ICD-9-CM codes describe the conditions for which CPT code 92561 may be medically necessary**

225.1	BENIGN NEOPLASM OF CRANIAL NERVES
388.2	SUDDEN HEARING LOSS UNSPECIFIED
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL
389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.17	SENSORY HEARING LOSS, UNILATERAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL
389.20	MIXED HEARING LOSS, UNSPECIFIED
389.21	MIXED HEARING LOSS, UNILATERAL
389.22	MIXED HEARING LOSS, BILATERAL



**The following ICD-9-CM codes describe the conditions for which CPT codes 92562 and 92564 may be medically necessary**

386.00	MÉNIÈRE'S DISEASE, UNSPECIFIED
386.01	ACTIVE MÉNIÈRE'S DISEASE, COCHLEOVESTIBULAR
386.02	ACTIVE MÉNIÈRE'S DISEASE, COCHLEAR
386.03	ACTIVE MÉNIÈRE'S DISEASE, VESTIBULAR
388.2	SUDDEN HEARING LOSS UNSPECIFIED
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL
389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.17	SENSORY HEARING LOSS, UNILATERAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL
389.20	MIXED HEARING LOSS, UNSPECIFIED
389.21	MIXED HEARING LOSS, UNILATERAL
389.22	MIXED HEARING LOSS, BILATERAL

**The following ICD-9-CM codes describe the conditions for which CPT code 92563 may be medically necessary**

225.1	BENIGN NEOPLASM OF CRANIAL NERVES
386.00	MÉNIÈRE'S DISEASE, UNSPECIFIED
386.01	ACTIVE MÉNIÈRE'S DISEASE, COCHLEOVESTIBULAR
386.02	ACTIVE MÉNIÈRE'S DISEASE, COCHLEAR
386.03	ACTIVE MÉNIÈRE'S DISEASE, VESTIBULAR
386.04	INACTIVE MÉNIÈRE'S DISEASE
386.10	PERIPHERAL VERTIGO UNSPECIFIED
386.11	BENIGN PAROXYSMAL POSITIONAL VERTIGO
386.12	VESTIBULAR NEURONITIS
386.19	OTHER PERIPHERAL VERTIGO
386.2	VERTIGO OF CENTRAL ORIGIN
386.30	LABYRINTHITIS UNSPECIFIED
386.31	SEROUS LABYRINTHITIS

386.32	CIRCUMSCRIBED LABYRINTHITIS
386.33	SUPPURATIVE LABYRINTHITIS
386.34	TOXIC LABYRINTHITIS
386.35	VIRAL LABYRINTHITIS
386.40	LABYRINTHINE FISTULA UNSPECIFIED
386.41	ROUND WINDOW FISTULA
386.42	OVAL WINDOW FISTULA
386.43	SEMICIRCULAR CANAL FISTULA
386.48	LABYRINTHINE FISTULA OF COMBINED SITES
386.50	LABYRINTHINE DYSFUNCTION UNSPECIFIED
386.51	HYPERACTIVE LABYRINTH UNILATERAL
386.52	HYPERACTIVE LABYRINTH BILATERAL
386.53	HYPOACTIVE LABYRINTH UNILATERAL
386.54	HYPOACTIVE LABYRINTH BILATERAL
386.55	LOSS OF LABYRINTHINE REACTIVITY UNILATERAL
386.56	LOSS OF LABYRINTHINE REACTIVITY BILATERAL
386.58	OTHER FORMS AND COMBINATIONS OF LABYRINTHINE DYSFUNCTION
386.8	OTHER DISORDERS OF LABYRINTH
386.9	UNSPECIFIED VERTIGINOUS SYNDROMES AND LABYRINTHINE DISORDERS
388.2	SUDDEN HEARING LOSS UNSPECIFIED
388.30	TINNITUS UNSPECIFIED
388.31	SUBJECTIVE TINNITUS
388.32	OBJECTIVE TINNITUS
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL
389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.17	SENSORY HEARING LOSS, UNILATERAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL
389.20	MIXED HEARING LOSS, UNSPECIFIED
389.21	MIXED HEARING LOSS, UNILATERAL

389.22

MIXED HEARING LOSS, BILATERAL

**The following ICD-9-CM codes describe the conditions for which CPT codes 92565 and 92577 may be medically necessary**

300.11

CONVERSION DISORDER

V65.2

PERSON FEIGNING ILLNESS

**The following ICD-9-CM codes describe the conditions for which CPT codes 92571, 92572, 92576, 92620 and 92621 may be medically necessary**

388.40

ABNORMAL AUDITORY PERCEPTION  
UNSPECIFIED

389.14

CENTRAL HEARING LOSS

**The following ICD-9-CM code describe the conditions for which CPT code 92700 may be medically necessary when it is reported for a Lombard Test**

300.11

CONVERSION DISORDER

**The following ICD-9-CM codes describe the conditions for which CPT code 92575 may be medically necessary**

389.01

CONDUCTIVE HEARING LOSS EXTERNAL  
EAR

389.02

CONDUCTIVE HEARING LOSS TYMPANIC  
MEMBRANE

389.03

CONDUCTIVE HEARING LOSS MIDDLE EAR

389.04

CONDUCTIVE HEARING LOSS INNER EAR

389.05

CONDUCTIVE HEARING LOSS, UNILATERAL

389.06

CONDUCTIVE HEARING LOSS, BILATERAL

389.08

CONDUCTIVE HEARING LOSS OF COMBINED  
TYPES

389.20

MIXED HEARING LOSS, UNSPECIFIED

389.21

MIXED HEARING LOSS, UNILATERAL

389.22

MIXED HEARING LOSS, BILATERAL

**The following ICD-9-CM codes describe the conditions for which CPT code 92582 and 92583 may be medically necessary**

317

MILD MENTAL RETARDATION

318.0

MODERATE MENTAL RETARDATION

318.1

SEVERE MENTAL RETARDATION

318.2

PROFOUND MENTAL RETARDATION

319	UNSPECIFIED MENTAL RETARDATION
389.01	CONDUCTIVE HEARING LOSS EXTERNAL EAR
389.02	CONDUCTIVE HEARING LOSS TYMPANIC MEMBRANE
389.03	CONDUCTIVE HEARING LOSS MIDDLE EAR
389.04	CONDUCTIVE HEARING LOSS INNER EAR
389.05	CONDUCTIVE HEARING LOSS, UNILATERAL
389.06	CONDUCTIVE HEARING LOSS, BILATERAL
389.08	CONDUCTIVE HEARING LOSS OF COMBINED TYPES

**The following ICD-9-CM codes describe the conditions for which CPT code 92584 may be medically necessary**

225.1	BENIGN NEOPLASM OF CRANIAL NERVES
386.00	MÉNIÈRE'S DISEASE, UNSPECIFIED
386.01	ACTIVE MÉNIÈRE'S DISEASE, COCHLEOVESTIBULAR
386.02	ACTIVE MÉNIÈRE'S DISEASE, COCHLEAR
386.03	ACTIVE MÉNIÈRE'S DISEASE, VESTIBULAR
386.04	INACTIVE MÉNIÈRE'S DISEASE
388.2	SUDDEN HEARING LOSS UNSPECIFIED
388.30	TINNITUS UNSPECIFIED
389.01	CONDUCTIVE HEARING LOSS EXTERNAL EAR
389.02	CONDUCTIVE HEARING LOSS TYMPANIC MEMBRANE
389.03	CONDUCTIVE HEARING LOSS MIDDLE EAR
389.04	CONDUCTIVE HEARING LOSS INNER EAR
389.05	CONDUCTIVE HEARING LOSS, UNILATERAL
389.06	CONDUCTIVE HEARING LOSS, BILATERAL
389.08	CONDUCTIVE HEARING LOSS OF COMBINED TYPES
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL
389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	

SENSORINEURAL HEARING LOSS,  
ASYMMETRICAL

389.17 SENSORY HEARING LOSS, UNILATERAL

389.18 SENSORINEURAL HEARING LOSS, BILATERAL

389.20 MIXED HEARING LOSS, UNSPECIFIED

389.21 MIXED HEARING LOSS, UNILATERAL

389.22 MIXED HEARING LOSS, BILATERAL

**The following ICD-9-CM codes describe the conditions for which CPT codes 92585 and 92586 may be medically necessary**

225.1 BENIGN NEOPLASM OF CRANIAL NERVES

333.0 OTHER DEGENERATIVE DISEASES OF THE BASAL  
GANGLIA

333.1 ESSENTIAL AND OTHER SPECIFIED FORMS OF  
TREMOR

333.2 MYOCLONUS

333.3 TICS OF ORGANIC ORIGIN

333.4 HUNTINGTON'S CHOREA

333.5 OTHER CHOREAS

333.6 GENETIC TORSION DYSTONIA

333.71 ATHETOID CEREBRAL PALSY

333.72 ACUTE DYSTONIA DUE TO DRUGS

333.79 OTHER ACQUIRED TORSION DYSTONIA

333.81 BLEPHAROSPASM

333.82 OROFACIAL DYSKINESIA

333.83 SPASMODIC TORTICOLLIS

333.84 ORGANIC WRITERS' CRAMP

333.85 SUBACUTE DYSKINESIA DUE TO DRUGS

333.89 OTHER FRAGMENTS OF TORSION DYSTONIA

333.90 UNSPECIFIED EXTRAPYRAMIDAL DISEASE AND  
ABNORMAL MOVEMENT DISORDER

333.91 STIFF-MAN SYNDROME

333.92 NEUROLEPTIC MALIGNANT SYNDROME

333.93 BENIGN SHUDDERING ATTACKS

333.99 OTHER EXTRAPYRAMIDAL DISEASES AND  
ABNORMAL MOVEMENT DISORDERS

340 MULTIPLE SCLEROSIS

341.0 NEUROMYELITIS OPTICA

341.1 SCHILDER'S DISEASE

341.20	ACUTE (TRANSVERSE) MYELITIS NOS
341.21	ACUTE (TRANSVERSE) MYELITIS IN CONDITIONS CLASSIFIED ELSEWHERE
341.22	IDIOPATHIC TRANSVERSE MYELITIS
341.8	OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
341.9	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM UNSPECIFIED
377.30	OPTIC NEURITIS UNSPECIFIED
377.31	OPTIC PAPILLITIS
377.32	RETROBULBAR NEURITIS (ACUTE)
377.33	NUTRITIONAL OPTIC NEUROPATHY
377.34	TOXIC OPTIC NEUROPATHY
377.39	OTHER OPTIC NEURITIS
386.00	MÉNIÈRE'S DISEASE, UNSPECIFIED
386.01	ACTIVE MÉNIÈRE'S DISEASE, COCHLEOVESTIBULAR
386.02	ACTIVE MÉNIÈRE'S DISEASE, COCHLEAR
386.03	ACTIVE MÉNIÈRE'S DISEASE, VESTIBULAR
386.04	INACTIVE MÉNIÈRE'S DISEASE
386.2	VERTIGO OF CENTRAL ORIGIN
388.12	NOISE-INDUCED HEARING LOSS
388.2	SUDDEN HEARING LOSS UNSPECIFIED
388.30	TINNITUS UNSPECIFIED
388.31	SUBJECTIVE TINNITUS
388.32	OBJECTIVE TINNITUS
388.5	DISORDERS OF ACOUSTIC NERVE
389.01	CONDUCTIVE HEARING LOSS EXTERNAL EAR
389.02	CONDUCTIVE HEARING LOSS TYMPANIC MEMBRANE
389.03	CONDUCTIVE HEARING LOSS MIDDLE EAR
389.04	CONDUCTIVE HEARING LOSS INNER EAR
389.05	CONDUCTIVE HEARING LOSS, UNILATERAL
389.06	CONDUCTIVE HEARING LOSS, BILATERAL
389.08	CONDUCTIVE HEARING LOSS OF COMBINED TYPES
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL

389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.17	SENSORY HEARING LOSS, UNILATERAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL
389.20	MIXED HEARING LOSS, UNSPECIFIED
389.21	MIXED HEARING LOSS, UNILATERAL
389.22	MIXED HEARING LOSS, BILATERAL
780.4	DIZZINESS AND GIDDINESS
781.0	ABNORMAL INVOLUNTARY MOVEMENTS

**The following ICD-9-CM codes describe the conditions for which CPT codes 92587 and 92588 may be medically necessary**

388.12	NOISE-INDUCED HEARING LOSS
388.2	SUDDEN HEARING LOSS UNSPECIFIED
388.30	TINNITUS UNSPECIFIED
388.31	SUBJECTIVE TINNITUS
388.32	OBJECTIVE TINNITUS
389.10	SENSORINEURAL HEARING LOSS UNSPECIFIED
389.11	SENSORY HEARING LOSS, BILATERAL
389.12	NEURAL HEARING LOSS, BILATERAL
389.13	NEURAL HEARING LOSS, UNILATERAL
389.14	CENTRAL HEARING LOSS
389.15	SENSORINEURAL HEARING LOSS, UNILATERAL
389.16	SENSORINEURAL HEARING LOSS, ASYMMETRICAL
389.17	SENSORY HEARING LOSS, UNILATERAL
389.18	SENSORINEURAL HEARING LOSS, BILATERAL
389.20	MIXED HEARING LOSS, UNSPECIFIED
389.21	MIXED HEARING LOSS, UNILATERAL
389.22	MIXED HEARING LOSS, BILATERAL

**The following ICD-9-CM codes describe the conditions for which CPT code 92625 may be medically necessary**

388.30	TINNITUS UNSPECIFIED
388.31	SUBJECTIVE TINNITUS
388.32	OBJECTIVE TINNITUS

#### **Diagnoses that Support Medical Necessity**

Not applicable

#### **ICD-9 Codes that DO NOT Support Medical Necessity**

Not applicable

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

#### **Diagnoses that DO NOT Support Medical Necessity**

Not applicable

### **General Information**

#### **Documentation Requirements**

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

The patient's record must document the sign, symptom or complaint of a hearing, balance, or tinnitus problem or injury which required further evaluation to determine the appropriate medical or surgical treatment. After an initial evaluation of a hearing problem, medical necessity for subsequent evaluations must be clearly documented in the patient's medical record.

When CPT code 92700 (Unlisted otorhinolaryngological service or procedure) is reported, the exact test(s) performed should be specified in the medical record.

#### **Appendices**

Not applicable

#### **Utilization Guidelines**

Not applicable

#### **Sources of Information and Basis for Decision**



This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

Other Medicare contractor policies consulted in development of this draft:

Anthem Health Plans of New Hampshire, Inc. FI LCD (New Hampshire/Vermont [L4336])

Associated Hospital Service FI LCD (Maine [L346], Massachusetts [L370])

Empire Medicare Services FI LCD (New York [L685])

Empire Medicare Services carrier LCD (New Jersey [L3131], New York [L3084])

United Government Services FI LCD (Wisconsin [L15317], Michigan [L15330], Virginia [L15331], California [L15332])

### **Advisory Committee Meeting Notes**

Carrier Advisory Committee Meeting Date(s):

Indiana: 05/19/2008

Kentucky: 05/22/2008

New York: 04/30/2008

This coverage determination does not reflect the sole opinion of the contractor or contractor Medical Director. Although the final decision rests with the contractor, this determination was developed in consultation with representatives from Advisory Committee members and/or from various state and local provider organizations.

### **Start Date of Comment Period**

04/17/2008

### **End Date of Comment Period**

05/31/2008

### **Start Date of Notice Period**

10/01/2008

### **Revision History Number**

Not applicable

### **Revision History Explanation**

Not applicable

### **Reason for Change**

### **Last Reviewed On Date**

10/01/2008

### **Related Documents**

**Article(s)**

**LCD Attachments**

There are no attachments for this LCD.