Coverage Summary

Hearing Screening and Audiologist Services


Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 07/17/2018

Related Medicare Advantage Policy Guideline: Posturography

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The benefit information in this Coverage Summary is based on existing national coverage policy, however Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

INDEX TO COVERAGE SUMMARY

I. COVERAGE
   1. Hearing screening services in the physician’s office
   2. Audiology Services
   3. Computerized Dynamic Posturography (CDP)
   4. Hearing examinations for standard hearing aids

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

V. ATTACHMENT(S)

I. COVERAGE

Coverage Statement: Hearing screening and audiologist services are covered when Medicare coverage criteria are met.

Guidelines/Notes:
1. Hearing screening services are covered when performed in the physician's office
   
   Note: These may include use of an office screening audiometer, tuning fork, or whispered number recognition. Medicare considers these services incident to a physician’s office visit.

2. Audiology Services

   Hearing and balance assessment services are termed “audiology services,” regardless of
whether they are furnished by an audiologist, physician, nonphysician practitioner (NPP), or hospital.

Examples of appropriate reasons for ordering audiological diagnostic tests that could be covered 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;
- Reevaluation to follow-up changes in hearing, tinnitus, or balance that may be caused by established diagnoses that place the patient at probable risk for a change in status including, but not limited to: otosclerosis, atelectatic tympanic membrane, tympanosclerosis, cholesteatoma, resolving middle ear infection, Menière’s disease, sudden idiopathic sensorineural hearing loss, autoimmune inner ear disease, acoustic neuroma, demyelinating diseases, ototoxicity secondary to medications, or genetic vascular and viral conditions;
- Failure of a screening test (although the screening test is not covered);
- Diagnostic analysis of cochlear or brainstem implant and programming; and
- Audiology diagnostic tests before and periodically after implantation of auditory prosthetic devices.

If a physician refers a beneficiary to an audiologist for testing related to signs or symptoms associated with hearing loss, balance disorder, tinnitus, ear disease, or ear injury, the audiologist’s diagnostic testing services should be covered even if the only outcome is the prescription of a hearing aid.

**Notes:**

- Audiological diagnostic services are not covered when the diagnostic information required to determine the appropriate medical or surgical treatment is already known to the physician, or the diagnostic services are performed only to determine the need for or the appropriate type of a hearing aid, unless member has a supplemental hearing aid benefit.
- Audiological treatment is not covered. There is no provision in the law for Medicare to pay audiologists for therapeutic services. For example, vestibular treatment, auditory rehabilitation and auditory processing treatment, while they are within the scope of practice of audiologists, are not diagnostic tests, and therefore, shall not be billed by audiologists to Medicare or UnitedHealthcare. Services related to hearing aid evaluation and fitting are not covered regardless of how they are billed. However, diagnostic testing services of an audiologist are covered when performed under the order of a physician for the management and adjustment of a covered surgically implanted hearing device.

See the *Medicare Benefit Policy Manual, Chapter 15, §80.3 - Audiological Diagnostic Testing* (Accessed July 12, 2018)

### 3. Computerized Dynamic Posturography (CDP)

- Medicare does not have a National Coverage Determination (NCD) for Computerized Dynamic Posturography (CDP).
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the [LCD Availability Grid (Attachment A)].
- For states with no LCDs/LCAs, refer to the [UnitedHealthcare Commercial Medical Policy for Computerized Dynamic Posturography](#) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the [Medicare Coverage Database](#).)
4. Hearing examinations for the prescription, fitting or adjustment of standard hearing aids are not covered. See the Medicare Benefit Policy Manual, Chapter 16, §90 - Routine Services and Appliances. (Accessed July 12, 2018)

Also see Coverage Summary for Hearing Aids, Auditory Implants and Related Procedures.

II. DEFINITIONS


Qualified Audiologist: A qualified audiologist is an individual with a master’s 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.

If it is necessary to determine whether a particular audiologist is qualified under the above definition, the carrier should check references. Carriers in States that have statutory licensure or certification should secure from the appropriate State agency a current listing of audiologists holding the required credentials. Additional references for determining an audiologist’s professional qualifications are the national directory published annually by the American Speech-Language-Hearing Association and records and directories, which may be available from the State Licensing Authority. Medicare Benefit Policy Manual, Chapter 15, §80.3.1 - Definition of Qualified Audiologist. (Accessed July 12, 2018)

III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019  Updated policy introduction; added language to clarify:
  - There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
  - In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on
authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)

- Retitled reference link that directs users to UnitedHealthcare Commercial policy

07/17/2018  Annual review; no updates.

01/16/2018  Re-review with the following update:
Guideline 3 [Computerized Dynamic Posturography (CDP)]- Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

07/17/2017  Annual review; no updates.

07/26/2016  Annual review; no updates.

01/15/2016  Updated reference link(s) of the applicable LCDs to reflect the new condensed LCD link(s).

08/18/2015  Annual review with the following update:
Guideline # 3 [Computerized Dynamic Posturography (CDP)] – Replaced First Coast LCDs for Computerized Dynamic Posturography (L29123) with UnitedHealthcare Medical Policy for Computerized Dynamic Posturography.

08/19/2014  Annual review with the following updates:
- Guideline #3 (Computerized Dynamic Posturography) - Replaced guidelines in the Coverage Summary for states with no LCDs with reference link to the First Coast LCDs for Computerized Dynamic Posturography (L29123).
- Guideline #4 [Otoacoustic Emission (OAE)Testing] - Removed coverage guidelines; only available LCD was retired; no other CMS reference available.

02/18/2014  Guideline #4 Otoacoustic Emission (OAE)Testing - Changed default guideline for states without Local Coverage Determinations (LCDs) from Palmetto LCD for Audiological Testing/Audiological Services (L27558) to Novitas LCD for Vestibular and Audiologic Function Studies (L32767).

08/20/2013  Annual review; no updates.

08/20/2012  Annual review; Guidelines #1 updated to include the statement “Medicare considers these services incident to a physician’s office visit.”

08/29/2011  Annual review; Guidelines #2 Audiology Services updated to better clarify the coverage for audiology services based on the Medicare Benefit Policy Manual, Chapter 15, § 80.3 - Audiological Diagnostic Testing. CS also updated to include Guidelines #3 Computerized Dynamic Posturography (CDP) and Guidelines #4 Otoacoustic Emission (OAE) Testing.
V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

**Computerized Dynamic Posturography**

CMS website accessed May 1, 2019

IMPORTANT NOTE: Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34537</td>
<td>Vestibular Function Testing</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L34427</td>
<td>Outpatient Occupational Therapy</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L34428</td>
<td>Outpatient Physical Therapy</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
</tbody>
</table>

End of Attachment A