

# Hearing Screening and Audiologist Services

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guideline
• <a href="#">Posturography</a>

## Coverage Guidelines

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

### Hearing Screening Services

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.

### 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.

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.

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 member 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.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §80.3 – Audiological Diagnostic Testing](#). (Accessed July 6, 2021)

### 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 specific LCDs/LCAs, refer to the table for [Computerized Dynamic Posturography](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Computerized Dynamic Posturography](#).

Note: After checking the [Computerized Dynamic Posturography](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### Hearing Examinations

Hearing examinations for the prescription, fitting or adjustment of standard hearing aids are not covered. Refer to the [Medicare Benefit Policy Manual, Chapter 16, §90 – Routine Services and Appliances](#). (Accessed July 6, 2021)

Also refer to the Coverage Summary titled [Hearing Aids, Auditory Implants and Related Procedures](#).

## Supporting Information

**Important Note:** When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Computerized Dynamic Posturography				
Accessed September 22, 2021				
ID#	Title	Contractor Type	Contractor	States/Territories
L34537 (A56497)	<a href="#">Vestibular Function Testing</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34427 (A53064)	<a href="#">Outpatient Occupational Therapy</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34428 (A53065)	<a href="#">Outpatient Physical Therapy</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
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## Policy History/Revision Information

Date	Summary of Changes
07/20/2021	<ul style="list-style-type: none"><li data-bbox="337 216 946 243">• Routine review; no change to coverage guidelines</li><li data-bbox="337 247 886 275">• Archived previous policy version MCS043.01</li></ul>

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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 are 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](#)).

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