

Audiologic/Vestibular Function Testing Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy identifies circumstances in which UnitedHealthcare Community Plan will reimburse physicians or other qualified health care professionals for audiologic/vestibular function testing to identify problems with balance or hearing.

Reimbursement Guidelines

UnitedHealthcare Community Plan reimburses for the audiologic/vestibular function testing CPT codes in the table below when one of the International Classification of Diseases, 10th Revision (ICD-10) diagnosis codes are listed on a claim denoting a problem associated with either balance or hearing. UnitedHealthcare Community Plan will not reimburse when the treatment rendered is without inclusion of one of the ICD-10 diagnosis codes on the claim accurately reflecting the member's condition (See the ICD10 list in the Attachments section below).

The procedure to diagnosis list was first derived by identifying areas of convergence across Center for Medicare and Medicaid Services (CMS) Local Coverage Determinations (LCD) and information received from various specialty societies.

Codes

Audiologic/Vestibular Function Testing CPT List									
92517	92518	92519	92537	92538	92540	92541	92542	92544	92545
92546	92547	92548	92549	92550	92553	92555	92556	92557	92562
92563	92565	92567	92568	92570	92571	92572	92575	92576	92577
92579	92582	92583	92584	92620	92621	92652	92653		

State Exceptions

Arizona	According to State Regulations, procedure codes ranging from 92507-92508 and 92550-92597 are allowed when billed with certain behavioral health primary diagnosis codes.
Kansas	Kansas is exempt from this policy based on state requirements
Minnesota	According to state regulations, CPT code 92548 is non covered service.

Questions and Answers

1	<p>Q: How was this reimbursement methodology derived?</p> <p>A: The coding edits are based upon review of the Center for Medicare and Medicaid Service's local coverage determinations and information received from various specialty societies.</p>
2	<p>Q: Why are CPT codes 92552, 92650, and 92651 not included in this policy?</p> <p>A: The hearing tests addressed in this policy are conducted for particular hearing conditions. CPT codes 92552, 92650 and 92651 are not included in this policy given the possible use of these codes for screening purposes in the pediatric population.</p>
3	<p>Q: To determine reimbursement for reported CPT or HCPCS procedure codes, should ICD-10 diagnosis codes be reported at the claim level or claim line level?</p> <p>A: Report ICD-10 diagnosis codes at the claim line level of the CPT or HCPCS procedure code to be considered for reimbursement.</p>
4	<p>Q: Why are CPT codes 92588 and 92587 not included in this policy?</p> <p>A: CPT codes 92588 and 92587 are addressed in UnitedHealthcare Community Plan's Otoacoustical Emissions Testing Policy.</p>

Attachments

<u>AZ State ICD10</u>	Arizona list of diagnosis codes linked with CPT codes found in the Reimbursement Guidelines section of this policy for reimbursement.
<u>ICD10-Codes</u>	This list identifies diagnosis codes that should be linked with CPT codes found in the Reimbursement Guidelines section of this policy for reimbursement.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, Current Procedural Terminology (CPT®) Professional Edition and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

1/21/2024	Policy Version Change Attachment section: ICD10 Codes list History Section: Entries prior to 1/21/2022 archived
8/1/2023	Policy Version Change State Exceptions section: Washington DC removed History Section: Archived history older than 8/6/2021
6/1/2023	Annual Anniversary Date and Version Change Template logo updated History Section: Entries prior to 6/1/2021 archived
10/23/2022	Policy Version Change Attachment section: ICD10 Codes list History Section: Archived history older than 10/23/2020
6/11/2022	Policy Version Change Attachment section: ICD10 Codes list History Section: Archived history older than 6/11/2020
2/1/2022	Policy Version Change State Exceptions section: Washington DC added Attachment Section: Removed UnitedHealthcare Community Plan from list titles
12/8/2007	Policy implemented by UnitedHealthcare Community Plan