

January 26, 2016

Novitas Solutions - Office of the Medical Director
Attn: Debra Patterson MD
2020 Technology Parkway
Mechanicsburg, PA 17050

RE: Reconsideration of Novitas Medicare LCD for Vestibular and Audiologic Function Studies (L35007)

Dear Dr. Patterson,

The American Academy of Audiology is the world's largest professional organization of, by, and for audiologists. The American Academy of Audiology (the "Academy") promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. The Academy writes this letter to request a reconsideration of the Novitas Medicare LCD for Vestibular and Audiologic Function Studies (L35007).

Since the ICD-10 transition on October 1, 2015, the Academy has received numerous reports from our audiologist members reporting denials of what the Academy believes to be pertinent, appropriate ICD-10 codes that support medical necessity for the audiology procedures being billed. The reason cited for these denials is that the ICD-10 codes, specifically those describing conductive hearing loss (H90.0, H90.1, H90.11, H90.12, and H90.2) and dizziness and giddiness (R42), are not included on the LCD as codes that support medical necessity. Upon closer review, the Academy believes the ICD-10 codes in question were inadvertently omitted from the list of codes that support medical necessity. For this reason, the Academy asks that Novitas add the codes described below to the LCD for Vestibular and Audiologic Function Studies (L35007).

Revision Request 1: There are four types of hearing loss, including conductive, sensorineural, mixed (sensorineural and conductive hearing loss) and auditory neuropathy spectrum disorder.¹ In this LCD (L35007) the audiology procedure codes in Group 2: CPT codes 92550, 92552, 92553, 92555, 92556, 92557, 92567, 92568 and 92570 are covered when the ICD-10 codes describing sensorineural hearing loss (H90.3, H90.41, H90.42, H90.5) and mixed hearing loss (H90.6, H90.71, H90.72, H90.8) are used to support medical necessity. However, these procedure codes are not covered when the ICD-10 codes for conductive hearing loss are reported to support medical necessity, despite the fact that many disorders of the outer and/or middle ear that result in a conductive hearing loss can be treated with medical and/or surgical intervention.

CMS considers hearing testing (as described by the procedure codes listed in Group 2) to be medically necessary for many reasons outlined in Chapter 15 Section 80.3 of the Medicare Benefit Policy Manual. If the test has been properly ordered by a physician to assist with the diagnosis and treatment of a

¹ <http://www.cdc.gov/NCBDDD/hearingloss/types.html>

hearing and/or balance disorder, it should be a covered service available for Medicare beneficiaries. The Academy believes the omission of the conductive hearing loss code family to be an oversight and recommends the following codes be added to the LCD:

- H90.0 *Conductive hearing loss, bilateral*
- H90.1 *Conductive hearing loss, unilateral, with unrestricted hearing on the contralateral side*
- H90.11 *Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side*
- H90.12 *Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side*
- H90.2 *Conductive hearing loss, unspecified*

Revision Request 2: According to the LCD, Medicare has established limited coverage for CPT codes 92540, 92541, 92542, 92543, 92544, 92545, 92546 and 92547 (Group 1). In reviewing the list of ICD-10 codes that support medical necessity for the aforementioned vestibular procedure codes, the Academy recommends that the following ICD 10 codes be added to the list:

- R42 *Dizziness and Giddiness*
- H81.90, *unspecified disorder of vestibular function, unspecific laterality.*

Chapter 15 Section 80.3 of the Medicare Benefit Policy Manual indicates that coverage is determined by the reason the tests were performed and should not be based on the final result of the test. Both of these diagnosis codes may be used by the referring physician/NPP who is requesting diagnostic vestibular assessment.

ICD-10 code R42 *Dizziness and Giddiness* is also listed as one of the diagnosis codes in the denominator for PQRS Measure #261, Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness.^{2 3} If an audiologist is satisfactorily reporting on PQRS Measure #261 using one of the vestibular procedure codes in Group 1, with the diagnosis code R42, they will likely receive a Medicare denial based on the omission of R42 from LCD L35007. Novitas' LCD policies should align with other CMS initiatives.

H81.90, *unspecified disorder of vestibular function, unspecific laterality* may need to be reported in the event that the physician/NPP has referred a patient for diagnostic vestibular testing that does not yield a result describing a specific vestibular disorder, or yields a normal result.

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Thank you, for your reconsideration of the Novitas LCD for Vestibular and Audiologic Function Studies (L35007). Should you have any questions regarding this reconsideration request, please contact Kate Thomas, director of payment policy and legislative affairs, by e-mail at kthomas@audiology.org or by telephone at 703-226-1029.

² <https://www.pqrsregistry.com/docs/261.2015.pdf> (Page 1)

³ http://www.audiology.org/sites/default/files/PracticeManagement/2016_PQRS_StepByStepReportingGuide.PDF
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Sincerely,

Kate Thomas

Kate Thomas
Director of Payment Policy and Legislative Affairs
American Academy of Audiology