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January 19, 2017

Palmetto GBA  
Part B MAC  
P.O. Box 100190  
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**RE: Reconsideration of Palmetto GBA LCD for Vestibular Function Testing (L34537)**

To Whom It May Concern:

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 Palmetto GBA LCD for Vestibular Function Testing (L34537).

The Academy appreciates the timely efforts of Palmetto GBA to update the list of ICD-10 codes to reflect the new and updated ICD-10 codes that went into effect on October 1, 2016. The Academy is requesting that Palmetto GBA consider including additional ICD-10 codes that support medical necessity for the audiology services being billed, specifically those codes that describe conductive hearing loss (H90.0, H90.11, H90.12, H90.A11, and H90.A12) and mixed hearing loss (H90.71 and H90.72). These are appropriate ICD-10 codes that can support medical necessity for the audiology procedures being billed. For this reason, the Academy asks that Palmetto GBA add the codes described below to the LCD for Palmetto GBA LCD for Vestibular Function Testing (L34537).

**Revision Request 1:** There are four types of hearing loss, including conductive, sensorineural, mixed (sensorineural and conductive hearing loss) and auditory neuropathy spectrum disorder.<sup>1</sup> In this LCD (L34537) the audiology procedure codes in Group 1: CPT codes 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547, 92548, 92552, 92553, and 92557 are covered when the ICD-10 codes describing sensorineural hearing loss (H90.3, H90.41, H90.42, H90.A21, H90.A22) and mixed hearing loss (H90.A31 and H90A.32) are used to support medical necessity. However, these procedure codes are not covered when the ICD-10 codes for conductive hearing loss and other types of mixed 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 and mixed hearing loss may have a coexisting symptom of dizziness which would support the need for a vestibular evaluation.

Pathologies such as Semicircular Canal Dehiscence (SCD) and Large Vestibular Aqueduct Syndrome (LVAS) present with conductive or mixed hearing loss, and are often accompanied by vestibular

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

symptoms such as vertigo and/or disequilibrium. In its more advanced stages, otosclerosis can also present with a conductive or mixed hearing loss, as well as other vestibular symptoms including vertigo and imbalance. With regard to medical necessity, vestibular evaluation is certainly indicated for these and other audio-vestibular pathologies that present with a mixed or conductive hearing loss and provides valuable diagnostic information for the identification of such pathologies. According to the National Institutes of Health, patients with vestibular issues undergo an average of 4.5 physician visits for dizziness before receiving the correct diagnosis. By including these correct procedure codes, patients are potentially saved the burden of associated issues related to inaccurate or delayed diagnoses. Insurance companies can avoid unnecessary expenditures which also relate to delayed or missed diagnoses.

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

Conductive Hearing Loss Codes:

- H90.0 *Conductive hearing loss, bilateral*
- 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.A11 *Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side*
- H90.A12 *Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side*

Mixed Hearing Loss Codes:

- H90.71 *Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side*
- H90.72 *Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side*

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Thank you for your reconsideration of the Palmetto GBA LCD for Vestibular Function Testing (L34537). Should you have any questions regarding this reconsideration request, please contact Kate Thomas, senior director of advocacy and reimbursement, by e-mail at [kthomas@audiology.org](mailto:kthomas@audiology.org) or by telephone at 703-226-1029.

Sincerely,

*Kate Thomas*

Kate Thomas  
Senior Director of Advocacy and Reimbursement  
American Academy of Audiology