Dear:

On behalf of the American Academy of Audiology (the Academy) and the American Speech-Language-Hearing Association (ASHA), we write to discuss the new CY 2021 Current Procedural Terminology (CPT®) codes for Auditory Evoked Potential (AEP) services (92650-92653). We appreciate the opportunity to clarify the new CPT codes for AEP services, highlighting the work audiologists perform for each of these important procedures.

The Academy is the largest organization of, by, and for audiologists nationwide. We are dedicated to the provision of quality hearing and balance care services through professional development, education, research, and increased public awareness of hearing and balance disorders.

ASHA is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists and SLPs provide patient-centered care in the prevention, identification, diagnosis, and evidence-based treatment of hearing, balance, speech, language, cognitive communication, and swallowing disorders in individuals of all ages.

In January 2021, two audiologic function test codes (92585, 92586) in the Special Otorhinolaryngologic Services subsection of the Medicine section were deleted and replaced with four new codes (92650-92653) to improve clarity and better describe the specific service being provided. The two deleted codes described comprehensive (92585) and limited (92586) auditory evoked potentials (AEPs) testing without defining what comprehensive and limited entails. In broad terms, new codes 92650 and 92651 better reflect the limited-testing code (previously reported with 92586), while new codes 92652 and 92653 align with comprehensive-testing (previously reported with 92585).

The goal was to update AEP services and address the need for specificity to distinguish between the different types and levels of tests available. We have heard from many members that 92650 (the automated AEP screening code) is being denied by state Medicaid programs when billed by audiologists. Performance of these tests is within scope and normal practice patterns for audiologists, and thus these denials must be happening in error. To assist with further clarification, we have included a copy of the American Medical Association’s CPT Assistant article that helps to explain these coding changes. Specifically, CPT code 92650 describes an automated screening with broadband (i.e., frequency nonspecific) stimuli, such as amplitude modulated noise, chirps, or clicks. Denial of these procedures may potentially interfere with early childhood intervention/testing mandated by federal law. In addition, unaddressed hearing problems can have a negative impact on language and speech development, academic performance, other health outcomes, and overall well-being. Research
shows that identifying and treating hearing impairments early—before 6 months of age—can help prevent these outcomes.¹

Audiologists play a critical role in providing access to cost-effective care for vulnerable individuals, especially those in need of the newborn screening service. If you require additional information about how audiologists regularly engage in the delivery of AEP services, we would welcome the opportunity to discuss further. The Academy and ASHA appreciate the opportunity to share this information with you to ensure that Medicaid recipients receive the clinically appropriate care they need.

If you have any questions, please contact Kathryn Werner, Vice President of Public Affairs, the Academy, at (703) 226-1044 or kwerner@audiology.org, and/or Neela Swanson, Director, Health Care Policy, Coding & Reimbursement, ASHA, at (301) 296-5675 or nswanson@asha.org.

Regards,

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President, American Academy of Audiology  2021 ASHA President