



Diagnostic Services for Kentucky Medicaid Recipients Over the Age of 21

The Kentucky Academy of Audiology (KAA) and its member audiologists seek Medicaid policy improvements that will align existing requirements with contemporary evidence-based clinical practice, and markedly enhance the provision of audiologic services to adult Medicaid patients.

Audiologists throughout the Commonwealth of Kentucky deliver high-quality hearing and balance health care services to patients of all ages, from birth through end of life. Audiologists work in various clinical settings including hospitals, university clinics, private practices, and within otolaryngology practices.

Children and adults who qualify for Kentucky Medicaid services rely on timely access to valuable audiologic healthcare by licensed audiologists. Demand for hearing and balance services among adults is growing.^{1,2,3} Untreated hearing loss and vestibular disorders are associated with higher unemployment rates and lower wages, exacerbating the cycle of poverty and creating an urgent need for streamlined access to audiologic care

among this segment of the population.^{2,4,5} Currently, adults aged 21 years and older with Medicaid as their insurer are excluded from coverage of diagnostic audiologic services unless the services are billed by an otorhinolaryngologist or in the case of some managed care plans, billed incident to the physician. This policy is inconsistent with evidence-based practices in the delivery of hearing and balance services and runs counter to Medicare policies. The policy is also incongruent with Medicaid regulations in the states surrounding Kentucky.^{6,7,8,9}

The Centers for Medicare and Medicaid Services (CMS) expressly forbids audiologists from billing Medicare services “incident to” the physician.¹⁰ Audiologists are responsible for medical necessity under Medicare, other federally funded programs, and with private insurers. The Kentucky Cabinet for Health and Family Services should similarly require services from audiologists be billed under their assigned National Provider Identifier and unique Medicaid provider number. This policy would benefit Kentucky patients, audiologists, and



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other healthcare providers by offering greater flexibility, transparency, and accountability than currently exists within Kentucky's Medicaid system. It would also make the best use of available healthcare resources.

Under the existing system, Medicaid patients often receive unnecessary duplicative services and visit two practitioners (family physician and/or ear, nose, and throat physician) prior to receiving audiologic services, increasing the time to treatment and financial burden to the patient population and creating inefficiencies within the Medicaid system. Patients with hearing disorders can be effectively managed by an audiologist with hearing devices, counseling, and/or auditory system retraining utilization.

Medicaid should follow the lead of private insurers, who are statutorily prohibited from discriminating against an entire class of providers who are licensed to perform a particular health care service.^{11,12} Kentucky audiologists are already qualified by education, training, and authorized by state licensure to provide audiologic diagnostic and treatment services to Kentucky patients without physician supervision. Services requiring medical intervention are appropriately referred to a medical doctor or specialist, (i.e., otolaryngologist or neurotologic specialist) as is consistent with evidence-based guidelines and protocols. Research definitively demonstrates that audiologists appropriately refer for medical treatment when necessary.¹³ It is also important to note that professional liability insurance is, on average, lower in cost for audiologists than any other clinical doctoring provider class, which is a testament to the safety and quality of the care that audiologists provide.¹⁴

By eliminating office visits that can be effectively and appropriately managed by an audiologist, physicians could evaluate head-and-neck-based concerns faster and more efficiently. Medicaid coverage of diagnostic audiology services without requiring direct oversight from a physician is critical for the delivery of high-quality

audiologic healthcare and will be cost effective for Kentucky.

Finally, while global medical care for patients in the United States of America is historically some of the best in the world, audiologic care is out of reach for adult Medicaid patients in Kentucky. An immediate step that should be taken to improve access to high-quality care for Kentucky patients over the age of 21, and thus improving their chances of escaping poverty, is to allow coverage of appropriate and necessary diagnostic audiology services. This recommendation is consistent with recent recommendations from the National Academies of Sciences, Engineering, and Medicine, which state, "State Medicaid agencies should evaluate options for providing coverage for treating hearing loss (e.g., assessment, services, and hearing aids and hearing assistive technologies as needed) for adult beneficiaries."²

A complete list of applicable Current Procedural Terminology codes and a partial list of International Classification of Diseases-10th Edition codes frequently used by audiologists are listed in the attached appendices with this document.

Thank you for taking the time to consider improving coverage for diagnostic services in the adult Medicaid population for adult patients, by allowing them streamlined access to audiology services, without a referral from their primary care physician. Approving direct audiologic coverage for adults will minimize expenses to the Medicaid system by eliminating unnecessary or redundant medical appointments and allowing the patient to see an audiologist to manage hearing and balance-related concerns. This population is currently underserved by a lack of access to audiologic care and will benefit greatly from the services that audiologists can offer.



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APPENDIX I.

The following list includes Current Procedural Terminology (CPT)

Basic diagnostic services:

- 92567 (tympanometry)
- 92550 (tympanometry, acoustic reflexes)
- 92570 (tympanometry, acoustic reflexes, decay)
- 92587 (Distortion Product Otoacoustic Emissions, limited)
- 92588 (Distortion Product Otoacoustic Emissions, comprehensive)
- 92557 (Comprehensive Audiometry)
- 92552 (Pure tone air conduction)
- 92553 (Pure tone air and bone conduction)
- 92555 (Speech reception threshold/speech awareness threshold)
- 92556 (Speech reception threshold and word recognition)
- 92582 (Conditioned play audiometry)
- 69210 (Cerumen removal)
- 92563 (Tone Decay)
- 92565 (Stenger, pure tone)
- 92577 (Stenger, speech)
- 92584 (Electrocochleography/Neural Response Telemetry)
- 92586 (Auditory Brainstem Response evaluation, limited)
- 92585 (Auditory Brainstem Response evaluation, comprehensive)
- 92625 (Tinnitus assessment)
- 92620 (Auditory Processing Disorder, evaluation, first hour)
- 92633 (Auditory Processing Disorder evaluation, each additional 15 minutes)

Specialty diagnostic services:

- 92540 (Basic vestibular evaluation)
- 92541 (Spontaneous nystagmus)
- 92542 (Positional nystagmus)
- 92537 (four caloric irrigations with recording, bithermal)
- 92538 (two caloric irrigations with recording, monothermal)
- 92544 (Optokinetic nystagmus)
- 92545 (Oscillating tracking, with recording)
- 92546 (Active sinusoidal rotational chair testing)
- 92548 (Posturography)
- 95992 (Canalith repositioning maneuver)
- 92547 (Vertical electrodes)
- 92700 (unlisted otorhinological procedure-use for Cervical Vestibular Evoked Myogenic Potentials, ocular vestibular evoked myogenic potentials, falls risk assessment, and fistula assessment)
- 92626 (Evaluation of auditory rehabilitation status, first hour)
- 92627 (Evaluation of auditory rehabilitation status, each additional 15 minutes)
- 92603 (Diagnostic analysis of cochlear implantation, over seven years of age)
- 92604 (Diagnostic analysis of cochlear implantation, re-programming, over seven years of age)
- 99360 (Standby service, each 30 minutes)
- 99368 (Medical team conference without physician)
- 99367 (Medical team conference, with physician)

APPENDIX II.

Frequently Occurring International Classification of Diseases, Tenth Edition for Audiologists

ICD10-CM	Description
• 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.A1	Conductive hearing loss, unilateral, with restricted 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
• H90.0	Conductive hearing loss, bilateral
• H90.2	Conductive, unspecified
• H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
• H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
• H90.A2	Sensorineural hearing loss, unilateral, with restricted hearing on the contralateral side
• H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
• H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
• H90.3	Sensorineural hearing loss, bilateral
• H90.5	Unspecified Sensorineural hearing loss hearing loss
• H90.71	Mixed Conductive hearing loss & Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing contralateral side
• H90.72	Mixed Conductive hearing loss & Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
• H90.A3	Mixed Conductive hearing loss & Sensorineural hearing loss, unilateral with restricted hearing on the contralateral side
• H90.A31	Mixed Conductive hearing loss & Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
• H90.A32	Mixed Conductive hearing loss & Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
• H90.6	Mixed Conductive hearing loss & Sensorineural hearing loss, bilateral
• H90.8	Mixed Conductive hearing loss & Sensorineural hearing loss, unspecified
• H90.A	Conductive hearing loss & Sensorineural hearing loss with restricted hearing on the contralateral side
• H91.21	Sudden idiopathic hearing loss, right ear
• H91.22	Sudden idiopathic hearing loss, left ear
• H91.23	Sudden idiopathic hearing loss, bilateral
• H91.91	unspecified hearing loss, right ear
• H91.92	unspecified hearing loss, left ear
• H91.93	unspecified hearing loss, bilateral
• H91.91	unspecified hearing loss, right ear
• H91.92	unspecified hearing loss, left ear
• H91.93	unspecified hearing loss, bilateral
• H91.90	unspecified hearing loss, unspecified ear
• H93.25	Central Auditory Processing Disorder
• H91.01	Ototoxic hearing loss, right ear
• H91.02	Ototoxic hearing loss, left ear
• H91.03	Ototoxic hearing loss, bilateral
• H93.013	Transient ischemic deafness, bilateral
• H93.019	Transient ischemic deafness, unspecified ear

• H93.8X3	Acoustic Nerve Disorder, bilateral
• H93.8X1	Acoustic Nerve Disorder, right ear
• H93.8X2	Acoustic Nerve Disorder, left ear
• H93.3X9	Disorders of acoustic nerve, unspecified ear
• H83.3X3	Noise effects on inner ear, bilateral
• H83.3X1	Noise effects on right inner ear
• H83.3X2	Noise effects on left inner ear
• H91.11	Presbycusis, right ear
• H91.12	Presbycusis, left ear
• H91.13	Presbycusis, bilateral
• H92.10	Otorrhea, unspecified ear
• H65.05	Acute serous otitis media, recurrent, left ear
• H65.06	Acute serous otitis media, recurrent, bilateral
• H65.21	Chronic serous otitis media, right ear
• H65.22	Chronic serous otitis media, left ear
• H65.23	Chronic serous otitis media, bilateral
• H65.20	Chronic serous otitis media, unspecified ear
• H71.91	Cholesteatoma, unspecified, right ear
• H71.92	Cholesteatoma, unspecified, left ear
• H71.93	Cholesteatoma, unspecified, bilateral
• H69.92	Eustachian tube disorder, unspecified, left ear
• H69.91	Eustachian tube disorder, unspecified, right ear
• H69.93	Eustachian tube disorder, unspecified, bilateral
• H72.92	Unspecified perforation of the TM, left ear
• H72.91	Unspecified perforation of the TM, right ear
• H72.93	Unspecified perforation of the tympanic membrane, bilateral
• H92.01	Otalgia, right ear
• H92.02	Otalgia, left ear
• H93.11	Tinnitus, right ear
• H93.12	Tinnitus, left ear
• H93.13	Tinnitus, bilateral
• H93.19	Tinnitus, unspecified ear
• H93.231	Hyperacusis, right ear
• H93.232	Hyperacusis, left ear
• H93.233	Hyperacusis, bilateral
• H93.239	Hyperacusis, unspecified ear
• H93.211	Auditory recruitment, right ear
• H93.212	Auditory recruitment, left ear
• H93.213	Auditory recruitment, bilateral
• H93.291	Other abnormal auditory perceptions, right ear
• H93.292	Other abnormal auditory perceptions, left ear
• H93.293	Other abnormal auditory perceptions, bilateral
• H93.299	Other abnormal auditory perceptions, unspecified ear
• H61.21	Impacted cerumen, right ear
• H61.22	Impacted cerumen, left ear
• H61.23	Impacted cerumen, bilateral
• T16.2XXA	Foreign body in left ear, initial encounter
• T16.2XXD	Foreign body in left ear, sub. encounter
• T16.1XXA	Foreign body in right ear, initial encounter
• T16.1XXD	Foreign body in right ear, sub. encounter
• H65.01	Acute serious otitis media, right ear

• H65.02	Acute serous otitis media, left ear
• H65.03	Acute serous otitis media, bilateral
• H65.04	Acute serous otitis media, recurrent, right ear
• H81.01	Meniere's Disease, right ear
• H81.02	Meniere's Disease, left ear
• H81.03	Meniere's Disease, bilateral
• H81.09	Meniere's Disease, unspecified
• H81.11	BPPV, right ear
• H81.12	BPPV, left ear
• H81.13	BPPV, bilateral
• H81.10	BPPV, unspecified ear
• H81.4	Vertigo of central origin
• H83.2X1	Labyrinthine dysfunction, right ear
• H83.2X2	Labyrinthine dysfunction, left ear
• H83.2X3	Labyrinthine dysfunction, bilateral
• H81.8X9	Other disorders of vestibular dysfunction, unspecified
• H81.393	Other peripheral vertigo, right ear
• H81.392	Other peripheral vertigo, left ear
• H81.393	Other peripheral vertigo, bilateral
• H81.399	Other peripheral vertigo, unspecified ear
• H55.00	Nystagmus
• R42	Dizziness
• G51.0	Bell's Palsy
• F80.4	Speech and language delay due to hearing loss
• R62.0	Delayed Milestone in childhood
• Z01.110	Hearing exam following failed screening
• Z01.118	Hearing/vestibular exam without abnormal findings
• Z82.2	Family history of hearing loss