MEDICAL MUTUAL®

MedicalPolicy

Policy: **200215**

SUBJECT: **Auditory Brainstem Response Testing**

Initial Effective Date: **01/31/2002**

Annual Review Date: **05/01/2018**

Last Revised Date: **05/01/2018**

Definition: Auditory brainstem response (ABR) testing is a noninvasive method for the evaluation of hearing disorders. Testing of ABRs gives information about the inner ear (cochlea) and brain pathways and may be used to assess central nervous system issues. This test is routinely used to screen newborns for hearing disorders but is also used with children or other individuals who have a difficult time with conventional behavioral methods or hearing screenings. ABR testing can also be used to assess central nervous system dysfunction.

Medical Necessity: The Company considers auditory brainstem response testing (**CPT Codes 92585 and 92586) medically necessary** and eligible for reimbursement providing that testing has been ordered by a physician (or qualified nonphysician practitioner, e.g., nurse practitioner or physician assistant) and will be performed by an audiologist or other qualified healthcare professional and ***at least one of the following*** medical criteria is met:

- Testing will be used to distinguish cochlear and retrocochlear pathology in patients with abnormal findings on audiologic testing (pure tone audiometry, acoustic reflex testing with a measurement of reflex decay and speech discrimination testing) and symptoms including but not limited to:
  - Asymmetrical or unilateral sensorineural HL; or
  - Asymmetrical high-frequency HL; or
  - Unilateral tinnitus; or
  - Unilateral or bilateral poor word recognition scores as compared with degree of sensorineural HL; or
  - Perceived distortion of sounds when peripheral hearing is essentially normal; or
- Patient has previous failed hearing screening, is unable to undergo conventional audiometry, or results of conventional audiometry would be unreliable. This includes but is not limited to newborn infants, young children, patients who are attempting to feign a HL (i.e. malingering), developmentally delayed patients or patients with dementia; or
- Testing will be used to evaluate suspected acoustic neuroma in patients for whom MRI is contraindicated or MRI results are equivocal; or
- Testing will be used to evaluate suspected auditory neuropathy spectrum disorder; or
- Testing will be used for baseline assessment prior to cochlear implantation or posterior fossa surgery; or
- Testing will be used for postoperative assessment following cochlear or auditory brainstem implantation; or
- Testing will be used to evaluate HL in patients with demyelinating diseases (e.g., multiple sclerosis);

AND

At least one of the following clinical conditions is present:

- Meningococcal retrobulbar neuritis
- Symptomatic neurosyphilis
- Lyme disease, unspecified
- Progressive multifocal leukoencephalopathy
- Mosquito-borne viral encephalitis, tick-borne viral encephalitis, and viral encephalitis transmitted by other and unspecified arthropods
- Herpes viral encephalitis
- Measles complicated by encephalitis
- Rubella encephalitis
- Human herpesvirus 6 encephalitis
- Other human herpesvirus encephalitis
- Malignant neoplasm of other and unspecified parts of the nervous system
- Malignant neoplasm of brain
- Malignant neoplasm of other and unspecified parts of the nervous system
- Secondary malignant neoplasm of brain and spinal cord
- Benign neoplasm of brain and other parts of nervous system
- Neoplasm of uncertain behavior of brain and spinal cord, meninges, and other and unspecified parts of nervous system
- Neoplasms of unspecified behavior of brain
- Conversion disorder
- Sequelae of inflammatory disease of central nervous system
- Hereditary ataxia
- Other degenerative disease of basal ganglia
- Hallervorden-Spatz disease – extrapyramidal and movement disorders in diseases classified elsewhere (G23.0 – G26)
- Multiple sclerosis
- Other demyelinating diseases of the central nervous system
- Transient cerebral ischemic attacks and related syndromes
- Trigeminal, facial, and other cranial nerve disorders, nerve root and plexus disorders, mononeuritis, neuropathy, and myoneural disorders
- Cerebral palsy
- Anoxic brain damage, not elsewhere classified
- Benign intracranial hypertension
- Compression of brain
- Cerebral edema
- Disorders of the optic nerve and visual pathways

- Visual disturbances
- Multi-system degeneration of the autonomic nervous system
- Optic papillitis, unspecified eye – unspecified optic neuritis (H46.00 – H46.9)
- Disorders of vestibular function
- Other disorders of ear and HL
- Subarachnoid hemorrhage, intracerebral hemorrhage, other and unspecified intracranial hemorrhage, occlusion and stenosis of precerebral arteries, occlusion of cerebral arteries
- Cerebral aneurysm, nonruptured
- Hypertensive encephalopathy
- Acute cerebrovascular insufficiency, cerebral ischemia and other cerebrovascular disease
- Cerebral vasospasm and vasoconstriction
- Newborn (suspected to be) affected by other complications of labor and delivery
- Other disturbances of cerebral status of newborn
- Encephalocele
- Congenital reduction deformities of brain
- Arnold-Chiari syndrome
- Abnormal head movements – unspecified abnormal involuntary movements (R25.0 – R25.9)
- Abnormality of gait, lack of coordination, and transient paralysis of limb
- Dizziness and giddiness
- Nonspecific abnormal results of function studies of peripheral nervous system and special senses
- Injury to optic nerve and pathways
- Injury to cranial nerve, spinal cord, nerve root(s), spinal plexus(es), and other nerves of trunk, peripheral nerve of shoulder girdle and upper limb, or peripheral nerve of pelvic girdle and lower limb, sequela
- Concussion with prolonged loss of consciousness without return to pre-existing conscious level
- Encounter for hearing examination following failed hearing screening
- Encounter for health supervision of foundling and other healthy infant or child

NOTE: At this time, the evidence does not support the use of auditory steady state response (ASSR) testing as an alternative to auditory brainstem response (ABR) testing for the evaluation of retrocochlear pathology; ASSR testing may be helpful for confirming ABR test results.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

Sources of Information:

- American Academy of Pediatrics, Joint Committee on Infant Hearing (AAP,JCIH). Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2007;120(4):898–921.
- American Speech-Language-Hearing Association (ASLHA). Clinical Topics. Permanent Childhood Hearing Loss. 2015. Available at: http://www.asha.org/Practice-Portal/Clinical-Topics/Permanent-Childhood-Hearing-Loss/. Dworsack-Dodge MM, Gravel J, Grimes AM, et al. Audiologic Guidelines for the Assessment of Hearing in Infants and Young Children. August 2012. American Academy of Audiology [website]. Available at: http://audiology-web.s3.amazonaws.com/migrated/201208_AudGuideAssessHear_youth.pdf_5399751b249593.36017703.pdf. Harlor AD Jr, Bower C; Committee on Practice and Ambulatory Medicine; Section on Otolaryngology-Head and Neck Surgery. Hearing assessment in infants and children: recommendations beyond neonatal screening. *Pediatrics.* 2009;124(4):1252-1263.
- Joint Committee on Infant Hearing; American Academy of Audiology; American Academy of Pediatrics; American Speech-Language-Hearing Association; Directors of Speech and Hearing Programs in State Health and Welfare Agencies. Year 2000 position statement: principles and guidelines for early hearing detection and intervention programs. Joint Committee on Infant Hearing, American Academy of Audiology, American Academy of Pediatrics, American Speech-Language-Hearing Association, and Directors of Speech and Hearing Programs in State Health and Welfare Agencies**.** *Pediatrics.* 2000;106(4):798-817.
- Musiek FE, Baran JA, Bellis TJ, et al. American Academy of Audiology Clinical Practice Guidelines. Diagnosis, Treatment and Management of Children and Adults with Central Auditory Processing Disorder. August 2010. American Academy of Audiology [website]. Available at: http://audiology-web.s3.amazonaws.com/migrated/CAPD%20Guidelines%208-2010.pdf_539952af956c79.73897613.pdf.

Applicable Code(s):	
CPT:	**92585, 92586**
HCPCS:	**N/A**
ICD10 Procedure Codes:	**N/A**