POLICY STATEMENT:

All Health Plan contracts that provide coverage for preventative and primary care services (including “well child” care) allow coverage of audiology screening of newborns (a child less than 3 months old) when services are rendered in a hospital, in a physician’s office, or in the office of a professional licensed to provide such services.

Refer to Corporate Medical Policy #2.01.27 regarding Evoked Potentials.

Refer to Corporate Medical Policy #10.01.09 regarding Early Intervention Services.

POLICY GUIDELINES:

Screening is accomplished by the use of an objective electrophysiological or otoacoustic measurement of the auditory system using equipment approved by the FDA (e.g., A*Baer, Algo Newborn Hearing Screeners, AuDX, Capella, Clarity, DP2000, Echoport, EchoScreen, Ero*Scan, Scout Sport, SmartOAE, Echo-Screen) to identify infants at risk for hearing loss.

DESCRIPTION:

Centers for Disease Control and Prevention (CDC) data shows that approximately 1 to 3 per 1,000 children have hearing loss. Children with hearing loss may experience delayed development in language, learning and speech. Universal newborn hearing screening reduces the age at which infants with hearing loss are diagnosed and treated.

Screening is performed by otoacoustic emission (OAE) or auditory brainstem response (ABR). Both OAE and automated ABR technologies provide noninvasive recordings of physiologic activity underlying normal auditory function, both are easily performed in neonates and infants, and both have been successfully used for Universal Newborn Hearing Screening (UNHS). OAE measurements are obtained from the ear canal by using a sensitive microphone within a probe assembly that records cochlear responses to acoustic stimuli. OAEs reflect the status of the peripheral auditory system extending to the cochlear outer hair cells. ABR measurements are obtained from surface electrodes that record neural activity generated in the cochlea, auditory nerve, and brainstem in response to acoustic stimuli delivered via an earphone. Automated ABR measurements reflect the status of the peripheral auditory system, the eighth nerve, and the brainstem auditory pathway. Both OAE and ABR screening technologies can be used to detect sensory (cochlear) hearing loss; however, both technologies may be affected by outer or middle-ear dysfunction. Transient conditions of the outer and middle ear may result in a “failed” screening-test result in the presence of normal cochlear and/or neural function. Because OAEs are generated within the cochlea, OAE technology cannot be used to detect neural (eighth nerve or auditory brainstem pathway) dysfunction. Neural conduction disorders or auditory neuropathy/dyssynchrony without concomitant sensory dysfunction will not be detected by OAE testing.

The American Academy of Pediatrics endorses the goal of universal detection of hearing loss in infants by one month of age with appropriate intervention no later than three months of age. The Academy considers newborn hearing screening to be a prevailing standard of care.
Effective October 20, 2001, the New York State Commissioner of Health implemented a newborn hearing screening program to screen newborn infants for hearing problems. Newborn hearing screening services are within the scope of preventative and primary care services (including “well child” care) covered under the New York State Insurance Law. These laws state every policy providing medical, major medical or similar comprehensive coverage must provide coverage for preventive and primary care services for dependent children to age nineteen.

**CODES:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>92558</td>
<td>Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis</td>
</tr>
<tr>
<td>92585</td>
<td>Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive</td>
</tr>
<tr>
<td>92586</td>
<td>limited</td>
</tr>
<tr>
<td>92587</td>
<td>Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)</td>
</tr>
</tbody>
</table>

*Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*

**CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

**CPT:**

- 92558  Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
- 92585  Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
- 92586  limited
- 92587  Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

**REFERENCES:**


**KEY WORDS:**

Audiology screening, newborns; Hearing screening, newborns.

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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based on our review, audiology screening of newborns is not addressed in National or Local Medicare coverage determinations or policies.