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## **1.0 Description of the Procedure, Product, or Service**

Tympanometry and acoustic reflex testing both provide valuable information when evaluating the middle ear and inner ear respectively. However, each test has its own specific function.

Tympanometry provides useful quantitative information about the presence of fluid in the middle ear. This is a useful study for pediatricians, family practitioners, and otolaryngologists as it can be used as a screening device for determining middle ear disease and, is excellent for following children with a history of middle ear disease. It is the only method of measuring middle ear function in a recipient who is unable to perform a formal audiometry test. Tympanometry is usually indicated without acoustic reflex testing.

According to the Agency for Health Care Policy and Research, tympanometry is unnecessary when any of the following symptoms and signs are present: ear pain, decreased hearing, ear drainage, fever, inflamed tympanic membrane, desquamated epithelium on membrane, bulging tympanic membrane or evidence of middle ear effusion.

Acoustic reflex testing utilizes sound to test the reflex contractions of the stapedius muscle. This may be measured bilaterally, even when the sound is introduced only on one side. This test is used specifically for the evaluation of sensorineural hearing loss.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

To be eligible, NC Health Choice (NCHC) recipients shall be enrolled on the date of service.

## **3.0 When the Procedure, Product, or Service Is Covered**

### **3.1 General Criteria**

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### 3.2 Specific Criteria

- a. Medicaid covers tympanometry when any of the following indications are present:
  1. Wax partially occludes the external ear canal, making adequate visualization impossible, after appropriate effort to remove the wax;
  2. Chronic otitis media with effusion prior to referral;
  3. Perforation of the tympanic membrane is suspected;
  4. Patency of pressure equalizing tubes (PE) is in question; or
  5. A failed hearing screening test.
- b. Medicaid covers acoustic reflex testing when any of the following indications are present:
  1. Suspected hearing loss;
  2. Persistent serous otitis media;
  3. Speech delay in children; or
  4. Dizziness, tinnitus, or vertigo.

## 4.0 When the Procedure, Product, or Service Is Not Covered

### 4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

### 4.2 Specific Criteria

- a. Medicaid does not cover tympanometry and acoustic reflex testing for routine screenings.
- b. Medicaid does not cover tympanometry and acoustic reflex testing for a recipient who does not meet any of the indications listed in **Subsection 3.2**.
- c. Medicaid does not cover tympanometry when any the following are present:
  1. Ear pain
  2. Decreased hearing when no objective hearing test performed
  3. Ear drainage
  4. Fever
  5. Inflamed tympanic membrane
  6. Desquamated epithelium on membrane
  7. Bulging tympanic membrane
  8. Evidence of middle ear effusion

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

Prior approval is not required for tympanometry and acoustic reflex testing.

## 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 7.0 Additional Requirements

### 7.1 Compliance

Providers shall comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

**When performed, the provider shall ensure that the clinical health care record includes a printout of the tympanogram, audiogram, or both.**

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
7/1/2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, <b>Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”</b>
1/1/12	Throughout	To be equivalent where applicable to NC DMA’s Clinical Coverage Policy # 1A-32 under Session Law 2011-145

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

### B. Diagnosis Codes

Providers shall bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

Code	Description
69210	Removal impacted cerumen (separate procedure), 1 or both ears
92550	Tympanometry And Reflex Threshold Measurements
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing; threshold
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Inpatient, Outpatient, Office

### G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services

### H. Reimbursement

Providers shall bill their usual and customary charges.