



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

April 2, 2012

Danielle Moon, J.D., M.P.A.  
Director, Medicare Drug and Health Plan Contract Administration Group  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: Medicare Part C/Medicare Advantage Billing for Current Procedural  
Terminology (CPT) 92552

Dear Ms. Moon:

The American Speech-Language-Hearing Association (ASHA) is the professional and scientific association representing over 150,000 audiologists, speech-language pathologists, and speech-language and hearing scientists qualified to meet the needs of the estimated 1 in 6 children and adults in the United States with communications disorders. I am writing to you regarding instructions sent by hi HealthInnovations, a subsidiary of UnitedHealthcare, one of your Medicare Part C/Medicare Advantage suppliers. Specifically, our concerns focus on billing instructions included in a hearing test kit distributed to primary care offices across the country.

ASHA was able to obtain one of the hearing test kits and noted that the procedure is performed via an automated process. The automation does not require a health care provider trained in administering hearing tests to adjust the test parameters. The instructions state "...the software will guide the patient through the hearing test" and advises the provider or technician to remain "nearby." The *Frequently Asked Questions* provided indicate that the procedure is billable to UnitedHealthcare Medicare Advantage Plans under CPT code 92552 (Pure tone audiometry [threshold], air only.)

CPT code 92552 is a diagnostic code that requires the skills of qualified health professional. The Medicare Claims Processing Manual (publication 100-04), Chapter 12 defines the professional skills required as interactive, using clinical judgment and specialized knowledge of anatomy and physiology, neurology, psychology, physics, psychometrics, and interpersonal communication. Additionally, the manual states:

"Diagnostic audiology services also require skills and judgment to administer and modify tests, to make informed interpretations about the causes and implications of the test results in the context of the history and presenting complaints, and to provide both objective results and professional knowledge to the patient and to the ordering physician.

Examples include, but are not limited to:

- Comparison or consideration of the anatomical or physiological implications of test results or patient responsiveness to stimuli during the test;
- Development and modification of the test battery and test protocols;
- Clinical judgment, assessment, evaluation, and decision-making;
- Interpretation and reporting observations, in addition to the objective data, that may influence interpretation of the test outcomes;
- Tests related to implantation of auditory prosthetic devices, central auditory processing, contralateral masking; and/or
- Tests to identify central auditory processing disorders, tinnitus, or nonorganic hearing loss.”

Automated administration of a hearing procedure—such as that provided through the hi HealthInnovations test kit—fall short of the Medicare standard regarding the skills of an audiologist. The coding guidance for this type of procedure would fall more appropriately into the area of a Category III CPT code such as **0208T, Pure tone audiometry** (threshold), automated; air only.

The advice to report 92552 is inconsistent with CMS guidelines and a concern not only with Medicare Advantage beneficiaries, but the likely generalization of use of code 92552 in physician offices for screening purposes across all Medicare, Medicaid, and private insurance types. In addition to suggesting inappropriate billing practices, the advice may suggest to CMS beneficiaries they are receiving a complete diagnostic evaluation for their hearing loss, when in fact they only received an automated screening.

ASHA is submitting additional concerns with regard to the classification of hi HealthInnovations’s audiometer and the practice of referral of patients directly to hearing aids without a medical evaluation to the U.S. Food and Drug Administration. We understand the Academy of Doctors of Audiology sent you a hearing test kit for your inspection. We respectfully request for CMS to investigate the utility of the test to Medicare beneficiaries and the improper reference of code 92552 for billing computerized hearing tests.

If you have any questions regarding these comments, please contact Lisa Satterfield, ASHA’s director of health care regulatory advocacy, at [lsatterfield@asha.org](mailto:lsatterfield@asha.org) or 301-296-5671.

Thank you for your consideration of this matter.

Sincerely,



Shelly S. Chabon, PhD, CCC-SLP  
2012 ASHA President