Resolution: 2013-19

Subject: Automated Audiometry

Whereas, automated audiometry may serve as a cost-effective, efficient, and standardized method for screening and monitoring hearing loss, and

Whereas, automation of audiologic tests have been incorporated into physiologic measures of assessment including immittance testing, auditory brainstem response (ABR), and otoacoustic emissions (OAEs), and

Whereas, audiologists want to ensure accessibility of high-quality audiologic services to meet the continuously expanding needs of patients requiring hearing evaluations, and

Whereas, automated audiometry is currently being utilized by military and industrial audiology for the purposes of screening and monitoring hearing loss, and

Whereas, automated audiometry systems that have been appropriately validated through independent research may be utilized for audiologic screening and monitoring, and

Whereas, audiologists are uniquely qualified to provide services related to the prevention of hearing loss, and diagnosis, identification, assessment, and nonmedical treatments of impairments of auditory and balance function, and

Whereas, automated audiometry systems are emerging but the clinical efficacy, validity, and reliability is not well established or documented in peer-reviewed literature to date, and

Whereas, physicians and audiologists both rely on the accuracy of audiologic testing for treatment and management decisions, and

Whereas, a comprehensive diagnostic audiologic evaluation, performed by a licensed audiologist, is recommended prior to medical, surgical and/or rehabilitative interventions, and

Whereas, CPT Category IIII codes, which are temporary codes used for data collection for emerging technology, should be utilized when billing claims for automated audiometry, and

Whereas, a comprehensive audiologic evaluation involves not only the measurement of frequency specific stimuli but should also include a thorough case history, otoscopy, measures of physiologic function of the auditory system and auditory function including the reception, recognition, processing, interpretation of speech, and monitoring of external factors, and
Whereas, automated audiometry may not be appropriate for many patient populations including
pediatrics or persons with physical and/or cognitive impairment as they may be unable to reliably
complete automated testing, and
Whereas, thorough audiologic evaluations are only one of the components performed to
determine candidacy for amplification, assistive listening devices and cochlear implants and
other issues such as physical, cognitive, social, emotional, medical and lifestyle attributes must
be considered.
RESOLVED, the American Academy of Audiology supports the use of automated audiometry
for the purposes of screening and monitoring of hearing loss with those systems that have been
validated by independent research, and
RESOLVED, at this time there is not sufficient evidence to support the use of automated
audiometry as a replacement for comprehensive audiologic evaluations completed by an
audiologist for the purpose of diagnosing hearing and balance disorders and determining medical
treatment and/or audiological management, and
RESOLVED, the American Academy of Audiology supports the ongoing research,
development, and validation of automated audiometry systems for potential future use in
achieving quality health care, and
RESOLVED, if/when automated audiometry is implemented, caution should be taken to ensure
accuracy and reliability of results and testing should always be overseen and interpreted by an
audiologist.

References:
American Academy of Audiology (2012). Internet hearing evaluations for the purposes of fitting
and dispensing hearing aids, public policy resolution.
resolution
American Academy of Audiology (2008). The use of telehealth/telemedicine to provide
audiology services, public policy resolution.
audiometry. *Otology & Neurology*, 30, 876-883


