



## **AAO16: Age-Related Hearing Loss: Comprehensive Audiometric Evaluation**

**High Priority Status:** Yes / Care Coordination

**CBE Number:** N/A

### **Measure Description:**

Percentage of patients aged 50 years and older who failed a hearing screening and/or who report suspected hearing loss who received, were ordered, or were referred for comprehensive audiometric evaluation within 4 weeks of the office visit.

### **Instructions:**

This measure is to be submitted a minimum of **once per performance period** for patients seen for suspected/unspecified hearing loss during the performance period. This measure may be submitted by clinicians based on the services provided and the measure-specific denominator coding.

### **Denominator:**

All patients aged 50 years and older who failed a hearing screening and/or who report suspected hearing loss

### **Denominator Note:**

To meet the denominator criteria, a patient must present with first time hearing difficulties or hearing difficulties are suspected, or unspecified hearing loss. Patients with a confirmed diagnosis of hearing loss are excluded from this measure.

### **Denominator Exclusions:**

None

### **Denominator Criteria:**

Patients aged 50 years and older

**AND**

[Failed a hearing screening](#)

**AND/OR**

[Reported suspected hearing loss](#)

[For a list of codes that qualify as denominator eligible visits, reference Addendum attached.](#)

### **Numerator:**

Patients who received, were ordered, or were referred for comprehensive audiometric evaluation\* within 4 weeks of the office visit

\*Comprehensive audiometric evaluation: The hearing evaluation should include a physical examination of the patient's ears and an evaluation of the patient's hearing acuity using an audiometer in a sound booth. The hearing evaluation may include the use of pure tone audiometry, bone conduction hearing testing, Hearing in Noise Test, speech tests, acoustic reflex test, auditory brainstem response testing (e.g. when patient is not able to complete behavioral audiometry) or other appropriate hearing evaluation tests.

### **Numerator Note:**

To meet the intent of the measure, the numerator quality action must be performed during or within 4 weeks of the encounter in which suspected hearing loss is documented

### **Denominator Exceptions:**

Medical reason(s) for not evaluating for hearing loss include patients who had an audiogram within last year; patients with an active diagnosis of deafness, hearing impairment, head or ear trauma, history of other hearing impairment. Patient refusal.

### **Measure Classifications:**

Empowering otolaryngologist-head and neck surgeons to deliver the best patient care

Submission Pathway: Traditional MIPS, MIPS Value Pathways (MVP)

Measure Type: Process

High Priority Type: Care Coordination

Meaningful Measures Area: Preventive Care

Care Setting(s): Ambulatory Care: Clinician Office/Clinic

Includes Telehealth: Yes

Number of Performance Rates: 1

Inverse measure: No

Continuous measure: No

Proportional measure: Yes

Ratio measure: No

Risk Adjusted measure: No

**Clinical Recommendation Statement:**

The objective of auditory assessment is to diagnose the type and magnitude of hearing loss and the need for treatment including candidacy for amplification. As a result of the audiologic assessment, the patient may be referred for additional services (e.g., electrophysiologic tests, medical or surgical intervention, etc.). The prerequisites leading to the hearing aid fitting process should include a comprehensive case history, otoscopic inspection, cerumen management, hearing assessment, and needs assessment.

American Speech-Language-Hearing Association. Adult Hearing. <http://www.asha.org/Practice-Portal/Professional-Issues/Adult-Hearing-Screening/>. Access 2018.

Valente M, Abrams H et al. Guidelines for the Audiologic Management of Adult Hearing Impairment. *Audiology Today*. 2006. 18(5); 1-44.

**Rationale:**

Approximately one-third of persons over 65 years are affected by disabling hearing loss. Despite its prevalence and morbidity, hearing loss is underrecognized and undertreated. Undertreatment may lead to declined quality of life and exacerbation of social isolation, depression, and even cognitive decline.

Rutherford BR, Brewster K, Golub JS, Kim AH, Roose SP. Sensation and Psychiatry: Linking Age-Related Hearing Loss to Late-Life Depression and Cognitive Decline. *The American journal of psychiatry*. 2018;175(3):215-224. doi:10.1176/appi.ajp.2017.17040423

**Supporting Clinical Practice Guideline (CPG):**

For more details, reference the [Clinical Practice Guideline: Age-Related Hearing Loss \(2024\)](#)

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## Addendum

Encounter Visit			
Measure Element	Code Type	Code	Code Description
Denominator - Encounter Visit	CPT	99202	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99203	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99204	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99205	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99211	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99212	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99213	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99214	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99215	Office or other outpatient visit
Denominator - Encounter Visit	CPT	99241	Office consultation
Denominator - Encounter Visit	CPT	99242	Office consultation
Denominator - Encounter Visit	CPT	99243	Office consultation
Denominator - Encounter Visit	CPT	99244	Office consultation
Denominator - Encounter Visit	CPT	99245	Office consultation
Denominator - Encounter Visit	CPT	99341	Home visit
Denominator - Encounter Visit	CPT	99342	Home visit
Denominator - Encounter Visit	CPT	99343	Home visit
Denominator - Encounter Visit	CPT	99344	Home visit
Denominator - Encounter Visit	CPT	99345	Home visit
Denominator - Encounter Visit	CPT	99347	Home visit
Denominator - Encounter Visit	CPT	99348	Home visit
Denominator - Encounter Visit	CPT	99349	Home visit
Denominator - Encounter Visit	CPT	99350	Home visit
Denominator - Encounter Visit	CPT	99386	Initial comprehensive preventive medicine evaluation

Denominator - Encounter Visit	CPT	99387	Initial comprehensive preventive medicine evaluation
Denominator - Encounter Visit	CPT	99396	Periodic comprehensive preventive medicine reevaluation
Denominator - Encounter Visit	CPT	99397	Periodic comprehensive preventive medicine reevaluation
Denominator - Encounter Visit	HCPCS	G0438	Annual wellness visit
Denominator - Encounter Visit	HCPCS	G0439	Annual wellness visit

### Failed Hearing Screen

Denominator - Failed Hearing Screening	SNOMEDCT	134374006	Hearing test bilateral abnormality (finding)
Denominator - Failed Hearing Screening	SNOMEDCT	134375007	Hearing test left abnormality (finding)
Denominator - Failed Hearing Screening	SNOMEDCT	134376008	Hearing test right abnormality (finding)
Denominator - Failed Hearing Screening	SNOMEDCT	313203003	Hearing test abnormal (finding)
Denominator - Failed Hearing Screening	ICD10CM	V72.11	Encounter for hearing examination following failed hearing screening
Denominator - Failed Hearing Screening	ICD10CM	Z01.110	Encounter for hearing examination following failed hearing screening

### Suspected Hearing Loss

Denominator - Suspected Hearing Loss	SNOMEDCT	103276001	Decreased hearing (finding)
Denominator - Suspected Hearing Loss	SNOMEDCT	118230007	Hearing finding (finding)
Denominator - Suspected Hearing Loss	SNOMEDCT	128540005	Hearing disorder (disorder)
Denominator - Suspected Hearing Loss	SNOMEDCT	15188001	Hearing loss (disorder)
Denominator - Suspected Hearing Loss	SNOMEDCT	25788011	Hearing loss (disorder)
Denominator - Suspected Hearing Loss	SNOMEDCT	473423001	Hearing loss of right ear (disorder)
Denominator - Suspected Hearing Loss	SNOMEDCT	95820000	Bilateral hearing loss (disorder)
Denominator - Suspected Hearing Loss	ICD10CM	H91	Other and unspecified hearing loss
Denominator - Suspected Hearing Loss	ICD10CM	H91.9	Unspecified hearing loss
Denominator - Suspected Hearing Loss	ICD10CM	H91.90	Unspecified hearing loss, unspecified ear
Denominator - Suspected Hearing Loss	ICD10CM	H91.91	Unspecified hearing loss, right ear
Denominator - Suspected Hearing Loss	ICD10CM	H91.92	Unspecified hearing loss, left ear
Denominator - Suspected Hearing Loss	ICD10CM	H91.93	Unspecified hearing loss, bilateral
Denominator - Suspected Hearing Loss	ICD10CM	H93.299	Other abnormal auditory perceptions, unspecified ear

Denominator - Suspected Hearing Loss	ICD10CM	H93.29	Other abnormal auditory perceptions
Denominator - Suspected Hearing Loss	ICD10CM	H93.291	Other abnormal auditory perceptions, right ear
Denominator - Suspected Hearing Loss	ICD10CM	H93.292	Other abnormal auditory perceptions, left ear
Denominator - Suspected Hearing Loss	ICD10CM	H93.293	Other abnormal auditory perceptions, bilateral
Denominator - Suspected Hearing Loss	ICD10CM	H93.1	Tinnitus
Denominator - Suspected Hearing Loss	ICD10CM	H93.11	Tinnitus, right ear
Denominator - Suspected Hearing Loss	ICD10CM	H93.12	Tinnitus, left ear
Denominator - Suspected Hearing Loss	ICD10CM	H93.13	Tinnitus, bilateral
Denominator - Suspected Hearing Loss	ICD10CM	H93.19	Tinnitus, unspecified ear
Denominator - Suspected Hearing Loss	ICD10CM	H93.2	Other abnormal auditory perceptions