FUNDAMENTALS OF AUDIOLOGY CODING: CPT, HCPCS, ICD 10

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WHY WE CODE ITEMS, SERVICES AND DIAGNOSES?

• WE DO NOT CODE FOR COVERAGE!

• We code for data.
  • This data helps a practice make business decisions, rather than emotional decisions.

• We code to reflect productivity.

• We code for reimbursement.
  • Coverage is when a third-party is paying all or part of the cost of the item or service.
    • Lack of coverage does NOT mean a lack of reimbursement.
  • Reimbursement is when you, the provider, receive payment for the cost of the item or service.

• WE NEED TO CARE MORE ABOUT REIMBURSEMENT AND LESS ABOUT COVERAGE!
CPT BASICS

• CPT is the acronym for Current Procedural Terminology.
• CPT is a listing of codes and their descriptions that outline medical services and procedures.
• CPTs are added, deleted, and modified annually by their creator, the American Medical Association.
• CPTs are five digit, numeric codes. Most codes that apply to audiology begin with the numbers 92xxx.
• They are updated annually on January 1.
VESTIBULAR TESTING: WITHOUT RECORDING

- **92531**: Spontaneous nystagmus, including gaze
- **92532**: Positional nystagmus test
  - Could be used for a Hallpike, in isolation, without recording.
- **92533**: Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
- **92534**: Optokinetic nystagmus test
  - Code without recording are non-covered by Medicare.
VESTIBULAR TESTING: WITH RECORDING

- 92540: Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal or peripheral stimulation, with recording, and oscillating tracking test, with recording
- 92541: Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
- 92542: Positional nystagmus test, minimum of 4 positions, with recording
- 92544: Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
- 92545: Oscillating tracking test, with recording
  - Add the -59 modifier if bill two or three of 92541, 92542, 92543, or 92544 on the same patient on the same date of service.
VESTIBULAR TESTING WITH RECORDING

• 92537: Caloric vestibular test with recording, bilateral; bithermal (i.e. one warm and one cool irrigation for each ear for a total of four irrigations)
  • Add -52 modifier if only perform three irrigations and -22 modifier if perform more than four irrigations.

• 92538: Caloric vestibular test with recording, bilateral; monothermal (i.e. one irrigation in each ear for a total of two irrigations)
  • Add –52 modifier if only complete one irrigation.
92546: Sinusoidal vertical axis rotational testing
   • NOT for vHIT or head thrust.

92547: Use of vertical electrodes (List separately in addition to code for primary procedure)
   • ENG only (except Florida MAC) as VNG has no electrodes.

92548: Computerized dynamic posturography
   • Not for foam.
• 92551: Screening test, pure tone, air only
  • Pass/fail
  • Non-covered by traditional Medicare BUT covered by some private third-party payers and Medicare Advantage.
  • Some payers consider THIS to be the routine hearing test.
• 92552: Pure tone audiometry (threshold); air only
• 92553: Pure tone audiometry (threshold); air and bone
• 92555: Speech audiometry threshold
• 92556: Speech audiometry threshold; with speech recognition
• 92557: Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
  • Add 59 modifier if bill two of 92552, 92553, 92555, or 92556 on the same patient on the same date of service.
IMMITTANCE CODES

- 92550: Tympanometry and reflex threshold measurements
- 92567: Tympanometry (impedance testing)
- 92568: Acoustic reflex testing, threshold
  - eSRT
- 92570: Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
  - Reflex thresholds should be established both ipsilateral and contralateral test conditions at at least two frequencies.
92579: Visual reinforcement audiometry (VRA)

- “Is a test technique that can be performed using either loudspeakers or earphones, which uses flashing lights, moving toys, or video to reinforce a head-turn response to sound stimuli, and it may be used with either tonal or speech stimuli”
- The procedure is repeated with speech, warble tones, narrow tone noise, and frequency specific noisemakers

92582: Conditioning play audiometry

- “Is a test technique in which the patient is taught a game that requires a response to tonal stimuli. A variety of play responses can be used with CPA, such as dropping a toy in a container or putting pegs in a board. It is typically done using earphones.”

92583: Select picture audiometry

- These are NOT method (or the means of performing the test) codes or add-on codes so they are not added to 92557.
• 92620: Evaluation of central auditory function, with report; initial 60 minutes
  • Need to have spent 31 minutes or more to bill 92620.
  • Document minutes in the medical record.
  • Can include time for report writing (within reason).
• 92621: Evaluation of central auditory function, with report; each additional 15 minutes
• 92571: Filtered speech test
  • NOT for QuickSIN or speech in noise testing.
  • Code individually only when performed in isolation.
• 92572: Staggered spondaic word test
  • Code individually only when performed in isolation.
• 92576: Synthetic sentence identification test
  • Code individually only when performed in isolation.
• 92507: Treatment of auditory processing disorder; individual.
  • Non-covered by Medicare if provided by an audiologist.
• 92516: Facial nerve function studies (e.g. ENoG)
  • Can be billed “incident to” a physician.

• 92584: Electrocochleography (e.g. ECoG)
  • CI Neurotelemetry

• 92585: Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive

• 92586: Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
• 92558: Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
  • Non-covered by traditional Medicare.
• 92587: Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3–6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
• 92588: Comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
HEARING AID SERVICE CODES

- **92590**: Hearing aid examination and selection; monaural
  - Hearing loss in only one ear.
- **92591**: Hearing aid examination and selection; binaural
  - Hearing loss in two ears.
- **92592**: Hearing aid check; monaural
- **92593**: Hearing aid check; binaural
  - THIS is your hearing aid “evaluation and management” code.
- **92594**: Electroacoustic evaluation for hearing aid; monaural
- **92595**: Electroacoustic evaluation for hearing aid; binaural
  - HIT box.

None of these codes are covered by traditional Medicare.
COCHLEAR IMPLANT PROGRAMMING CODES

- **92601**: Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
- **92602**: Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming
- **92603**: Diagnostic analysis of cochlear implant, age 7 years or older; with programming
- **92604**: Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
  - Add 59 modifier if performed on the same day at 92626 or 92568.
  - **92584** (NRT) will be non-covered if performed on the same date of service as 92601-92604 (coding edit). The patient cannot be responsible.
INTRAOPERATIVE MONITORING

• As allowed by state licensure.
• 95907: Nerve conduction studies; 1-2 studies
• 95940: Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes
• 95941: Continuous intraoperative neurophysiology monitoring from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour
  • Add onto:
    • 92585: ABR
• 92565: Stenger test, pure-tone
• 92577: Stenger test, speech
• 92596: Ear protector attenuation measurements
  • When ear protection is medically necessary.
• 92625: Assessment of tinnitus (includes pitch, loudness matching, and masking)
  • If don’t do all components, add -52 modifier.
• 92626: Evaluation of auditory rehabilitation status; first hour
  • Need to have spent 31 minutes or more to bill 92626.
  • Document minutes in the medical record.
• 92627: Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
  • For third-party COVERAGE, these codes are used for pre and post operative auditory prosthetic device testing ONLY.
    • NOT for BAHA fitting.
    • Document time in the medical record.
• 92640: Diagnostic analysis with programming of auditory brainstem implant, per hour
• 69200: Removal of foreign body from external auditory canal; without general anesthesia
  • Not covered by traditional Medicare if provided by an audiologist.
  • Can be billed “incident to” a physician.
• 69209: Removal of impacted cerumen using irrigation/lavage, unilateral
• 69210: Removal impacted cerumen, with instrumentation, unilateral
  • Non-covered by traditional Medicare.
  • Can be billed “incident to” a physician.
  • While can be billed with a -50 modifier, it typically only is reimbursed as one unit.
• 92507: Treatment of auditory processing disorder; individual.
  • Non-covered by Medicare if provided by an audiologist.
  • Not covered by traditional Medicare.
• 92630: Auditory rehabilitation; prelingual hearing loss
• 92633: Auditory rehabilitation; postlingual hearing loss
  • Non-covered by traditional Medicare.
• 95992: Canalith repositioning procedure(s), per day
  • Non-covered by traditional Medicare.
  • Can be billed “incident to” a physician.

• 97127: Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact
  • As allowed by state audiology scope of practice.
  • Non-covered by Medicare if provided by an audiologist.

• 97112: Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception.
  • Non-covered by Medicare if provided by an audiologist.
• 96110: Developmental screening (e.g. developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument.
  • As allowed by state audiology scope of practice.
• 96127: Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument
  • Depression screening.
  • As allowed by state audiology scope of practice.
• 97750: Physical performance test or measurement, with written report, each 15 minutes
  • Balance, gait and falls risk assessment.
  • As allowed by state audiology scope of practice.
USE OF 92700

- To classify procedures that do not have CPT codes.
- Individually reviewed.
- Advanced Beneficiary Notice (ABN) required.
- Initially can be submitted electronically, but most payers request additional information on initial denial.
- If reporting 92700, submit report with:
  - Copy of Patient Report
  - Description of procedure
  - Clinical Utility of the Procedure
  - Time
  - Skills of Tester
  - Equipment used
  - Benefit to patient
  - Usual and Customary Fee
VESTIBULAR EVOKED MYOGENIC POTENTIALS (VEMPS)

Description
Vestibular evoked myogenic potentials or VEMPs are a neurodiagnostic and neurophysiologic measure of the function and integrity of the otolith organs (utricle and saccule) of the inner ear. These organs control specific aspects of the vestibular system, specifically changes in the position of the head with respect to gravity. In VEMPs, audiologists introduce a loud sound to the ear and the otolith organs illicit a measurable response in the posterior neck or sternocleidomastoid muscles. This response is a VEMP. Response variables, such as absence of a response, a reduced response, increased latencies and lower thresholds assist in the differential diagnosis of vestibular and otologic conditions.

Clinical Utility
This measure, along with other vestibular assessment measures such as video nystagmography (VNG) and caloric testing, to the differential diagnosis of vestibular conditions. These include, but are not limited to, superior canal dehiscence (SCD), Meniere’s Disease, and multiple sclerosis.

Time
This procedure takes approximately 30-45 minutes to complete, which is similar in length to auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive (92585).

Skills Of The Tester
A Louisiana licensed audiologist with a Masters or Doctoral degree in Audiology from an accredited academic institution.

Practice Expense
Specialized evoked response equipment, whose cost is approximately $20,000 to $30,000.

Usual and Customary Fee

References
COMMON USES OF 92700

VEMP
High-frequency audiometry
Audiometric Weber
Eustachian tube function testing
ASSR
Middle/late latency response
Use of goggles
Saccade testing
Sensory organization test
Head thrust testing
Speech in noise testing

Tinnitus management
Removal of incidental cerumen
Fistula testing
VHit
Fukada
Acceptable noise level
Auditory prosthetic device fitting and service
Evaluation of AR status of less than 30 minutes
You need to ensure that you have actually performed the service and that the service is medically necessary.

- 92504: Binocular microscopy
- 92560: Bekesy audiometry, screening
- 92561: Bekesy audiometry, diagnostic
- 92562: Loudness balance test, alternate binaural and monaural
- 92564: Short increment sensitivity index
- 92575: Sensorineural acuity level test
These codes are temporary codes used for emerging technology.

They are for data collection not coverage.

Those which apply to audiology:

- 0208T: Pure-tone audiometry (threshold), automated; air only
- 0209T: Pure-tone audiometry (threshold), automated; air and bone
- 0210T: Speech audiometry (threshold), automated
- 0211T: Speech audiometry (threshold), automated; with speech recognition
- 0212T: Comprehensive audiometry threshold evaluation and speech recognition, automated
NCCI EDITS


- Cannot bill these code combinations on the same date of service and be paid for both codes.
- Cannot have the patient sign an Advanced Beneficiary Notice (ABN) and bill them privately.
• 22: Increased procedural service
  • Some examples to consider are threshold search ABR or functional hearing assessment (extensions of another procedure).

• 26: Professional Component (separate from technical component)
  • Also known as PC.
  • Interpretation and report of an item or service.

• 32: Mandated Service
  • Typically state or federal mandates.
  • Can sometimes have little to no effect on coverage.

• 33: Preventative service
  • When billing for testing within the newborn hearing screening process.
• 50: Bilateral Procedure
• 52: Reduced service
  • Only tested one ear.
  • Did not meet all of the components of a code.
  • You do not reduce the fee, the payer does.
• 59: Distinct Procedural Service
  • Used in situations where you are unbundling parts of a bundled code.
    • 92540
    • 92557
  • Used when performing 92601-92604 and 92626/7 on the same patient on the same date of service.
• 96: Habilitative Service
  “When a service or procedure that may be either habilitative or rehabilitative in nature is provided for habilitative purposes, the physician or other qualified health care professional may add modifier 96 to the service or procedure code to indicate that the service or procedure provided was a habilitative service. Habilitative services help an individual learn skills and functioning for daily living that the individual has not yet developed, and then keep and/or improve those learned skills. Habilitative services also help an individual keep, learn, or improve skills and functioning for daily living”.
  • Lip reading, cLear, LACE, Fast Forward

• 97: Rehabilitative Service
  “When a service or procedure that may be either habilitative or rehabilitative in nature is provided for rehabilitative purposes, the physician or other qualified health care professional may add modifier 97 to the service or procedure code to indicate that the service or procedure provided was a rehabilitative service. Rehabilitative services help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled”.
  • Aural or vestibular rehabilitation.

Neither modifier affects Medicare coverage or payment.

All would be coded as 92630/3 or 92507.
• GW: Service not related to the hospice terminal condition
  • Use when you see a hospice patient.
• LT: Left ear
• NU: New durable medical equipment purchase
• RT: Right ear
• TC: Technical Component (separate from professional component)
  • Performed the procedure but did not interpret the results or report results.
• https://www11.anthem.com/shared/noapplication/f0/s0/t0/pw_g314260.pdf?refer=ahpculdesac&na=cosecurepolicies
• https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00003604&_adf.ctrl-state=19twgm8f0e_4&_afrLoop=252188593451173#!
Telehealth services can only be provided by audiologists as allowed by state law and once the HIPAA security requirements are met.

Medicare does not cover telehealth services provided by audiologists.

Modifiers:

- GQ: Telehealth provided via interactive audio and video telecommunications systems.
- GT: Telehealth provided via an asynchronous telecommunications system.

PLACE OF SERVICE CODES

• These are two-digit codes placed on claims to indicate the setting in which a service was provided.
• You change your setting, you change your place of service code.

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html

PLACE OF SERVICE CODE EXAMPLES

- 02: Telehealth
- 11: Office
- 12: Home
- 13: Assisted Living Facility
- 14: Group Home
- 15: Mobile Unit
- 17: Walk-in Retail Health Clinic
- 18: Place of Employment-Worksite**
- 19: On-Campus Outpatient Hospital*
- 21: Inpatient Hospital*
- 22: On Campus-Outpatient Hospital*
- 25: Birthing Center**
- 31: Skilled Nursing Facility*
- 32: Nursing Facility
- 34: Hospice*
- 62: Comprehensive Outpatient Rehabilitation Facility**
  - *The facility must submit the claim. Your practice will need a contract with the facility to provide care.
  - **Audiologic testing is non-covered by Medicare.
• Can bill for testing that is attempted if documentation of:
  • What happened?
  • Why you were unable to complete the testing?
  • Did you spend at least half of the typical test time attempting the procedure?

*Documentation is key!*
EXAMPLES OF PEDIATRIC TEST SITUATIONS: CHILD LESS THAN TWO YEARS

• VRA (92579) in soundfield or headphones, includes tones and/or speech
• Tympanometry (92567)
• OAEs (92587)
• ABR (92585)
EXAMPLES OF PEDIATRIC TEST SITUATIONS: CHILD TWO TO FIVE YEARS

- Conditioning play audiometry (92582)
- Select picture audiometry (92583) or 92555 (SRT/SAT) or 92556 (SRT/SAT and WRS)
- Tympanometry and reflexes (92550)
- OAEs (92587)
• Very hard to do, if participating with third-party payers.

• CAPD evaluation (92620/1).
  • First 31-60 minutes, plus report writing

• Treatment
  • 92633 versus 92700 versus 92507

• Evaluation and management codes?
VESTIBULAR ASSESSMENT

• Basic vestibular evaluation (92540):
  • Gaze (92541).
  • Positionals, minimum of four positions (92542).
    • Hallpike testing is a position.
  • Optokinetic (92544).
  • Oscillating tracking (92545).
• Caloric testing (92537)
• Evaluation and Management codes?
VESTIBULAR ASSESSMENT

- Positional testing, without recording (92532)
  - Could be used for Hallpike in isolation.
- Rotational testing (92546)
  - Must have a rotational chair.
- Use of vertical electrodes (92547)
  - For ENG only (except in Florida).
- Dynamic posturography (92548)
  - Need a platform.
- Saccades, VEMPs, VHiT, SOT, and/or use of goggles (92700)
  - End up being private pay in most cases.
AUDITORY OSSEointegrated Device

- Need pre-determination in writing, if not clearly listed as a benefit on the patient’s contract.
- Never call a BAHA a BAHA.
  - Call it an “auditory prosthetic device”.
- Candidacy testing, if completed (92626).
- Evaluation and Management codes?
- Fitting (92700).
  - Patient pays this amount on the date of the device fitting.
- Troubleshooting/service (92700).
  - Suggest patient be billed and pay privately.
CI CANDIDACY

• Audiogram (92557)
• Tymps and reflexes (92550)
• ABR (92585)
• OAEs (92587 or 92588)
• Caloric testing, per irrigation (92538)
• Evaluation of A/R status (92626/7)
• Evaluation and Management codes?
• NRT (92584) or 95940 and 92585 (intraoperative monitoring)
CI INITIAL TUNE-UP

- Programming (92601 if less than 7 years or 92603 if 7 years or older)
  - Could bill as two line items, with RT/LT modifiers or add -50 modifier for bilateral implants
- eSRT (92568)
- Fitting and orientation (92700)
  - Suggest patient pay privately.
- Testing (92626)
  - Add -59 modifier
CI: EVERYTHING ELSE

- Re-programming (92602 or 92604)
- NRT (92584)
  - Remember about the coding edit.
- Soundfield testing (92626)
  - Must spend at least 31 minutes.
- Troubleshooting/service (92700)
  - Suggest patient be billed and pay privately.
- Recommend you send patients to manufacturer for supplies.
  - More time to bill and collect than you actually receive.
  - L codes exist.
CERUMEN REMOVAL

- Impacted (69209 or 69210):
  - Use 69209 if you used lavage or irrigation or use 69210 for use of any other form of instrumentation.
  - Can bill Medicare patients privately.
    - Voluntary ABN.
  - Consult your contract for guidance with other payers.
  - 50 modifier for binaural, although they may only pay for one ear.

- Non-impacted (92700):
  - Inclusive to audiogram if performed on same date of service for Medicare.
  - Can bill Medicare patients privately if done on a separate date of service.
  - Consult your contract for guidance with other payers.
    - Voluntary ABN.
What does your typical patient look like in terms of test battery, case history, and counseling???

- 92625
- Evaluation and Management?
- This will help you determine the codes you use and the prices you set.
- Will need to screen for depression, as allowed by state licensure, for MIPS.
- Very hard to do, if participating with third-party payers.
- Medicare does not cover tinnitus maskers.
  - Medicare patients are financially responsible for costs.
  - Consult payer guidance for private insurers.
  - V5267.
- Tinnitus rehabilitation (92700 versus 92633).
  - Consult payer guidance for private insurers.
  - Medicare patients are financially responsible for costs.
• 92630 or 92633 or 92507

• Medicare beneficiaries are financially responsible for the costs.

• Consult payer guidance for private insurers.
• These entities follow their own, defined coding conventions.

• Following the coding recommendations and requirements outlined by these specific payers.
ICD-10-CM

- ICD-10-CM is an acronym for the International Classification of Diseases, 10th Revision.
- ICD-10s are a listing of codes designed to classify diagnoses and symptoms.
- Created by the World Health Organization and Centers for Disease Control.
- These codes typically consist of up to seven characters.
- Changed on October 1 of each year.
• Code what the patient, their family and/or their physician report in your case history.
  • Case histories need to focus on the whole patient, not just the auditory system
• Code co-morbidities that support medical necessity.
  • i.e. cancer, vascular disorders, autoimmune diseases, diabetes, MS
• Code what you, the audiologist, measure.
  • i.e. hearing loss
• Code what you, the audiologist, personally visualize.
  • i.e. exotoses, cauliflower ear
• **Do not code merely for coverage.**
  • This could be VERY important with the repeal of ACA.
• Documentation of comprehensive case history, test results, and plan of care is key to successful ICD 10 coding, especially if working with certified coder at your facility and they are coding for you.
MEANING OF “UNRESTRICTED” AND “RESTRICTED” IN ICD 10

- Unrestricted means “normal” in ICD 10.
- Restricted means “abnormal” in ICD 10.
WHAT THE NUMBERS MEAN

• A “3” as the last number means bilateral.
• A “2” as the last number means left ear.
• A “1” as the last number means right ear.
A Local Coverage Determination (LCD) is a decision by a Medicare Administrative Contractor (MAC) whether to cover a particular service on a MAC-wide, basis.
## Local Coverage Determinations

*https://www.cms.gov/Medicare/Coverage/DeterminationProcess/LCDs.html*

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- Tympanometry
  - First Coast
- Vestibular Testing Only
  - First Coast
- Vestibular Testing
  - Also affects 92557
  - Palmetto
LOCAL COVERAGE DETERMINATION EXAMPLE
ICD-10 EXAMPLES

- H93.293 Abnormal auditory perception, bilateral
- H93.292 Abnormal auditory perception, left ear
- H93.291 Abnormal auditory perception, right ear
- H93.3X3 Acoustic nerve disorder, bilateral
- H93.3X2 Acoustic nerve disorder, left ear
- H93.3X1 Acoustic nerve disorder, right ear
- H61.303 Acquired stenosis of external ear canal, bilateral
- H61.302 Acquired stenosis of external ear canal, left ear
- H61.301 Acquired stenosis of external ear canal, right ear
- F84.5 Asperger’s disorder
**ICD-10 EXAMPLES**

- H93.213 Auditory recruitment, bilateral
- H93.212 Auditory recruitment, left ear
- H93.211 Auditory recruitment, right ear
- R44 Auditory hallucinations
- F84.0 Autistic disorder
- Q16.1 Aural atresia
- G51.0 Bell’s Palsy
- D33.3 Benign neoplasm of cranial nerves
- H81.13 Benign paroxysmal vertigo, bilateral
- H81.12 Benign paroxysmal vertigo, left ear
- H81.11 Benign paroxysmal vertigo, right ear
- M95.12 Cauliflower ear, left ear
- M95.11 Cauliflower ear, right ear
- H93.25 Central auditory processing disorder
ICD-10 EXAMPLES

- H90.0 Conductive hearing loss, bilateral
- H90.12 Conductive hearing loss, left ear, unrestricted hearing in right ear
- H90.11 Conductive hearing loss, right ear, unrestricted hearing in the left ear
- H90.A11: Conductive hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A12: Conductive hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
- R62.0 Delayed milestone in childhood
- F81.89 Developmental disorder of scholastic skills, other
- H93.223 Diplacusis, bilateral
- H93.222 Diplacusis, left ear
- H93.221 Diplacusis, right ear
- R42 Dizziness
  - This is a symptom, not a diagnosis.
- Z51.11 Encounter for antineoplastic chemotherapy
ICD-10 EXAMPLES

- H69.81 Eustachian tube disorders, other specified, right ear
- H69.82 Eustachian tube disorders, other specified, left ear
- H69.83 Eustachian tube disorders, other specified, bilateral
- H61.813 Exostosis, bilateral
- H61.812 Exostosis, left ear
- H61.811 Exostosis, right ear
- Z82.2 Family history of hearing loss
- T16.2XXA Foreign body in left ear, initial encounter
- T16.2XXD Foreign body in left ear, subsequent encounter
- T16.2XXS Foreign body in left ear, sequela
- T16.1XXA Foreign body in right ear, initial encounter
- T16.1XXD Foreign body in right ear, subsequent encounter
- T16.1XXS Foreign body in right ear, sequela
ICD-10 EXAMPLES

- Z01.12 Hearing conservation and treatment
- Z01.110 Hearing examination following failed hearing screening
- Z01.10 Hearing/vestibular examination without abnormal findings
- Z01.118 Hearing examination with other abnormal findings
- H61.123 Hematoma of pinna, bilateral
- H61.122 Hematoma of pinna, left ear
- H61.121 Hematoma of pinna, right ear
- Z91.81 History of falling
- H93.233 Hyperacusis, bilateral
- H93.232 Hyperacusis, left ear
- H93.231 Hyperacusis, right ear
- H61.23 Impacted cerumen, bilateral
- H61.22 Impacted cerumen, left ear
- H61.21 Impacted cerumen, right ear
ICD-10 EXAMPLES

- F70 Intellectual disabilities, mild
- F71 Intellectual disabilities, moderate
- F72 Intellectual disabilities, severe
- F73 Intellectual disabilities, profound
- F78 Intellectual disabilities, other
- F79 Intellectual disabilities, unspecified
ICD-10 EXAMPLES

- H83.13 Labyrinthine fistula, bilateral
- H83.12 Labyrinthine fistula, left ear
- H83.11 Labyrinthine fistula, right ear
- Z79.2 Long term (current) use of antibiotics
- Z79.82 Long-term use of aspirin
- Z76.5 Malingering
- H81.03 Meniere's disease, bilateral
- H81.02 Meniere's disease, left ear
- H81.01 Meniere's disease, right ear
ICD-10 EXAMPLES

- H90.6 Mixed hearing loss, bilateral
- H90.72 Mixed hearing loss, left ear, unrestricted hearing in right ear
- H90.71 Mixed hearing loss, right ear, unrestricted hearing in left ear
- H90.A31: Mixed conductive and sensorineural hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A32: Mixed conductive and sensorineural hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
- Z96.22 Myringotomy tube(s) status
- H83.3X3 Noise effects on inner ear, bilateral
- H83.3X2 Noise effects on inner ear, left ear
- H83.3X1 Noise effects on inner ear, right ear
ICD-10 EXAMPLES

- H55.00 Nystagmus
- Z05.8 Observation and evaluation of newborn for other specified suspected condition ruled out
  - UNHS.
- H92.03 Otalgia, bilateral
- H92.02 Otalgia, left ear
- H92.01 Otalgia, right ear
  - Can represent pressure and fullness as well.
- H92.13 Otorrhea, bilateral
- H92.12 Otorrhea, left ear
- H92.11 Otorrhea, right ear
ICD-10 EXAMPLES

- H91.03 Ototoxic hearing loss, bilateral**
- H91.02 Ototoxic hearing loss, left ear**
- H91.01 Ototoxic hearing loss, right ear**
  - ** Code poisoning or adverse effect
- T36.5X5A Poisoning, adverse effect, aminoglycosides, initial encounter
- T36.5X5S Poisoning, adverse effect, aminoglycosides, sequela
- T36.5X5D Poisoning, adverse effect, aminoglycosides, subsequent encounter
- T39.015A Poisoning, adverse effect, aspirin, initial encounter
- T39.015S Poisoning, adverse effect, aspirin, sequela
- T39.015D Poisoning, adverse effect, aspirin, subsequent encounter
ICD-10 EXAMPLES

- T50.1X5A Poisoning, adverse effect, loop diuretic, initial encounter
- T50.1X5S Poisoning, adverse effect, loop diuretic, sequela
- T50.1X5D Poisoning, adverse effect, loop diuretic, subsequent encounter
- T36.3X5A Poisoning, adverse effect, macolides, initial encounter
- T36.3X5S Poisoning, adverse effect, macolides, sequela
- T36.3X5D Poisoning, adverse effect, macolides, subsequent encounter
- T46.7X5A Poisoning, adverse effect, vasodilators, initial encounter
- T46.7X5S Poisoning, adverse effect, vasodilators, sequela
- T46.7X5D Poisoning, adverse effect, vasodilators, subsequent encounter
ICD-10 EXAMPLES

- H93.A1 Pulsatile tinnitus, right ear
- H93.A2 Pulsatile tinnitus, left ear
- H93.A3 Pulsatile tinnitus, bilateral
- H93.A9 Pulsatile tinnitus, unspecified ear
- H90.3 Sensorineural hearing loss, bilateral
- H90.42 Sensorineural hearing loss, left ear, unrestricted hearing in right ear
- H90.41 Sensorineural hearing loss, right ear, unrestricted hearing in left ear
- H90.A21: Sensorineural hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A22: Sensorineural hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
• F80.4 Speech and language delay due to hearing loss
• F80.1 Speech-language disorder, expressive
• F80.2 Speech-language disorder, expressive/receptive
• F80.89 Speech-language developmental disorder, other
• F80.0 Speech-language disorder, phonological
• H91.23 Sudden idiopathic hearing loss, bilateral
• H91.22 Sudden idiopathic hearing loss, left ear
• H91.21 Sudden idiopathic hearing loss, right ear
• H93.13 Tinnitus, bilateral
• H93.12 Tinnitus, left ear
• H93.11 Tinnitus, right ear
ICD-10 EXAMPLES

- H93.013 Transient ischemic deafness, bilateral
- H93.012 Transient ischemic deafness, left ear
- H93.011 Transient ischemic deafness, right ear
- H82.3 Vertiginous disorder of vestibular function, bilateral*
- H82.2 Vertiginous disorder of vestibular function, left ear*
- H82.1 Vertiginous disorder of vestibular function, right ear*
  - *Code first underlying disease
- H81.313 Vertigo, aural, bilateral
- H81.312 Vertigo, aural, left ear
- H81.311 Vertigo, aural, right ear
ICD-10 EXAMPLES

- H81.43 Vertigo, central, bilateral
- H81.42 Vertigo, central, left ear
- H81.41 Vertigo, central, right ear
- H81.393 Vertigo, peripheral, other, bilateral
- H81.392 Vertigo, peripheral, other, left ear
- H81.391 Vertigo, peripheral, other, right ear
- H81.8X3 Vestibular function disorder, other, bilateral
- H81.8X2 Vestibular function disorder, other, left ear
- H81.8X1 Vestibular function disorder, other, right ear
DIFFERENT TYPES OF HEARING LOSS IN DIFFERENT EARS

- **H90.A11**: Conductive hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- **H90.A12**: Conductive hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
- **H90.A21**: Sensorineural hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- **H90.A22**: Sensorineural hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
- **H90.A31**: Mixed conductive and sensorineural hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- **H90.A32**: Mixed conductive and sensorineural hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side

You would need to select two of the above codes to reflect different hearing losses in different ears.
• Code the cancer as the primary diagnosis.
• Code T36.5X5A Poisoning, adverse effect, aminoglycosides, initial encounter IF they have begun the chemotherapy.
• Code ototoxic hearing loss (if you had a baseline), otherwise code the conditions measured, conditions visualized and/or symptoms reported.
TOXICITY FROM VIAGRA

- H91.02 Ototoxic hearing loss, left ear
- T46.7X5A Poisoning, adverse effect, vasodilators, initial encounter
  - First date you diagnose an ototoxic loss.
• Code the hearing losses themselves and disregard the asymmetry.
  • For example, a bilateral asymmetric hearing loss is coded as H90.3 (a bilateral SNHL).
There is no CPT or HCPCS code for a “routine” hearing test.

The best option is ICD 10 codes are Z01.10, Z0.110 or Z01.118.

Cannot code a “rule out” condition once you know the condition does not exist.

Sometimes, again, it is the patient’s responsibility to fight for coverage.
NORMAL HEARING WITH NO OTHER SYMPTOMS OR CO-MORBIDITIES

• Z01.10 Hearing/vestibular examination without abnormal findings
  • or
  • H93.2 - - Abnormal auditory perception
    • If they report communication difficulties or have poor speech in noise results.
• Z91.81 History of Falling

or

• R42 Dizziness

or

Comorbidities that drove medical necessity.
NEWBORN HEARING SCREENING FOLLOW-UP

• Code pre and post natal conditions or symptoms.
• Code any co-morbidities.
• Code anything you see or measure.
• If they previously failed a hearing screening, code Z01.110.
• Add the -33 modifier to all of the procedures.
• Consider Z05.8 (Observation and evaluation of newborn for other specified suspected condition ruled out).
• To support the reason for the test, you may need to include diagnoses for co-morbidities.

• You may receive these diagnoses listed on your order.

• You also may need to reach out to the ordering/attending physician to get the definitive diagnosis and code (diabetes, cancer, multiple sclerosis, etc.).

• Once you have this diagnosis, documented, from a physician or an individual who can, within the own scope, make this diagnosis, you can use it on your claim.

• This should be documented in your medical record.
ICD 10 TIPS

• We code what we learn and find, not for coverage.
  • You could be giving someone a pre-existing condition.

• Do not use rule out diagnoses once you know they do not exist.

• Can code up to 12 diagnoses per claim.

• Can link diagnosis to procedure (diagnosis pointer; 24e).
  • Field can accommodate up to four pointers.

• Use the most specific code possible whenever possible.
  • Can be denied over lack of specificity.

• Use of Z codes can drive denials.
  • As a result, use other codes whenever possible.
  • Avoid these codes being a primary or only diagnosis.
DIAGNOSTIC POINTER
• HCPCS is the acronym for Healthcare Common Procedure Coding System.
• HCPCS is a listing of codes and their descriptions that outline items and supplies and the services that surround them.
• HCPCS are added, deleted, and modified annually by the Centers for Medicare and Medicaid Services (CMS).
• HCPCS are a letter followed by four numbers. Most codes that apply to audiology begin with the letters A (medical supplies), G (temporary procedures), L (prosthetics), Q (temporary codes established by CMS), S (temporary codes established by private payers), T (temporary national codes established by Medicaid) or V (hearing aids).
• They go into effect January 1 of each year.
HCPCS “A” CODE

Need to determine how each payer recognizes and processes this code before you use this code.

- A9901: Durable medical equipment delivery, set up, and/or dispensing service component of another HCPCS code (Delivery/set up/dispensing)
  - To represent shipping to a patient.
  - This code is NOT for third-party coverage, but rather to represent a service.
Need to determine how each payer recognizes and processes these codes before you use any of the codes.

G0505: Cognition and functional assessment using standardized instruments with development of recorded plan of care for the patient with cognitive impairment, history obtained from patient and/or caregiver, in office or other outpatient setting or home or domiciliary or rest home

As allowed by state licensure.

Typically lacks coverage.

G0515: Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact

As allowed by state licensure.

Medicare only; non-covered if provided by an audiologist.
HCPCS “Q” CODES

• **Need to determine how each payer recognizes and processes this code before you use this code.**
  
  • Q3014: Telehealth originating site facility fee
    • As allowed by state licensure.
    • Not covered by Medicare if provided by an audiologist.
HCPCS “S” CODES

• **Need to determine how each payer recognizes and processes these codes before you use any of the codes.**

• **Not appropriate for Medicare or Medicaid.**

• **Sometimes these codes may be used to represent a service for productivity and not billing.**

  - **S1001**: Deluxe item, patient notified
  - It is listed in addition to the code for the basic item.
  - May help with upgrades.

  - **S0618**: Audiometry for hearing aid evaluation to determine level and degree of hearing loss
  - Some payers may consider this the code to be used for a routine hearing test.
HCPCS “S” CODES

- Need to determine how each payer recognizes and processes each code before you use any of the codes.
  - S5165: Home modifications, per visit
    - Home falls hazard assessment and modification.
  - S9445: Patient education, not otherwise classified, non-physician provider, individual, per session
  - S9446: Patient education, not otherwise classified, non-physician provider, group, per session
  - S9476: Vestibular rehabilitation program, non-physician provider, per diem
    - Not covered by traditional Medicare.
Need to determine how each payer recognizes and processes these codes before you use any of the codes.

- S9981: Medical records copying fee, administrative
- S9982: Medical records copying fee, per page
  - State medical records policies dictate what can be charged.
- S9999: Sales tax
  - These codes are not submitted for third-party coverage.
Need to determine how each payer recognizes and processes these codes before you use any of the codes.

- T1013: Sign language or oral interpretative services, per 15 minutes
- T1014: Telehealth transmission, per minute
  - As allowed by state licensure.
- T1018: School based individualized education program services, bundled
- T1025: Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem
- T1026: Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour
- T1028: Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
  - Typically lacks coverage.
HCPCS CODES

- V5008: Hearing screening
  - Same as 92551.
- V5010: Assessment for hearing aid
  - Same as 92590/1.
- V5011: Fitting/orientation/checking of hearing aid
  - “Checking” aspect same as 92592/3.
- V5014: Repair/modification of hearing aid
  - Repairs
  - Reprograming
  - Recase
  - Replate
- V5020: Conformity evaluation
  - Verification.
HCPCS CODES

- V5050: Hearing aid, monaural, in the ear
- V5060: Hearing aid, monaural, behind the ear
- V5130: Binaural, in the ear
- V5140: Binaural, behind the ear
  - These are without technology.
• HCPCS (Healthcare Common Procedure Coding System) code changes go into effect on January 1 of each year.

• The Centers for Medicare and Medicaid Services (CMS) has created a new code set related to CROS/BICROS technologies. These codes went into effect on January 1, 2019.

• A CROS system is where a patient wears a “hearing aid,” functioning as a receiver, on the normal hearing ear and a “hearing aid,” functioning as a transmitter, on the “unaidable” ear. A BICROS system is where a patient wears a hearing aid/receiver on the better hearing ear and a “hearing aid,” functioning as a transmitter, on the “unaidable” ear. The hearing aid and “hearing aid” receivers and “hearing aid” transmitters can be in-the-ear (ITE), in-the-canal (ITC), and/or behind-the-ear (BTE) types/styles and the patient can be fit with different types/styles in each ear. The new codes will now reflect these options.
PLEASE NOTE: Before utilizing this new code set, please consult your payer fee schedules, agreements, and websites. Some payers, especially State and Managed Medicaid programs, may not recognize the new code set. THE EXISTENCE OF A CODE IS NOT A GUARANTEE OF THIRD-PARTY COVERAGE OR PAYMENT NOR IT IS A GUARANTEE OF AN INCREASED ALLOWABLE RATE.
<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>OFFICIAL 2019 HCPCS DESCRIPTION</th>
<th>CLINICAL UTILIZATION OF THE CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5171</td>
<td>Hearing aid, contralateral routing device, monaural, in the ear (ITE)</td>
<td>The patient has an existing hearing aid or CROS receiver that was dispensed on a previous date of service; this code represents a new or replacement ITE transmitter for the “unaidable” ear.</td>
</tr>
<tr>
<td>V5172</td>
<td>Hearing aid, contralateral routing device, monaural, in the canal (ITC)</td>
<td>The patient has an existing hearing aid or CROS receiver that was dispensed on a previous date of service; this code represents a new or replacement ITC transmitter for the “unaidable” ear.</td>
</tr>
<tr>
<td>V5181</td>
<td>Hearing aid, contralateral routing device, monaural, behind the ear (BTE)</td>
<td>The patient has an existing hearing aid or CROS receiver that was dispensed on a previous date of service; this code represents a new or replacement BTE transmitter for the “unaidable” ear.</td>
</tr>
<tr>
<td>V5211</td>
<td>Hearing aid, contralateral routing system, binaural, ITE/ITE</td>
<td>The patient is receiving a new CROS/BICROS system (both the transmitter and hearing aid/receiver) on the same date of service; this code represents a system where both ears have an ITE device.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>V5212</td>
<td>Hearing aid, contralateral routing system, binaural, ITE/ITC</td>
<td>The patient is receiving a new CROS/BICROS system (both the transmitter and hearing aid/receiver) on the same date of service; this code represents a system where one ear has an ITE device and one ear has an ITC device.</td>
</tr>
<tr>
<td>V5213</td>
<td>Hearing aid, contralateral routing system, binaural, ITE/BTE</td>
<td>The patient is receiving a new CROS/BICROS system (both the transmitter and hearing aid/receiver) on the same date of service; this code represents a system where one ear has an ITE device and one ear has a BTE device.</td>
</tr>
<tr>
<td>V5214</td>
<td>Hearing aid, contralateral routing system, binaural, ITC/ITC</td>
<td>The patient is receiving a new CROS/BICROS system (both the transmitter and hearing aid/receiver) on the same date of service; this code represents a system where both ears have an ITC device.</td>
</tr>
<tr>
<td>V5215</td>
<td>Hearing aid, contralateral routing system, binaural, ITC/BTE</td>
<td>The patient is receiving a new CROS/BICROS system (both the transmitter and hearing aid/receiver) on the same date of service; this code represents a system where one ear has an ITC device and one ear has a BTE device.</td>
</tr>
<tr>
<td>V5221</td>
<td>Hearing aid, contralateral routing system, binaural, BTE/BTE</td>
<td>The patient is receiving a new CROS/BICROS system (both the transmitter and hearing aid/receiver) on the same date of service; this code represents a system where both ears have a BTE device.</td>
</tr>
</tbody>
</table>
CROS/BICROS – REVISED CODES

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>OFFICIAL 2019 HCPCS DESCRIPTION</th>
<th>2018 HCPCS DESCRIPTION</th>
<th>CLINICAL UTILIZATION OF THE CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5190</td>
<td>Hearing aid, contralateral routing, monaural, glasses</td>
<td>Hearing aid, CROS, glasses</td>
<td>The patient is receiving a new CROS device housed in eyeglasses; this code represents the eyeglass CROS device in the monaural configuration.</td>
</tr>
<tr>
<td>V5200</td>
<td>Dispensing fee, contralateral, monaural</td>
<td>Dispensing fee, CROS</td>
<td>The patient is receiving a new CROS device; this code represents the dispensing fee surrounding the fitting of this device.</td>
</tr>
<tr>
<td>V5230</td>
<td>Hearing aid, contralateral routing system, binaural, glasses</td>
<td>Hearing aid, BICROS, glasses</td>
<td>The patient is receiving a new BICROS device housed in eyeglasses; this code represents the eyeglass device in the binaural configuration.</td>
</tr>
<tr>
<td>V5240</td>
<td>Dispensing fee, contralateral routing system, binaural</td>
<td>Dispensing fee, BICROS</td>
<td>The patient is receiving a new BICROS device; this code represents the dispensing fee surrounding the fitting of this device.</td>
</tr>
</tbody>
</table>
The dispensing fee is the facility fee surrounding the evaluation, selection, ordering, programming, and fitting of a CROS/BICROS device that is not represented by another CPT or HCPCS code. Some payers, specifically State and Managed Medicaid programs, consider the dispensing fee code to represent the fitting and orientation of the device (V5011).
<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>OFFICIAL 2018 AND 2019 CODE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5170</td>
<td>Hearing aid, CROS, in the ear</td>
</tr>
<tr>
<td>V5180</td>
<td>Hearing aid, CROS, behind the ear</td>
</tr>
<tr>
<td>V5210</td>
<td>Hearing aid, BICROS, in the ear</td>
</tr>
<tr>
<td>V5220</td>
<td>Hearing aid, BICROS, behind the ear</td>
</tr>
</tbody>
</table>
Some payers, specifically State and Managed Medicaid programs, may have difficulty transitioning to the new code set. Practices may need to file appeals, especially at the outset of 2019, detailing the replacement codes.
HCPCS CODES

• V5254: Hearing aid, digital, monaural, CIC
• V5255: Hearing aid, digital, monaural, ITC
• V5256: Hearing aid, digital, monaural, ITE
• V5257: Hearing aid, digital, monaural, BTE
• V5258: Hearing aid, digital, binaural, CIC
• V5259: Hearing aid, digital, binaural, ITC
• V5260: Hearing aid, digital, binaural, ITE
• V5261: Hearing aid, digital, binaural, BTE
• V5090: Dispensing fee, unspecified hearing aid
• V5110: Dispensing fee, bilateral
• V5160: Dispensing fee, binaural
• V5241: Dispensing fee, monaural hearing aid, any type

• What encompasses the ordering, programming, and fitting that is not represented by another code.
HCPCS CODES

• V5268: Assistive listening device, telephone amplifier, any type
• V5269: Assistive listening device, alerting, any type
• V5270: Assistive listening device, television amplifier, any type
• V5271: Assistive listening device, television caption decoder
• V5272: Assistive listening device, TDD
• V5273: Assistive listening device, for use with cochlear implant
• V5274: Assistive listening device, not otherwise specified
  • PSAP could be billed with this code.
HCPCS CODES

• V5281: Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type
• V5282: Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type
• V5283: Assistive listening device, personal FM/DM neck, loop induction receiver
• V5284: Assistive listening device, personal FM/DM ear level receiver
• V5285: Assistive listening device, personal FM/DM, direct audio input receiver
• V5286: Assistive listening device, personal Bluetooth FM/DM receiver (streamer)
• V5287: Assistive listening device, personal FM/DM receiver, not otherwise specified
• V5288: Assistive listening device, personal FM/DM transmitter assistive listening device
• V5289: Assistive listening device, personal FM/DM adaptor/boot coupling device for receiver, any type
• V5290: Assistive listening device, transmitter microphone, any type
HCPCS CODES

- V5264: Ear mold/insert/not disposable, any type
  - Per mold
    - Earmold
    - Swimplug
    - Monitor
    - Noise plug
- V5265: Ear mold/insert/disposable, any type
  - Per mold
    - Dome
    - Insert
- V5275: Ear impression, each
• **V5267**: Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
  - Embedded receiver
  - Tinnitus masker
• **V5266**: Battery for use in hearing device
  - Should be billed as multiple units unless advised against it by the payer (Medicaid).
• **V5298**: Hearing aid, not otherwise classified
  - Most appropriate code for the Lyric or Earlens.
• **V5299**: Hearing service, miscellaneous
V5299 EXAMPLES

• Extended warranty
• Loss and damage deductible
• Earmold service
• Service plan
HCPCS TIPS

• Medicaid and the VA see HCPCS code use differently.
  • Follow their specific requirements.
• No code for tinnitus devices or maskers.
  • Use V5267.
• There are some “duplicates” across CPT and HCPCS codes.
  • V5010 vs. 92590/1
  • V5011 vs. 92592/3 and 92594/5
  • Use the code covered in your insurance contract, which has the highest reimbursement in your fee schedule, or which is recognized or required by the payer.

*Remember, there is one code for each type of aid (digital BTE, monaural) and it does not take into account level of technology.*
THANK YOU

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