

Audiology and Hearing Conservation Procedural Coding

Recommendations from the Department of Defense
Hearing Center of Excellence Tri-Service Audiology
Clinical Coding Working Group

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Introduction

The goal of this document is to standardize procedural coding in the Department of Defense (DOD) for audiologic and hearing health procedures. The document was created by the DOD Hearing Center of Excellence (HCE) in collaboration with the Tri-Service Audiology Clinical Coding Working Group. This working group is comprised of representatives from all three Services, selected by the Audiology Consultants to the Service Surgeons General. This document has been reviewed and approved by the Army, Navy, and Air Force Audiology and Hearing Conservation Consultants/Specialty Leader. It has been approved by the DHA Coding Workgroup, and the DHA Medical Coding Program Manager, in accordance with IPM 18-016.

If you have questions or concerns regarding this information, please contact your Regional Service Consultant, HCE Audiology Liaison, Audiology Clinical Coding Working Group Representative, or the Hearing Center of Excellence Clinical Care Branch (dha.ncr.j-9.list.hce-clinical-care@mail.mil).

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Medical Expense and Performance Reporting System (MEPRS)

As defined in the DOD Manual 6010.13-M, Medical Expense and Performance Reporting System (MEPRS) is a Cost Management System, which provides consistent principles, standards, policies, definitions, and requirements for the accounting and reporting of expenses, manpower, and workload performance of Army, Air Force, and Navy fixed military medical and dental facilities.

There are two MEPRS codes used to report and track clinical audiology and hearing program services: BHD* and FBN*. B signifies ambulatory care service and F signifies a special program. MEPRS codes are currently used for AHLTA and DMHRSi. These codes are not currently used in MHS Genesis.

BHD (Clinical Audiology)

The Audiology clinic provides comprehensive clinical audiology services to ALL eligible beneficiaries for determination of etiology, pathology, and degree of hearing loss and intervention for remediation and rehabilitation. An exception to the beneficiaries would be Service members whose initial visit is for reasons described below under FBN. The BHD code is also used to document specialized audiometric tests to include hearing aid, central auditory assessments, and vestibular assessments.

FBN (Hearing Conservation)

The Hearing Conservation clinic provides hearing conservation services to active duty Service members and those DOD civilians who are routinely exposed to hazardous noise. FBN code is used to document diagnostic audiology services including hearing loss evaluations for worker's compensation, hearing fitness for duty evaluations, hearing profile evaluations for readiness, significant hearing threshold-shift evaluations, and evaluations for acoustic trauma injuries and for difficult-to-test patients (i.e., non-organic behavior or response). FBN excludes remediation and rehabilitation services (should be coded under BHD clinic).

Considerations

To ensure BHD and FBN workload is captured accurately, it is important to use the appropriate MEPRS code in situations where the typically used MEPRS code may not accurately capture the service provided. For example:

- If your MEPRS clinic code is BHD but you see an Active Duty Service Member for fitness for duty and/or a profile assessment, the FBN code should be used to document these services.
- If your MEPRS clinic code is FBN but you see an Active Duty Service Member for a hearing aid evaluation/fitting, the BHD code should be used to document these services.

Evaluation and Management Coding

Allowable Evaluation and Management (E&M) Codes for Audiology

Typically, E&M codes are reserved for prescribing providers; the Military Health System (MHS), describes providers as “privileged” or “non-privileged”. As audiologists are privileged providers in their area of expertise, certain E&M codes are allowable; these codes are not allowed for use by hearing health technicians. Please note: Use of the code 99499 (Unlisted E&M) is NOT necessary and, in MHS Genesis, may cause an error.

Team Conferences (Audiologists only; FBN & BHD)

Coding for team conferences requires adequate documentation and the presence of certain criteria.

1. The conference must be held with a team of at least three interdisciplinary health care providers (e.g. specialist, therapist, and audiologist).
2. The providers coding this must have treated the patient within the last 60 days.
3. The conference must be at least 30 minutes in length per patient.

Documentation includes the other providers present in the conference, the audiologist’s participation in the plan of care, and what the future-plans are for the patient.

99366 – Team conference with the patient/family present

99368 – Team conference without the patient/family present

Telephone Services (FBN & BHD)

These codes are used for a telephone evaluation and management services provided by a provider to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment. You must document in the report how much time was spent on the phone.

Audiology Codes	
Code	Definition
99441	5-10 min.
99442	11-20 min.
99443	21-30 min.

Technician Codes (CPT; Not E&M Codes)	
CPT Code	Definition
98966	5-10 min.
98967	11-20 min.
98968	21-30 min.

Hearing Conservation Education (Audiologists Only; FBN)	
Code	Definition
99401	Preventive Counseling, Individual, 15 minutes
99402	Preventive Counseling, Individual, 30 minutes
99403	Preventive Counseling, Individual, 45 minutes
99404	Preventive Counseling, Individual, 60 minutes
99411	Preventive Counseling, Group, 30 minute training
99412	Preventive Counseling, Group, 60 minute training

E&M Code Summary			
Service	Code	Use	Example
Team Conferences	99366 & 99368	Audiologists only, FBN or BHD	Craniofacial boards
		Determined by whether patient/family is present	
Telephone Conferences	99441 – 99443	Audiologists only, FBN or BHD	Telephone conference to discuss paperwork needed for Bluetooth waiver
		Rules related to past/future appointments	
		Determined by time spent	
Hearing Conservation Education	99401 – 99404	Audiologists only, FBN only	Educating patient after comprehensive evaluation
		Determined by time spent	
	99411 – 99412	Determined by individual or group	Presentation to a unit about their specific exposure

Designation of Time

Quoted from: American Speech-Language-Hearing Association, "Medicare CPT Coding Rules for Audiology Services."

"Most CPT/HCPCS codes reported by audiologists are untimed and do not include time designations in the code descriptor. An untimed code is billed once per day, regardless of the time spent providing the service. On the other hand, timed codes include a time designation in the descriptor (for example, "per hour," "first hour," "initial 15 minutes," "each additional 30 minutes") and may be billed multiple times per day to represent the amount of time spent in direct patient care. A timed code is billed only if face-to-face time spent in an evaluation is at least 51% of the time designated in the code's descriptor [and the time is documented in the report].

"15 Minute Codes	
For CPT codes designated as 15 minutes, multiple coding represents minimum face-to-face treatment, as follows	
Unit	Duration
1 unit	8 minutes to 22 minutes
2 units	23 minutes to 37 minutes
3 units	38 minutes to 52 minutes
4 units	53 minutes to 67 minutes
5 units	68 minutes to 82 minutes
6 units	83 minutes to 97 minutes"

Modifiers

These modifiers are added to certain CPT codes to indicate variations in service, increasing the accuracy of procedural coding. They can also be used, where indicated, to account for services that do not have designated CPT codes. Code definitions, found below, indicate which codes allow specific modifiers; documentation in the notes justifying the use of the modifiers is necessary.

22 Increased Procedural Services – Where indicated, to be used when the work required to provide a service is substantially greater than typically required. Examples include the use of the code for tympanometry to account for Eustachian tube dysfunction testing, or the use of the code for auditory evoked potentials to indicate when auditory steady state testing is performed.

26 Professional Component – Where indicated, this modifier is used to bill for only the professional component of a test when the audiologist provides only the supervision and interpretation portion of a procedure performed by a technician on a different encounter or date. Use the TC modifier (below) to account for the technical component.

50 Bilateral Procedure – Where indicated, bilateral procedures performed on the same date can be identified with this modifier. This modifier is used for cochlear implant mapping services, as they are presumed to be unilateral.

52 Reduced Services - Audiology procedures are assumed to be bilateral, unless otherwise noted. If the procedure is performed on one ear only, use the 52 modifier to indicate reduced service. This could also be used to indicate when a bundled code is used but not all procedures are performed (e.g. completing a comprehensive audiologic evaluation on a normal hearing patient that does not require bone conduction testing).

59 Distinct Procedural Service – Where indicated, identify a secondary, additional, or lesser procedure of similar type on the same date with this code, where acceptable, to indicate multiple services provided to the same patient on the same date. Typically, this modifier is used to indicate when limited and comprehensive procedures are performed on the same date, perhaps to obtain more information (e.g., limited and comprehensive otoacoustic emission testing).

TC Technical Component Only – Where indicated, this code is used to bill for only the technical component – performed by the technician – of a procedure on a different date or encounter. Use the 26 modifier (above) for the audiology component of the same procedure.

RT – This modifier is used to identify that the right side/ear is involved in the procedure. An example of its use is programming a cochlear implant on a bilaterally implanted patient, but only doing so on the right side.

LT – This modifier is used to identify that the left side/ear is involved in the procedure. An example of its use is programming a cochlear implant on a bilaterally implanted patient, but only doing so on the left side.

Modifier Summary

Modifier	Purpose	Example
22	Alternative purpose for procedure	Eustachian tube dysfunction test using tympanometry
26	Provider component	Provider interprets OAE results from testing performed by tech
50	Bilateral procedure using unilateral code	Cochlear implant mapping for both ears
52	Unilateral procedure using bilateral code	Pure tone audiometry on one ear only
59	Two similar procedures on same date	Completing both limited and comprehensive otoacoustic emission (OAE) testing
TC	Technical component	Tech performs OAEs, but does not interpret results
RT	Procedure performed on the right	Cochlear implant programming completed on the right side, when patient is a bilateral user
LT	Procedure performed on the left	Cochlear implant programming completed on the left side, when patient is a bilateral user

Hearing Aid V-Codes

When fitting hearing aids, there are v-codes listed for the type of hearing aid ordered and dispensed. If the clinic is purchasing the hearing aids, at no charge to the patient (e.g., Active Duty patients), the provider may code for the hearing aid purchase; the provider should not code for the dispensing of the hearing aid. If the provider is dispensing the hearing aids and the patient is being charged (e.g., Retirees), the provider may only code for the dispensing of the product; the provider should not code for the purchase of the hearing aid.

Relative Value Units

Relative Value Units (RVUs) are assigned by the Center for Medicare and Medicaid Services (CMS), and reflect the assessed value of CPT codes based on three factors: 1) Physician work, 2) Practice expense, and 3) Professional liability insurance. In the DOD, RVUs are consistent with CMS guidelines, but the professional liability component is not considered. Physician work and practice expense, defined in this document as Work RVUs and Clinic RVUs, respectively, are used to account for the workload of the provider and the cost to the clinic. Work RVUs are determined by the time needed to perform the service, technical skill required, physical and mental effort, and stress/risk to the patient. Clinic RVUs are determined by the cost of space, operations, utilities, and equipment needed to perform the service.

Most facilities have shifted to evaluating provider productivity based on number of encounters rather than RVUs. Regardless, CPT codes should not be selected based on RVUs, but on the actual procedures performed and approved codes herein.

Documentation for Credit

Each procedure must be properly documented in the encounter note in order to support the selected CPT code. In general, documentation should include reason for procedure, procedure details, and results. Some codes require more thorough documentation than others. The type of documentation and specific phrasing requirements are noted in the Code Definitions section, for the pertinent codes.

Documentation of Attached Records

When electronic documents (i.e. audiograms) are loaded into the Health Artifact and Image Management Solution (HAIMS), as directed by the provider's Service or Duty Station, the provider must indicate this in the clinical note in order to receive credit for services. A simple statement such as, "See results in HAIMS" is sufficient.

Audiology Superbill

Notes Key	
D	Extra documentation required (See code definition for more information)
E	Exclusions apply (See code definition for more information)
M	Modifier available (See code definition for more information)

Time Based Codes		
Unit	Time (minutes)	
	15 min codes	30 min codes
1	8 – 23	16 – 45
2	23 – 38	46 – 75
3	38 – 53	76 – 105
4	53 – 68	106 – 135
60 min codes: Must use ≥ 31 minutes		

Audiology Code Definitions

<input checked="" type="checkbox"/> Procedure	CPT	Notes	<input checked="" type="checkbox"/> Procedure	CPT	Notes
Auditory Evaluation: Adults and Older Children (BHD & FBN MEPRS)			<u>Specialty Tests</u>		
<input type="checkbox"/> Comprehensive auditory threshold evaluation and speech recognition	92557	D, M	<input type="checkbox"/> Loudness and balance test	92562	
<input type="checkbox"/> Pure tone audiometry, air only	92552	M	<input type="checkbox"/> Tone decay test	92563	D, M
<input type="checkbox"/> Pure tone audiometry, air & bone	92553	M	<input type="checkbox"/> DELETED in 2022 - Short increment sensitivity index		
<input type="checkbox"/> Speech audiometry threshold	92555	M	<input type="checkbox"/> Sensorineural acuity level test	92575	
<input type="checkbox"/> SRT with word recognition	92556	D, M	<input type="checkbox"/> DELETED IN 2022 - Audiometric testing of groups		
<u>Speech-in-noise testing</u>			<input type="checkbox"/> Assessment of tinnitus	92625	D, M
<input type="checkbox"/> If done in isolation	92556	D, M	<u>Health Risk Assessment Instrument</u>		
<input type="checkbox"/> 22 modifier if completed as part of a comprehensive evaluation	92557	D, M	<input type="checkbox"/> Administration of patient-focused health risk assessment instrument...	96160	D
<u>Acoustic Immittance</u>			Auditory Evaluation: Young Children and Developmentally Delayed Individuals (BHD MEPRS)		
<input type="checkbox"/> Acoustic Immittance	92570		<u>Audiometry (adult audiometry codes may be used, if applicable)</u>		
<input type="checkbox"/> Tympanometry	92567	D, M	<input type="checkbox"/> Visual reinforcement audiometry	92579	D
<input type="checkbox"/> Tympanometry & reflex threshold	92550	D, M	<input type="checkbox"/> Conditioning play audiometry	92582	
<input type="checkbox"/> Acoustic reflex threshold	92568	D, M	<input type="checkbox"/> Select picture audiometry	92583	D
<u>Otoacoustic Emissions</u>			<input type="checkbox"/> Screening test, pure tone, air only	92551	D
<input type="checkbox"/> DPOAEs (> 12 frequencies)	92588	M	<input type="checkbox"/> Speech audiometry thresholds	92555	M
<input type="checkbox"/> DPOAEs, 3-11 frequencies/TEOAEs	92587	M	<u>Acoustic Immittance</u>		
<input type="checkbox"/> OAE, screening, automated analysis	92558	D, M	<input type="checkbox"/> Acoustic Immittance	92570	
<u>Stenger Tests</u>			<input type="checkbox"/> Tympanometry	92567	D, M
<input type="checkbox"/> Stenger test, pure tone	92565	D	<input type="checkbox"/> Tympanometry & reflex threshold	92550	D
<input type="checkbox"/> Stenger test, speech	92577	D	<input type="checkbox"/> Acoustic reflex threshold	92568	D, M

Audiology Code Definitions (continued)

<input checked="" type="checkbox"/> Procedure	CPT	Notes	<input checked="" type="checkbox"/> Procedure	CPT	Notes
<u>Otoacoustic Emissions</u>			<u>Hearing Aid Evaluation (continued)</u>		
<input type="checkbox"/> DPOAEs (> 12 frequencies)	92588	M	<input type="checkbox"/> Ear impression, each	V5275	
<input type="checkbox"/> DPOAES, 3-11 frequencies/TEOAEs	92587	M	<input type="checkbox"/> Administration of patient-focused health risk assessment instrument...	96160	D
<input type="checkbox"/> OAE, screening, automated analysis	92558	D, M	<u>Hearing Aid Fitting Appointment</u>		
<u>Health Risk Assessment Instrument</u>			<input type="checkbox"/> Electroacoustic evaluation for hearing aid; monaural	92594	
<input type="checkbox"/> Administration of patient-focused health risk assessment instrument...	96160	D	<input type="checkbox"/> Electroacoustic evaluation for hearing aid; binaural	92595	
Evaluation of Auditory Processing Disorders (BHD MEPRS)			<input type="checkbox"/> Conformity evaluation	V5020	M
<u>Evaluation of Central Auditory Function</u>			<input type="checkbox"/> Fitting/orientation/checking of hearing aid	V5011	
<input type="checkbox"/> Evaluation of central auditory function, with report; initial 60 minutes	92620		<input type="checkbox"/> Battery for use in a hearing device	V5266	
<input type="checkbox"/> Evaluation of central auditory function, with report; each additional 15 minutes	+92621		<input type="checkbox"/> Hearing aid, assistive listening device, supplies not otherwise specified	V5267	
<input type="checkbox"/> Filtered speech test	92571		<u>Hearing Aid Device Codes (see table on page 27)</u>		
<input type="checkbox"/> Staggered spondaic word test	92572		<u>Hearing Aid Dispensing Fee (see table on page 27)</u>		
<input type="checkbox"/> Synthetic sentence identification test	92576		<u>Hearing Aid Follow-Up</u>		
Auditory Evoked Potentials (BHD MEPRS)			<input type="checkbox"/> Hearing aid check, monaural	92592	
<u>ECochG</u>			<input type="checkbox"/> Hearing aid check, binaural	92593	
<input type="checkbox"/> Electrocochleography (ECochG)	92584	M	<input type="checkbox"/> Electroacoustic evaluation for hearing aid; monaural	92594	
<u>Nerve Monitoring</u>			<input type="checkbox"/> Electroacoustic evaluation for hearing aid; binaural	92595	
<input type="checkbox"/> Facial nerve function studies (e.g., electroneuronography)	92516	D	<input type="checkbox"/> Repair/modification of a hearing aid	V5014	
<u>Auditory Brainstem Response Testing</u>			<input type="checkbox"/> Battery for use in a hearing device	V5266	
<input type="checkbox"/> NEW CODE – Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	92650	M	<input type="checkbox"/> Hearing aid, assistive listening device, supplies, not otherwise specified	V5267	
<input type="checkbox"/> NEW CODE – Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	92651	M	<input type="checkbox"/> Conformity evaluation	V5020	M
<input type="checkbox"/> NEW CODE – Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	92652	M	<input type="checkbox"/> Administration of patient-focused health risk assessment instrument...	96160	D
<input type="checkbox"/> NEW CODE – Auditory evoked potentials; neurodiagnostic, with interpretation and report	92653	M	<input type="checkbox"/> Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	D
Hearing Aid Services (BHD MEPRS)			<input type="checkbox"/> Each additional 15 minutes (list separately in addition to code for primary procedure; max 4 units of service)	+96159	D
<u>Hearing Aid Evaluation</u>			Auditory Implant Services (BHD MEPRS)		
<input type="checkbox"/> Hearing aid examination and selection; monaural	92590		<u>Evaluation</u>		
<input type="checkbox"/> Hearing aid examination and selection; binaural	92591		<input type="checkbox"/> Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	92626	
<input type="checkbox"/> NO LONGER ACCEPTABLE FOR HEARING AID SERVICES	92626		<input type="checkbox"/> Each additional 15 minutes (list separately in addition to code for primary procedure; max 3 units of service)	+92627	
			<input type="checkbox"/> Administration of patient-focused health risk assessment instrument...	96160	D

Audiology Code Definitions (continued)

<input checked="" type="checkbox"/> Procedure	CPT	Notes	<input checked="" type="checkbox"/> Procedure	CPT	Notes
<u>Mapping</u>			<u>FM Devices (continued)</u>		
<input type="checkbox"/> Diagnostic analysis of cochlear implant, patient YOUNGER THAN 7 years of age; with programming	92601	M	<input type="checkbox"/> Personal FM/DM, direct audio input receiver	V5285	
<input type="checkbox"/> Diagnostic analysis of cochlear implant, patient YOUNGER THAN 7 years of age; subsequent programming	92602	D, M	<input type="checkbox"/> Personal blue tooth FM/DM receiver	V5286	
<input type="checkbox"/> Diagnostic analysis of cochlear implant, age 7 YEARS OR OLDER; with programming	92603	D, M	<input type="checkbox"/> Personal FM/DM Receiver, not otherwise specified	V5287	
<input type="checkbox"/> Diagnostic analysis of cochlear implant, age 7 YEARS OR OLDER; subsequent programming	92604		<input type="checkbox"/> Personal FM/DM Transmitter, assistive listening device	V5288	
<input type="checkbox"/> Diagnostic analysis with programming of auditory brainstem implant, per hour	92640		<input type="checkbox"/> Personal FM/DM Adapter/boot coupling device for receiver, any type	V5289	
<input type="checkbox"/> Administration of patient-focused health risk assessment instrument...	96160	D	<input type="checkbox"/> Transmitter microphone, any type	V5290	
<input type="checkbox"/> Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	D	<u>Device Repair</u>		
<input type="checkbox"/> Each additional 15 minutes	+96159	D	<input type="checkbox"/> Repair/modification of augmentative communication system or device (excludes adaptive hearing aid)		V5336
<u>Telemetry Measures</u>			Vestibular Evaluation and Rehabilitation (BHD MEPRS)		
<input type="checkbox"/> Electrocochleography (used to signify telemetry measures)	92584	M	<u>Evaluation - Videonystagmography (VNG) Exam</u>		
Assistive Listening and FM Devices (BHD MEPRS)			<input type="checkbox"/> Caloric vestibular test with recording; bilateral; bithermal (i.e., one warm and one cool irrigation in each ear for a total of four irrigations)	92537	D, M
<u>Assistive Listening Devices</u>			<input type="checkbox"/> Caloric vestibular test with recording, bilateral; monothermal (i.e., one irrigation in each ear for a total of two irrigations)	92538	D, M
<input type="checkbox"/> Assistive listening device, telephone amplifier, any type	V5268		<input type="checkbox"/> Basic vestibular evaluation, including spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of four positions, with recording, optokinetic nystagmus test, bidirectional foveal & peripheral stimulation, with recording & oscillating tracking test, with recording	92540	D, M
<input type="checkbox"/> Assistive listening device, alerting, any type	V5269		<input type="checkbox"/> Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	92541	D, M
<input type="checkbox"/> Assistive listening device, television amplifier	V5270		<input type="checkbox"/> Positional nystagmus test, minimum of 4 positions, with recording	92542	D, M
<input type="checkbox"/> Assistive listening device, television caption decoder	V5271		<input type="checkbox"/> Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	92544	D, M
<input type="checkbox"/> Assistive listening device, TDD	V5272		<input type="checkbox"/> Oscillating tracking test, with recording	92545	D, M
<input type="checkbox"/> Assistive listening device, for use with cochlear implant	V5273		<u>Evaluation - Posturography</u>		
<input type="checkbox"/> Assistive listening device, not otherwise specified	V5274		<input type="checkbox"/> Computerized dynamic posturography sensory organization test (CPD-SOT), 6 conditions (described below), including interpretation and report	92548	D, M
<u>FM Devices</u>			<input type="checkbox"/> With motor control test (MCT) and adaptation test (ADT)	92549	D, M
<input type="checkbox"/> Personal FM/DM System, monaural (one receiver, transmitter, and microphone)	V5281				
<input type="checkbox"/> Personal FM/DM System, monaural (two receivers, transmitter, and microphone)	V5282				
<input type="checkbox"/> Personal FM/DM, neck loop induction receiver	V5283				
<input type="checkbox"/> Personal FM/DM, ear level receiver	V5284				

Audiology Code Definitions (continued)

<input checked="" type="checkbox"/> Procedure	CPT	Notes	<input checked="" type="checkbox"/> Procedure	CPT	Notes
Vestibular Evaluation and Rehabilitation (BHD MEPRS)			Tinnitus Assessment and Management Services		
<u>Evaluation - Vestibular Evoked Myogenic Potential (VEMP) Testing</u>			<u>Assessment/Re-Assessment</u>		
<input type="checkbox"/> NEW CODE – VEMP testing, with interpretation and report; cervical (cVEMP)	92517	M	<input type="checkbox"/> Assessment of tinnitus (pitch/loudness/matching/masking); all four measures must be present; not supported by the literature, unless being done to fit ear level sound generative devices that require this information	92625	
<input type="checkbox"/> NEW CODE – VEMP testing, with interpretation and report; ocular (oVEMP)	92518	M	<input type="checkbox"/> Administration of patient-focused health risk assessment instrument...	96160	D
<input type="checkbox"/> NEW CODE – VEMP testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	92519	M	Tinnitus Assessment and Management Services		
<u>Evaluation - Rotary Chair</u>			<u>Intervention</u>		
<input type="checkbox"/> Sinusoidal vertical axis rotational testing	92546	D, M	<input type="checkbox"/> Health behavior intervention, individual, face-to-face; initial 30 minutes)	96158	
<input type="checkbox"/> Use of vertical electrodes	+92547	D, M	<input type="checkbox"/> Each additional 15 minutes, list separately in addition to code for primary service	+96159	D
<u>Evaluation - Bedside Testing</u>			<input type="checkbox"/> Health behavior intervention, group (2 or more patients, face-to-face; initial 30 minutes)	96164	D
<input type="checkbox"/> Spontaneous nystagmus, including gaze, without recording	92351	D, M	<input type="checkbox"/> Each additional 15 minutes, list separately in addition to code for primary service	+96165	
<input type="checkbox"/> Positional nystagmus test, without recording	92352		Miscellaneous Codes (BHD & FBN MEPRS)		
<u>Evaluation - Video Head Impulse Test (vHIT)</u>			<input type="checkbox"/> Hearing service, miscellaneous	V5299	D
<input type="checkbox"/> NEW CODE – Unspecified otolaryngology procedure, to account for Video Head Impulse Test (vHIT)	92700	D, M	<input type="checkbox"/> Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices	99002	D
<u>Health Risk Assessment Instrument</u>					
<input type="checkbox"/> Administration of patient-focused health risk assessment instrument...	96160	D			
<u>Rehabilitation</u>					
<input type="checkbox"/> Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day	95992				

Hearing Conservation Visit Codes (FBN MEPRS, Technicians)

<input checked="" type="checkbox"/> Procedure	CPT	Notes	<input checked="" type="checkbox"/> Procedure	CPT	Notes
<u>DOEHRS-HC Audio</u>			<u>Education (continued)</u>		
<input type="checkbox"/> Threshold audiogram (pure tone), automated (DOEHRS-HC Audiograms)	0208T	D	<input type="checkbox"/> Education and training for patient self-management	98960	
<u>Education</u>			<input type="checkbox"/> 2-4 patients	98961	
<input type="checkbox"/> Patient education, not otherwise classified, non-physician provider, individual, per session	S9445		<input type="checkbox"/> 5-8 patients	98962	
<input type="checkbox"/> Patient education, not otherwise classified, non-physician provider, group, per session	S9446		<u>Hearing Protection Fitting and Evaluation</u>		
			<input type="checkbox"/> Ear mold/insert, not disposable, any type	V5264	
			<input type="checkbox"/> Ear mold/insert, disposable, any type	V5265	
			<input type="checkbox"/> Ear protector attenuation measurements	92596	D

Audiology Code Definitions

Auditory Evaluation: Adults and Older Children (BHD & FBN MEPRS)

Standard codes beginning with bundled code, where applicable. Only use bundled code if all elements are present. See full description for more details. Each code includes discussion of results and counseling patient accordingly, unless otherwise specified.

Codes in this Section		Page #
■ 92557 – Comprehensive auditory threshold evaluation and speech recognition (air, bone, SRT, and WRS; bundled)		13
○ 92552 – Pure tone audiometry, air only		13
○ 92553 – Pure tone audiometry, air & bone		13
○ 92555 – Speech audiometry threshold (SRT)		13
○ 92556 – SRT with word recognition		13
■ Speech-in-noise testing		14
○ 92556 – If done in isolation		14
○ 92557 – 22 modifier if completed as part of a comprehensive evaluation		14
■ 92570 – Acoustic Immittance (tympanometry, reflex threshold, & reflex decay; bundled)		14
○ 92567 – Tympanometry		14
○ 92550 – Tympanometry & reflex threshold		14
○ 92568 – Acoustic reflex threshold		14
■ Otoacoustic Emissions		15
○ 92588 – DPOAEs (> 12 frequencies)		15
○ 92587 – DPOAEs, 3-11 frequencies/TEOAEs		15
○ 92558 – OAE, screening, automated analysis		15
■ Stenger Tests		15
○ 92565 – Stenger test, pure tone		15
○ 92577 – Stenger test, speech		15
■ Specialty Tests		16
○ 92562 – Loudness and balance test		16
○ 92563 – Tone decay test		16
○ 92564 – DELETED IN 2022 – Short increment sensitivity index		
○ 92575 – Sensorineural acuity level test		16
○ 92559 – DELETED IN 2022 – Audiometric testing of groups (not intended for use for DOEHRs-HC exams completed by a technician; see code 0208T)		
○ 92625 – Assessment of tinnitus		16
■ 96160 – Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument		16

Audiometry

92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
Modifiers	22 modifier if the patient malingers or if doing speech-in-noise testing
	52 modifier if only one ear is tested
DO NOT code with	92552, 92553, 92555, or 92556 on the same date
Other considerations	For hearing aid evaluation and selection, see 92590 – 92595
	For automated audiometry see 0208T – 0212T
92552	Pure tone audiometry (threshold); air only
Modifier	52 modifier if only one ear is tested
92553	Pure tone audiometry (threshold); air and bone
Modifier	52 modifier if only one ear is tested or if only bone is performed
DO NOT code with	92552 or 92556 on the same date
92555	Speech audiometry threshold
Modifier	52 modifier if only one ear is tested
92556	Speech audiometry threshold, with speech recognition
Modifier	52 modifier if only one ear is tested or if only word recognition testing is performed
DO NOT code with	92555 on the same date
Other considerations	Code can also be used for speech-in-noise testing in isolation (not part of comprehensive evaluation)

Speech-In-Noise Testing	
92556	Speech audiometry threshold, with speech recognition
	When completed in isolation, can be used to code for speech-in-noise testing
Modifier	52 modifier if only one ear is tested, or if only word recognition testing is performed
DO NOT code with	92555 on the same date
Other considerations	Code can also be used for speech-in-noise testing in isolation (not part of comprehensive evaluation)
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
Modifier	22 modifier if the patient malingers or if doing speech-in-noise testing
	52 modifier if only one ear is tested
DO NOT code with	92552, 92553, 92555, or 92556 on the same date
Other considerations	For hearing aid evaluation and selection, see 92590 – 92595
	For automated audiometry see 0208T – 0212T

Acoustic Immittance	
92570	Acoustic Immittance (tympanometry, reflex threshold, & reflex decay; bundled)
92567	Tympanometry (impedance testing)
Modifier	22 modifier to indicate Eustachian tube dysfunction measures or fistula testing
DO NOT code with	92568, 92550, or 92570 on the same date
Other considerations	If tympanometry and reflexes are performed, use 92550
	If reflex decay testing is included, use 92570
92550	Tympanometry & reflex threshold measurement
DO NOT code with	92567, 92568 on the same date
Other considerations	If not performing both codes on the same day, one may bill the individual CPT code
92568	Acoustic reflex testing; threshold testing
DO NOT code with	92567 on same date; if both services are conducted, use 92550
Other considerations	This code is for comprehensive acoustic reflex measures (ipsilateral and contralateral for at least two frequencies)

Otoacoustic Emissions	
92588	DPOAEs; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping; must evaluate a MINIMUM of 12 frequencies), with interpretation and report
Modifier	26 modifier should be used by the audiologist to indicate interpretation
	52 modifier if only one ear is tested
	59 modifier can be use if coding 92587 on same date (e.g., if Transient Evoked OAEs (TEOAEs) are necessary)
	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist
92587	DPOAEs or TEOAEs; limited evaluation to confirm the presence/absence of hearing disorder, with interpretation and report; for DPOAEs, must measure and interpret 3-11 distinct frequencies
Modifier	26 modifier should be used by the audiologist to indicate interpretation
	52 modifier if only one ear is tested
	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), with automated analysis
Modifier	26 modifier should be used by the audiologist to indicate interpretation
	Use a 52 modifier if only one ear is tested
	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist
Other considerations	This code is used for a pass/fail OAE screening, typically used for newborn hearing screening

Stenger Tests	
92565	Stenger test, pure tone
Other considerations	This code is used if the test is done unilaterally or bilaterally
92577	Stenger test, speech
Other considerations	This code is used if the test is done unilaterally or bilaterally

Specialty Tests	
92562	Loudness balance test, alternate binaural or monaural
92563	Tone decay test
Modifier	52 modifier if only one ear is tested
Other considerations	DO NOT code 92552 or 92553 on same day
	This code is used for any tone decay testing to rule out retrocochlear pathology
92575	Sensorineural acuity level test
92625	Assessment of tinnitus (includes pitch, loudness, matching, and masking)
	MUST include all three aspects: pitch, loudness, matching, and masking
Modifier	For unilateral assessment or if all three measures have not been completed, use modifier 52
DO NOT code with	92562 on the same date
Other considerations	This procedure is not recommended as part of the standard tinnitus assessment, but can be used in fitting ear level sound generators or at any other point in the management of patients with tinnitus

Health Risk Assessment Instrument	
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	To be used, specifically, when a Hearing Handicap Inventory (or other validated handicap-related questionnaire) is used to identify the patient's risk for adverse outcomes related to his/her hearing loss and plan treatment accordingly
	Only used when standard test battery is not sufficient to identify the extent of the patient's needs (i.e., do not use this code for every patient encounter)
	Instrument must be validated
	Instrument must be scored by the provider in accordance with published instructions
	Document questionnaire used, results, and discussion with patient in medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])

Auditory Evaluation: Young Children and Developmentally Delayed Individuals (BHD MEPRS)

Codes in this Section	Page #
■ Audiometry (adult audiometry codes may be used, if applicable)	18
◦ 92579 – Visual reinforcement audiometry	18
◦ 92582 – Conditioning play audiometry	18
◦ 92583 – Select picture audiometry	18
◦ 92551 – Screening test, pure tone, air only	18
◦ 92555 – Speech audiometry thresholds	18
■ 92570 – Acoustic Immittance (tympanometry, reflex threshold, & reflex decay; bundled)	18
◦ 92567 – Tympanometry	18
◦ 92550 – Tympanometry & reflex threshold	18
◦ 92568 – Acoustic reflex threshold	18
■ Otoacoustic Emissions	19
◦ 92588 – DPOAEs (> 12 frequencies)	19
◦ 92587 – DPOAEs, 3-11 frequencies/TEOAEs	19
◦ 92558 – OAE, screening, automated analysis	19
■ 96160 – Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	20

Audiometry	
92579	Visual reinforcement audiometry (VRA)
DO NOT code with	92557 on the same date
Other considerations	This test is typically used in the sound field and/or under insert earphone for speech and/or tones; requires special equipment
92582	Conditioning play audiometry
DO NOT code with	92557 on the same date
92583	Select picture audiometry
DO NOT code with	92557 on the same date
Other considerations	Use this code anytime a picture/spondee board or picture word list or objects are used to assess a speech awareness threshold or speech recognition score
92551	Screening test, pure tone, air only
Other considerations	This is the code for pass-fail pure tone screening If thresholds are established, code 92552
92555	Speech audiometry threshold
Modifier	52 modifier if only one ear is tested

Acoustic Immittance	
92570	Acoustic Immittance (tympanometry, reflex threshold, & reflex decay; bundled)
92567	Tympanometry (impedance testing)
Modifier	22 modifier to indicate Eustachian tube dysfunction measures or fistula testing
DO NOT code with	92568, 92550, or 92570 on the same date
Other considerations	If tympanometry and reflexes are performed, use 92550 If reflex decay testing is included, use 92570
92550	Tympanometry & reflex threshold measurement
DO NOT code with	92567, 92568 on the same date
Other considerations	If not performing both codes on the same day, one may bill the individual CPT code
92568	Acoustic reflex testing; threshold testing
DO NOT code with	92567 on same date; if both services are conducted, use 92550
Other considerations	This code is for comprehensive acoustic reflex measures (ipsilateral and contralateral for at least two frequencies)

Otoacoustic Emissions	
92588	DPOAEs; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping; must evaluate a MINIMUM of 12 frequencies), with interpretation and report
Modifier	26 modifier should be used by the audiologist to indicate interpretation
	52 modifier if only one ear is tested
	59 modifier can be use if coding 92587 on same date (e.g., if Transient Evoked OAEs (TEOAEs) are necessary)
	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist
92587	DPOAEs or TEOAEs; limited evaluation to confirm the presence/absence of hearing disorder, with interpretation and report; for DPOAEs, must measure and interpret 3-11 distinct frequencies
Modifier	26 modifier should be used by the audiologist to indicate interpretation
	52 modifier if only one ear is tested
	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), with automated analysis
Modifier	26 modifier should be used by the audiologist to indicate interpretation
	Use a 52 modifier if only one ear is tested
	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist
Other considerations	This code is used for a pass/fail OAE screening, typically used for newborn hearing screening

Health Risk Assessment Instrument

96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	To be used, specifically, when a Hearing Handicap Inventory (or other validated handicap-related questionnaire) is used to identify the patient's risk for adverse outcomes related to his/her hearing loss and plan treatment accordingly
	Only used when standard test battery is not sufficient to identify the extent of the patient's needs (i.e., do not use this code for every patient encounter)
	Instrument must be validated
	Instrument must be scored by the provider in accordance with published instructions
	Document questionnaire used, results, and discussion with patient in medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])

Evaluation of Auditory Processing Disorders (BHD MEPRS)

Codes in this Section		Page #
■ 92620 – Evaluation of central auditory function, with report; initial 60 minutes		21
○ +92621 – Evaluation of central auditory function, with report; each additional 15 minutes		21
○ 92571 – Filtered speech test		21
○ 92572 – Staggered spondaic word test (SSW)		21
○ 92576 – Synthetic sentence identification test		21

Evaluation of Central Auditory Function	
92620	Evaluation of central auditory function, with report; initial 60 minutes
	This code is used for the central auditory processing assessment battery
	This code requires the completion of a report that outlines the tests performed, the results, and the amount of time it took to administer the test and create the report
	DO NOT code with 92571, 92572, or 92576
+92621	Evaluation of central auditory function, with report; each additional 15 minutes
	Can only be coded in conjunction with 92620
	See section on time-based codes to determine how to document number of additional 15-minute increments in units
	Part of a battery of site-of-lesion tests
DO NOT code with 92571, 92572, or 92576	
92571	Filtered Speech test
	This code is used for any filtered speech test of central auditory function that is administered in isolation
	This code is NOT meant for the QuickSIN
92572	Standard spondaic word test
	This code is used for the SSW test of central auditory function administered in isolation
92576	Synthetic sentence identification test
	This code is used for the SSI-Ipsilateral Competing Message (ICM) and/or SSI-Competitive Contralateral Message (CCM) tests of central auditory function administered in isolation

Auditory Evoked Potentials (BHD MEPRS)

Codes in this Section		Page #
■ ECoChG		22
○	92584 – Electrocochleography (ECoChG)	22
■ Nerve monitoring		22
○	92650 – Facial nerve function studies (e.g., electroneuronography)	22
■ Auditory Brainstem Response (ABR) Testing		23
○	92650 (NEW CODE) – Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	23
○	92651 (NEW CODE) – Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	23
○	92652 (NEW CODE) – Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	23
○	92653 (NEW CODE) – Auditory evoked potentials; neurodiagnostic, with interpretation and report	23

ECoChG	
92584	Electrocochleography
Modifier	52 modifier if only one ear is tested

Nerve Monitoring	
92516	Facial nerve function studies (e.g., electroneuronography)
	This code is used to code for electroneuronography (ENoG)
	MUST be performed under supervision of physician

Auditory Brainstem Response (ABR) Testing

Quoted From: https://www.asha.org/practice/reimbursement/coding/new_codes_aud/

92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
Modifier	52 modifier if only one ear is tested
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report
	Describes nonautomated follow-up electrophysiologic testing to rule out significant hearing loss, including auditory neuropathy/auditory dyssynchrony, or to verify the need for additional threshold testing. Testing includes obtaining responses to broadband-evoked auditory brainstem responses (ABRs) using click stimuli at moderate-to-high and low stimulus levels.
Modifier	-52 if only one ear is tested
DO NOT code with	92652 or 92653
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
	Describes extensive electrophysiologic estimation of behavioral hearing thresholds using broadband and/or frequency-specific stimuli at multiple levels and frequencies. 92652 can also include testing with high level stimuli and rarefaction/condensation runs to confirm auditory neuropathy/auditory dyssynchrony. 92652 reflects comprehensive AEP testing for the purpose of quantifying type and degree of hearing loss.
Modifier	-52 if only one ear is tested
DO NOT code with	92651 or 92653
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report
	Describes testing to evaluate neural integrity only, without defining threshold. Report this code when the purpose of testing is to identify brainstem or auditory nerve function. 92653 is a less extensive test than 92652 and the basic elements of 92653 are already included in 92651 or 92652 when they are performed to identify and quantify hearing impairment.
Modifier	-52 if only one ear is tested
DO NOT code with	92651 or 92652

Hearing Aid Services (BHD MEPRS)

Codes in this Section		Page #
■ Hearing Aid Evaluation		25
○ 92590 – Hearing aid examination and selection; monaural		25
○ 92591 – Hearing aid examination and selection; binaural		25
○ 92626 – NO LONGER ACCEPTABLE FOR HEARING AID SERVICES		25
○ V5275 – Ear Impression, each		25
○ 96160 – Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument		25
■ Hearing Aid Fitting Appointment		26
○ 92594 – Electroacoustic evaluation for hearing aid; monaural		26
○ 92595 – Electroacoustic evaluation for hearing aid; binaural		26
○ V5020 – Conformity evaluation		26
○ V5011 – Fitting/orientation/checking of hearing aid		26
○ V5266 – Battery for use in a hearing device		26
○ V5267 – Hearing aid, assistive listening device, supplies, not otherwise specified		26
■ Hearing Aid Device Codes (see table on page 27)		27
■ Hearing Aid Dispensing Fee (see table on page 27)		27
■ Hearing Aid Follow-Up		28
○ 92592 – Hearing aid check, monaural		28
○ 92593 – Hearing aid check, binaural		28
○ 92594 – Electroacoustic evaluation for hearing aid; monaural		28
○ 92595 – Electroacoustic evaluation for hearing aid; binaural		28
○ V5014 – Repair/Modification of a hearing aid		28
○ V5266 – Battery for use in a hearing device		28
○ V5267 – Hearing aid, assistive listening device, supplies, not otherwise specified		28
○ V5020 – Conformity Evaluation		28
○ 96160 – Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument		28
○ 96158 – Health behavior intervention, individual, face-to-face; initial 30minutes		29
○ +96159 – Each additional 15 minutes		29

Hearing Aid Evaluation	
92590	Hearing aid examination and selection; monaural
	Evaluation/consultation for a patient with a monaural hearing loss
	This is the same as HCPCS II code V5010 (Assessment for hearing aid)
	V5010 generates zero work RVUs, therefore should not be used
92591	Hearing aid examination and selection; binaural
	Evaluation/consultation for a patient with binaural hearing loss
	This is the same as HCPCS II code V5010 (assessment for hearing aid)
	V5010 generates zero work RVUs, therefore should not be used
92626	NO LONGER ACCEPTABLE FOR HEARING AID SERVICES
V5275	Ear Impression, each
	Indicate number of ears in units
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	To be used, specifically, when a Hearing Handicap Inventory (or other validated handicap-related questionnaire) is used to identify the patient's risk for adverse outcomes related to his/her hearing loss and plan treatment accordingly
	Only used when standard test battery is not sufficient to identify the extent of the patient's needs (i.e., do not use this code for every patient encounter)
	Instrument must be validated
	Instrument must be scored by the provider in accordance with published instructions
	Document questionnaire used, results, and discussion with patient in medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])

Hearing Aid Fitting Appointment	
92594	Electroacoustic evaluation for hearing aid; monaural
	Use this code for test box evaluation of a hearing aid to compare device function to manufacture specifications
	For RealEar measures, use V5020
92595	Electroacoustic evaluation for hearing aid; binaural
	Use this code for test box evaluation of hearing aids to compare device function to manufacture specifications
	For RealEar measures, use V5020
V5020	Conformity evaluation
	Use this code for RealEar measures (e.g. speech mapping) and functional gain measurements
Modifier	22 modifier if doing both RealEar measures and functional gain testing on the same date
V5011	Fitting/orientation/checking of hearing aid
V5266	Battery for use in a hearing device
V5267	Hearing aid, assistive listening device, supplies, not otherwise specified

Hearing Aid Device Codes

Only use these codes for devices purchased by the clinic, directly (i.e., Active Duty Service members). **DO NOT** use these codes for patients that purchase the devices from the clinic.

V5050	Hearing aid (HA), monaural, in the ear (ITE)
V5060	HA, monaural, behind the ear (BTE)
V5130	Binaural, ITE
V5140	Binaural, BTE
V5171	HA, contralateral routing device (CRD), monaural, ITE
V5172	HA, CRD, monaural, in the canal (ITC)
V5181	HA, CRD, monaural, BTE
V5211	HA, contralateral routing system (CRS) , binaural, ITE/ITE
V5212	HA, CRS, binaural, ITE/ITC
V5213	HA, CRS, binaural, ITE/BTE
V5214	HA, CRS, binaural, ITC/ITC
V5215	HA, CRS, binaural, ITC/BTE
V5221	HA, CRS, binaural, BTE/BTE
V5254	HA, digital, monaural, Completely in the Canal (CIC)
V5255	HA, digital, monaural, ITC
V5258	HA, digital, binaural, CIC
V5259	HA, digital, binaural, ITC

Hearing Aid Dispensing Fee

Only use these codes for devices purchased by the patient (i.e., through the Retiree At-Cost Hearing Aid Program). **DO NOT** use these codes for devices purchased by the clinic.

V5090	Dispensing fee, unspecified hearing aid
V5160	Dispensing fee, binaural
V5200	Dispensing fee, CROS
V5240	Dispensing fee, contralateral routing system, binaural
V5241	Dispensing fee, monaural hearing aid, any type

Hearing Aid Follow-Up	
92592	Hearing aid check, monaural
	The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. Report 92593 if both hearing aids are checked.
92593	Hearing aid check, binaural
	The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. Report 92592 if only one hearing aid is checked.
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electroacoustic evaluation for hearing aid; binaural
V5014	Repair/Modification of a hearing aid
V5266	Battery for use in a hearing device
	Code for the number of batteries dispensed
	Not to be used if the patient is paying for the batteries
V5267	Hearing aid, assistive listening device, supplies, not otherwise specified
	Use this code for clinic supplies dispensed to the patient at no charge to the patient
V5020	Conformity Evaluation
	Use this code for RealEar measures (e.g. speech mapping) and functional gain measurements
Modifier	22 modifier if doing both RealEar measures and functional gain testing on the same date
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	To be used, specifically, when a Hearing Handicap Inventory (or other validated handicap-related questionnaire) is used to identify the patient's risk for adverse outcomes related to his/her hearing loss and plan treatment accordingly
	Only used when standard test battery is not sufficient to identify the extent of the patient's needs (i.e., do not use this code for every patient encounter)
	Instrument must be validated
	Instrument must be scored by the provider in accordance with published instructions
	Document questionnaire used, results, and discussion with patient in medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])

96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
	To be used, specifically, WHEN NO OTHER BILLABLE SERVICES ARE PROVIDED and your appointment is solely focused on managing the patient's adherence to their treatment plan and use of their devices to help overcome situations where their hearing loss negatively impacts them or they are learning to advocate for themselves
	Includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions
	Document time spent, counseling techniques used, and topics in the medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])
Other considerations	If family is present use 96167
+96159	Each additional 15 minutes
	Can only be coded in conjunction with 96158
	If family is present use 96168 (in conjunction with 96167)

Auditory Implant Services (BHD MEPRS)

Codes in this Section		Page #
■ Evaluation		31
○ 92626	– Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	31
○ +92627	– Each additional 15 minutes (list separately in addition to code for primary procedure)	31
○ 96160	– Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	31
■ Mapping		32
○ 92601	– Diagnostic analysis of cochlear implant, patient YOUNGER THAN 7 years of age; with programming	32
○ 92602	– Diagnostic analysis of cochlear implant, patient YOUNGER THAN 7 years of age; subsequent REPROGRAMMING	32
○ 92603	– Diagnostic analysis of cochlear implant, age 7 YEARS OR OLDER; with PROGRAMMING	32
○ 92604	– Diagnostic analysis of cochlear implant, age 7 YEARS OR OLDER; subsequent REPROGRAMMING	32
○ 92640	– Diagnostic analysis with programming of auditory brainstem implant, per hour	32
○ 96160	– Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	33
○ 96158	– Health behavior intervention, individual, face-to-face; initial 30 minutes	33
○ +96159	– Each additional 15 minutes	33
■ Telemetry Measures		33
○ 92584	– Electrocochleography (used to signify telemetry measures)	33

Evaluation	
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
	This code may be used for aural rehabilitation status evaluation potentially leading to a cochlear implant or osseointegrated hearing implant
	Time accounted for in this code should include face-to-face time with the patient/family
	Should be use to report an evaluation to determine candidacy for a surgically implanted hearing device (for example, a cochlear implant or an osseointegrated implant) or for post-surgical evaluation of performance
	These codes may no longer be used for activities unrelated to an implant, such as an auditory function evaluation before or after a patient receives hearing aids or other assistive technology
	These codes may not be billed with CPT codes 92590 – 92595 for hearing aid services provided to a single patient on the same day. However, the same restrictions aren't in place for corresponding V-codes or if the services are provided by different clinicians on the same day
+92627	Each additional 15 minutes (list separately in addition to code for primary procedure)
	Only use 92627 in conjunction with 92626
	See section on time-based codes to determine how to document number of additional 15-minute increments in units
	Time accounted for in this code should include face-to-face time with the patient/family
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	To be used, specifically, when a Hearing Handicap Inventory (or other validated handicap-related questionnaire) is used to identify the patient's risk for adverse outcomes related to his/her hearing loss and plan treatment accordingly
	Only used when standard test battery is not sufficient to identify the extent of the patient's needs (i.e., do not use this code for every patient encounter)
	Instrument must be validated
	Instrument must be scored by the provider in accordance with published instructions
	Document questionnaire used, results, and discussion with patient in medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])

Mapping	
92601	Diagnostic analysis of cochlear implant, patient YOUNGER THAN 7 years of age; with programming
	Use this code for initial stimulation/activation or first mapping with an upgraded speech processor
Modifier	For a patient with binaural implants, use the right/left modifiers if only one implant is mapped; use the 50 modifier if both implants are mapped
	You can code 92602, 92567, and/or 92568 on same day with 59 modifier
Other considerations	For evaluation of rehabilitation status and aural rehabilitation services, see 92626 – 92627
92602	Diagnostic analysis of cochlear implant, patient YOUNGER THAN 7 years of age; subsequent REPROGRAMMING
	Use this code for mapping at follow-up appointments
Modifier	For a patient with binaural implants, use the right/left modifiers if only one implant is mapped; use the 50 modifier if both implants are mapped
	You can code 92602, 92567, and/or 92568 on same day with 59 modifier
Other considerations	For evaluation of rehabilitation status and aural rehabilitation services, see 92626 – 92627
92603	Diagnostic analysis of cochlear implant, age 7 YEARS OR OLDER; with PROGRAMMING
	Use this code for initial stimulation/activation or first mapping with an upgraded speech processor
Modifier	For a patient with binaural implants, use the right/left modifiers if only one implant is mapped; use the 50 modifier if both implants are mapped
	You can code 92602, 92567, and/or 92568 on same day with 59 modifier
Other considerations	For evaluation of rehabilitation status and aural rehabilitation services, see 92626 – 92627
92604	Diagnostic analysis of cochlear implant, age 7 YEARS OR OLDER; subsequent REPROGRAMMING
	Use this code for mapping at follow-up appointments
	For a patient with binaural implants, use the right/left modifiers if only one implant is mapped; use the 50 modifier if both implants are mapped
	You can code 92602, 92567, and/or 92568 on same day with 59 modifier
Other considerations	For evaluation of rehabilitation status and aural rehabilitation services, see 92626 – 92627
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour

96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	To be used, specifically, when a Hearing Handicap Inventory (or other validated handicap-related questionnaire) is used to identify the patient's risk for adverse outcomes related to his/her hearing loss and plan treatment accordingly
	Only used when standard test battery is not sufficient to identify the extent of the patient's needs (i.e., do not use this code for every patient encounter)
	Instrument must be validated
	Instrument must be scored by the provider in accordance with published instructions
	Document questionnaire used, results, and discussion with patient in medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
	To be used, specifically, WHEN NO OTHER BILLABLE SERVICES ARE PROVIDED and your appointment is solely focused on managing the patient's adherence to their treatment plan and use of their devices to help overcome situations where their hearing loss negatively impacts them or they are learning to advocate for themselves
	Includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions
	Document time spent, counseling techniques used, and topics in the medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])
Other considerations	If family is present use 96167
+96159	Each additional 15 minutes
	Can only be coded in conjunction with 96158
	If family is present use 96168 (in conjunction with 96167)

Telemetry Measures

92584	Electrocochleography (used to signify telemetry measures)
	Used for electrically evoked compound action potentials, known as neural response telemetry (NRT), neural response imaging (NRI), and auditory nerve response telemetry (ART)

Assistive Listening and FM Devices (BHD MEPRS)

Codes in this Section		Page #
■ Assistive Listening Devices		34
○ V5268 – Assistive listening device, telephone amplifier, any type		34
○ V5269 – Assistive listening device, alerting, any type		34
○ V5270 – Assistive listening device, television amplifier, any type		34
○ V5271 – Assistive listening device, television caption decoder		34
○ V5272 – Assistive listening device, TDD		34
○ V5273 – Assistive listening device, for use with a cochlear implant		34
○ V5274 – Assistive listening device, not otherwise specified		34
■ FM Devices		34
○ V5281 – Personal FM/DM System, monaural, (one receiver, transmitter and microphone)		34
○ V5282 – Personal FM/DM System, binaural, (two receivers, transmitter and microphone)		34
○ V5283 – Personal FM/DM, neck loop induction receiver		34
○ V5284 – Personal FM/DM, ear level receiver		34
○ V5285 – Personal FM/DM, direct audio input receiver		34
○ V5286 – Personal blue tooth FM/DM receiver		34
○ V5287 – Personal FM/DM Receiver, not otherwise specified		34
○ V5288 – Personal FM/DM Transmitter, assistive listening device		34
○ V5289 – Personal FM/DM Adapter/boot coupling device for receiver, any type		34
○ V5290 – Transmitter microphone, any type		34
■ Device Repair		34
○ V5336 – Repair/modification of augmentative communication system or device (excludes adaptive hearing aid)		34

Vestibular Evaluation and Rehabilitation (BHD MEPRS)

Codes in this Section		Page #
■ Evaluation – Videonystagmography (VNG) Exam		36
○ 92537 – Caloric vestibular test with recording, bilateral; bithermal (i.e., one warm and one cool irrigation in each ear for a total of four irrigations)		36
○ 92538 – Caloric vestibular test with recording, bilateral; monothermal (i.e., one irrigation in each ear for a total of two irrigations)		36
○ 92540 – Basic vestibular evaluation, including spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal & peripheral stimulation, with recording, & oscillating tracking test, with recording		36
○ 92541 – Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording		36
○ 92542 – Positional nystagmus test, minimum of 4 positions, with recording		37
○ 92544 – Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording		37
○ 92545 - Oscillating tracking test, with recording		37
■ Evaluation – Posturography		37
○ 92548 – Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (described below), including interpretation and report		37
○ 92549 – with motor control test (MCT) and adaptation test (ADT)		37
■ Evaluation – Vestibular evoke myogenic potential (VEMP) testing		38
○ 92517 (NEW CODE) – VEMP testing, with interpretation and report; cervical (cVEMP)		38
○ 92518 (NEW CODE) – VEMP testing, with interpretation and report; ocular (oVEMP)		39
○ 92519 (NEW CODE) – VEMP testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)		39
■ Evaluation – Rotary Chair		38
○ 92545 – Oscillating tracking test, with recording		38
○ 92546 – Sinusoidal vertical axis rotational testing		38
○ +92547 – Use of vertical electrodes		38
■ Evaluation – Bedside Testing		39
○ 92531 – Spontaneous nystagmus, including gaze, without recording		39
○ 92532 – Positional nystagmus test, without recording		39
■ 92700 – (NEW CODE) Unspecified otolaryngology procedure, to account for Video Head Impulse Test (vHIT)		39
■ 96160 – Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument		40
■ Rehabilitation		40
○ 95992 – Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day		40

Evaluation — Videonystagmography (VNG) Exam

According to the Vestibular Clinical Practice Recommendations, at a minimum, the VNG/ENG test battery should include smooth pursuit (92545), saccade, eccentric gaze tests, and search for spontaneous nystagmus (92541).

92537	Caloric vestibular test with recording, bilateral; bithermal (i.e., one warm and one cool irrigation in each ear for a total of four irrigations)
Modifier	For three irrigations, use modifier 52
	To report more irrigations than indicated in the code, consider using the modifier 22 to indicate an increased service. In those circumstances, audiologists should be prepared to provide justification for the increased service
DO NOT code with	92538
Other considerations	For monothermal caloric vestibular testing, use 92538
	CPT code 92537 may not be coded more than once on the same date of service
92538	Caloric vestibular test with recording, bilateral; monothermal (i.e., one irrigation in each ear for a total of two irrigations)
	See Vestibular Clinical Practice Recommendations for when monothermal irrigations are warranted
Modifier	For one irrigation, use modifier 52
Other considerations	For bithermal caloric vestibular testing, use 92537
DO NOT code with	92270, 92537
92540	Basic vestibular evaluation, including spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal & peripheral stimulation, with recording, & oscillating tracking test, with recording
	Audiologists coding 92541, 92542, 92544, and 92545 on the same day should now use 92540. If not performing all four codes on the same day, one may code the individual CPT codes
	92537/8 are not included in this bundle and should be coded separately
Modifier	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist; 26 modifier should be used by the audiologist to indicate interpretation
DO NOT code with	92270, 92541, 92542, 92544, or 92545
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
	Can be coded with two or fewer of 92542, 92544, and 92545 with the 59 modifier
Modifier	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist; 26 modifier should be used by the audiologist to indicate interpretation
DO NOT code with	92540 or all of the set of 92542, 92544, and 92545

92542	Positional nystagmus test, minimum of 4 positions, with recording
	Can be coded with two or fewer of 92541, 92544, and 92545 with the 59 modifier
Modifier	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist; 26 modifier should be used by the audiologist to indicate interpretation
DO NOT code with	92540 or the set of 92541, 92544, and 92545
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
	Can be coded with two or fewer of 92541, 92542, and 92545 with the 59 modifier
92545	Oscillating tracking test, with recording
	Can be coded with two or fewer of 92541, 92542, and 92544 with the 59 modifier
Modifier	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist; 26 modifier should be used by the audiologist to indicate interpretation
DO NOT code with	92540 or the set of 92541, 92542, and 92544
+92547	Use of vertical electrodes
	List separately in addition to code for primary procedure
	Report this code in addition to the code(s) for the primary procedures for each vestibular test performed (82537, 92538, and 92540 – 92546)
Modifier	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist; 26 modifier should be used by the audiologist to indicate interpretation

Evaluation — Posturography

92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report
	Requires special equipment; supply documentation supporting medical necessity if claim denied
Modifier	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist; 26 modifier should be used by the audiologist to indicate interpretation
DO NOT code with	92270
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report, WITH MOTOR CONTROL TEST (MCT) AND ADAPTATION TEST (ADT)
	92549 may not be billed in conjunction with 92548 because it already represents the entire battery of tests.

Evaluation — Vestibular Evoked Myogenic Potential (VEMP) Testing

Quoted From: https://www.asha.org/practice/reimbursement/coding/new_codes_aud/

92517	Vestibular evoked myogenic potential testing, with interpretation and report; cervical (cVEMP)
Modifier	-52 if only one ear is tested
DO NOT code with	92270, 92518, 92519
92518	Vestibular evoked myogenic potential testing, with interpretation and report; ocular (oVEMP)
Modifier	-52 if only one ear is tested
DO NOT code with	92270, 92517, 92519
92519	Vestibular evoked myogenic potential testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
	Use CPT code 92519 when both cVEMP and oVEMP testing are completed consecutively
Modifier	-52 if only one ear is tested
DO NOT code with	92270, 92517, 92518

Evaluation — Rotary Chair

92546	Sinusoidal vertical axis rotational testing
	Rotation chair testing; requires special equipment; commonly used to verify bilateral caloric weaknesses; supply documentation supporting medical necessity if claim denied
Modifier	TC modifier can be used by a technician performing the test on a different date than the interpretation by the audiologist; 26 modifier should be used by the audiologist to indicate interpretation
DO NOT code with	92270

Evaluation — Bedside Testing

92531	Spontaneous nystagmus, including gaze, without recording
	This code is used to perform any spontaneous or gaze testing, without recording (just visualization)
92532	Positional nystagmus test, without recording
	This code is used when performing any form of positional testing, such as a Hallpike Maneuver, without recording (just visualization)

Evaluation — Video Head Impulse Test (vHIT)

92700	Unspecified otolaryngology procedure, to account for vHIT
	Can be billed > 1 time per date of service
Modifier	Must use 59 modifier EACH time to indicate separate and distinct procedure
Documentation	An explanation of the presenting sign or symptom that caused one or more of these procedures to be performed for this patient; a description of what was done and what was found; a description of any equipment that was used in the evaluation process and a justification for its necessity; a your clinical assessment and interpretation of the test outcomes; the length of time required to complete the evaluation; included in this report should be sufficient information to justify why these procedures were done in addition to or in place of other diagnostic procedures that have standard CPT codes

Health Risk Assessment Instrument

96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	To be used, specifically, when a Dizziness Handicap Inventory (or other validated handicap-related questionnaire) is used to identify the patient's risk for adverse outcomes related to his/her vestibular disorders and plan treatment accordingly
	Only used when standard test battery is not sufficient to identify the extent of the patient's needs (i.e., do not use this code for every patient encounter)
	Instrument must be validated
	Instrument must be scored by the provider in accordance with published instructions
	Document questionnaire used, results, and discussion with patient in the medical record
DO NOT code with	E&M codes 99401 – 412 (preventive counseling, individual [time-based])

Rehabilitation

95992	Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day
	Can be used by audiologists in the MHS, as it falls within the audiologist's scope of practice
DO NOT code with	92531, 92532 (Hallpike Maneuver)

Tinnitus Assessment and Management Services (BHD MEPRS)

Codes in this Section		Page #
■ Assessment/re-assessment		41
○ 92625 – Assessment of tinnitus (pitch, loudness, matching, masking; all four measures must be present; not supported by the literature, unless being done to fit ear level sound generative devices that require this information)		41
○ 96160 – Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument		41
■ Intervention		42
○ 96158 – Health behavior intervention, individual, face-to-face; initial 30 minutes		42
○ +96159 – Each additional 15 minutes		42
○ 96164 – Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes		42
○ +96165 – Each additional 15 minutes, list separately in addition to code for primary service		42

Assessment/Re-Assessment	
92625	Assessment of tinnitus (pitch/loudness matching/masking; all four measures must be present; not supported by the literature, unless being done to fit ear level sound generative devices that require this information)
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	To be used, specifically, when a Tinnitus Functional Index (or other validated handicap-related questionnaire) is used to identify the patient's risk for adverse outcomes related to his/her tinnitus and plan treatment accordingly
	Only used when standard test battery is not sufficient to identify the extent of the patient's needs (i.e., do not use this code for every patient encounter, unless part of PTM Level 3)
	Instrument must be validated
	Instrument must be scored by the provider in accordance with published instructions
	Document questionnaire used, results, and discussion with patient in the medical record
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])

Intervention	
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
	To be used, specifically, WHEN NO OTHER BILLABLE SERVICES ARE PROVIDED and your appointment is solely focused on managing the patient's adherence to their treatment plan and use of their devices to help overcome situations where their hearing loss negatively impacts them or they are learning to advocate for themselves
	Includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions
DO NOT code with	E&M codes 99401 – 412 (preventative counseling, individual, [time-based])
Other considerations	If family is present use 96167
+96159	Each additional 15 minutes
	Can only be coded in conjunction with 96158
	If family is present use 96168 (in conjunction with 96167)
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
	To be used, specifically, for Progressive Tinnitus Management (PTM) Courses (Level 3); not to be used for individual counseling for tinnitus
	Includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions
	Document time spent, number of patients present, counseling techniques used, and topics in the medical record
	Can be coded for the same patient on the same date by two providers in separate MEPRS clinics, but only for time actually spent speaking to the group (e.g., mental health and audiology can each code for one hour of the two hour program).
	Cannot be coded for the same patient on the same date by two providers from the same MEPRS clinic (e.g., two audiologists cannot both use this code on the same date).
DO NOT code with	E&M codes 99401-412 (preventative counseling, individual, [time-based])
+96165	Each additional 15 minutes

Miscellaneous Codes (BHD & FBN MEPRS)

Codes in this Section		Page #
■ V5299 – Hearing service, miscellaneous		43
■ 99002 – Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices		43

Miscellaneous Codes	
V5299	Hearing service, miscellaneous
	This code can only be used if no other codes exist to capture work you have done. Full documentation of work completed should be provided
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (e.g., designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional
	This can be used to capture handling of hearing devices (e.g., hearing aid, cochlear implant processor, osseointegrated device) that does not include programming, testing, or repairing a hearing device (where other codes apply)

Hearing Conservation Visit Codes (FBN MEPRS, Technicians)

Hearing Conservation Program services are coded in a Special Program service in an FBN MEPRS clinic. Please refer to the appropriate Service MEPRS representatives for workload reporting.

According to DOD Instruction 6055.12, the hearing conservation technician, “who has attended training approved by the Council for Accreditation in Occupational Hearing Conservation or equivalent military training” and is “responsible to an audiologist, an otolaryngologist, or other qualified physician,” is able to perform the following duties:

1. Provide periodic hearing evaluations with the Defense Occupational and Environmental Health Readiness System-Hearing Conservation (DOEHRS-HC) system
2. Issue hearing protection devices, ensuring proper fit, condition, and function
3. Educate military and civilian personnel on the following
 - a. "Effects of noise on hearing
 - b. "Purpose of hearing protection
 - c. "Advantages, disadvantages, and attenuation of various hearing protectors
 - d. "Selection, fit, use and care of hearing protectors
 - e. "Mandatory requirement of assigned protective equipment, and administrative actions that may follow for failure to wear
 - f. "Purpose of audiometric testing
 - g. "Explanation of audiometric test procedures
 - h. "The fact that hearing loss may lead to disqualification from current duties”

Codes in this Section		Page #
■ DOEHRS-HC Audio		45
○ 0208T – Threshold audiogram (pure tone), automated (DOEHRS-HC Audiograms)		45
■ Education		45
○ S9445 – Patient education, not otherwise classified, non-physician provider, individual, per session		45
○ S9446 – Patient education, not otherwise classified, non-physician provider, group, per session		45
○ 98960 – Education and training for patient self-management		45
○ 98961 – 2-4 patients		45
○ 98962 – 5-8 patients		45
■ Hearing Protection Fitting and Evaluation		45
○ V5264 – Ear mold/insert, not disposable, any type		45
○ V5265 – Ear mold/insert, disposable, any type		45
○ 92596 – Ear protector attenuation measurements		45

DOEHRS-HC Audio	
0208T	Threshold audiogram (pure tone) automated (DOEHRS-HC Audiograms)
	Indicate units of service for repeated DOEHRS-HC Audiograms on the same date
	Technicians are NOT permitted to use 92559 (Group Audiometric Testing) for DOEHRS-HC Audiograms

Education	
Technician must document what was discussed in the encounter note. No standardized curriculum:	
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
S9446	Patient education, not otherwise classified, non-physician provider, group, per session
Standardized curriculum (i.e. Comprehensive Hearing Health Program):	
98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each thirty minutes; individual patient
98961	2-4 patients
98962	5-8 patients

Hearing Protection Fitting and Evaluation	
V5264	Ear mold/insert, not disposable, any type
	Use this code when dispensing custom or preformed hearing protection devices that are reusable; foam ear plugs are not to be included in this code
V5265	Ear mold/insert, disposable, any type
92596	Ear protector attenuation measurements
	Indicates objective Personal Attenuation Rating (PAR) measurements of hearing protection devices
	This measure is performed using specialized equipment or methodology designed for measuring the real-world attenuation of hearing protection devices. This should not be coded unless equipment such as this is used to evaluate the PAR for an individual Service member or civilian employee
	Per DODI 6055.12, hearing protection (HP) fit-testing is a recommended best practice for DoD personnel who experience a significant threshold shift and may be warranted in other situations.
	This test may be performed by an audiologist or a hearing technician.

MHS Coding Guidelines

Picture 1. Section 7.2, Hearing Conservation Program of the MHS Specific Coding Guidelines, Fiscal Year 2022, 01 December 2021.

Chapter 7: Specialty Coding

This section has coding information based on the specialty clinic that provides services. All coding must be supported by the documentation.

7.1. Anesthesia

Refer to Appendix I for anesthesia professional services coding guidance.

7.2. Hearing Conservation Program (HCP)

7.2.1. Service guidelines require all military and civilian personnel who routinely work in noise-hazardous areas to have reference (baseline), annual, and termination audiograms. HCP services are coded in a special program that is not RVU generating. For further audiology guidance, refer to the DoD Hearing Center of Excellence Audiology Procedural Coding Guide.

7.2.2. IAW DoDI 6055.12, Military services will provide hearing conservation and readiness monitoring using the Defense Occupational & Environmental Health Readiness System (DOEHRS) and will be coded as follows:

Table 2: Screening performed by hearing conservation technicians using DOEHRs-HC.

Exam Type	ICD Code	E&M	CPT
Non-HCP Pre-Employment	Z02.1-civilian not HCP Z02.3 - Accession	99499	0208T Education and Hearing Protective Device (HPD) verification codes as appropriate
Reference/ Baseline	DOD0214		
Periodic/ Occupational	DOD0215		
Termination/ Occupational	DOD0216		
Personnel Reliability Program (PRP)	DOD0224		
Pre-Deployment	Z56.82		
Post-Deployment	Z91.82		
Follow-up	Z01.110		

Picture 2. Section 7.2 (continued), Hearing Conservation Program of the MHS Specific Coding Guidelines, Fiscal Year 2022, 01 December 2021.

Specialty Coding

Table 3: Evaluation by physician or audiologist to confirm if abnormality is present or to follow abnormality.

Encounter Type	Primary ICD Code	Additional ICD Code(s) – With Abnormalities	E&M Codes	Procedure Code
Accession exam in basic training	Z02.3	Plus appropriate diagnosis code(s) as selected by the physician or audiologist.	Physician: Appropriate E&M* Audiologist: N/A	Appropriate procedure code for hearing test(s) performed at the encounter
Occupational: Baseline	DoD0214	Plus appropriate code(s) from H90-H93.9 as selected by the physician or audiologist; add Z57.0 as appropriate		
Occupational: Periodic	DoD0215			
Occupational: Termination	DoD0216			
Occupational Exam – PRP	DoD0224			
Pre-Deployment	Z56.82			
Post-Deployment	Z56.82			

Note: The physician may use an E&M with modifier 25 if they perform significant work that is separately identifiable from any audiological testing they perform in the encounter.

- Audiometric testing documentation will be captured in either DD Form 2215, Reference Audiogram, DD Form 2216, Hearing Conservation Data, or diagnostic audiogram, and will become part of the patient’s EIIR. Evaluations by a physician or audiologist will be documented in an EHR note.
- Any other hearing screening services that are not part of the Hearing Conservation Program IAW DoDI 6055.12 will be documented and coded IAW MHS coding guidelines and/or healthcare industry standards.

Picture 3. Section 7.2 (continued), Hearing Conservation Program of the MHS Specific Coding Guidelines, Fiscal Year 2022, 01 December 2021.

7.2.3. Training. Group hearing conservation counseling/education/training encounters are by audiologists using E&M codes 99411 (30-minute training) or 99412 (60 minute training), and Z71.89 diagnosis code. CPT codes are not required for group training encounters. Individual counseling provided by Audiologists for patients with abnormal results are captured using Z01.110 failed hearing screening diagnosis code, and CPT 98960, based on time.

7.2.4. Refer to Appendix K for guidelines regarding the use of vestibular code S9476.

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