

Audiology Superbill Template

Diagnostic and Rehabilitative Procedures

Practice Name
Address
Phone Numbers

PATIENT NAME

DATE OF BIRTH

DATE OF SERVICE

PRIMARY INSURANCE

SECONDARY INSURANCE

AUDIOLOGIST

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AUDIOLOGY PROCEDURES

- | | |
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| 92550 Tympanometry & reflex threshold measurements | 92587 Distortion Product OAEs; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or TEOAEs, with interpretation and report |
| 92551 Screening test, PT air only | 92588 Comprehensive diagnostic evaluation (cochlear mapping, minimum of 12 frequencies), with interpretation and report |
| 92552 PT audiometry, threshold, air only | 92590 Hearing aid examination and selection, monaural |
| 92553 Air and bone | 92591 Hearing aid examination and selection, binaural |
| 92555 Speech audiometry, threshold | 92592 Hearing aid check, monaural |
| 92556 Speech audiometry threshold, with speech recognition | 92593 Hearing aid check, binaural |
| 92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) | 92594 Electroacoustic evaluation for hearing aid, monaural |
| 92558 Evoked otoacoustic emissions, screening (qualitative measurement of DPs or TEOAEs), automated analysis | 92595 Electroacoustic evaluation for hearing aid, binaural |
| 92565 Stenger test, pure tone | 92596 Ear protector attenuation measurements |
| 92567 Tympanometry | 92620 Evaluation of central auditory function, with report, initial 60 min |
| 92568 Acoustic reflex testing, threshold | 92621 Each additional 15 minutes (must bill with 92620) |
| 92570 Acoustic immittance testing (tymps, ART, ARD) | 92625 Assessment of tinnitus (includes pitch, loudness matching, masking) |
| 92572 Staggered spondaic word test | 92626 Evaluation of auditory rehabilitation status, first hour |
| 92576 Synthetic sentence identification test | 92627 Each additional 15 minutes (must bill with 92626) |
| 92577 Stenger test, speech | 92630 Auditory rehabilitation, prelingual hearing loss |
| 92579 Visual reinforcement audiometry | 92633 Auditory rehabilitation, postlingual hearing loss |
| 92582 Conditioned play audiometry | 92700 Unlisted otorhinolaryngological service or procedure |
| 92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system, comprehensive | |
| 92586 Auditory evoked potentials, limited | |

VESTIBULAR TESTS AND REHABILITATION

- 92540** Basic vestibular evaluation (includes 92541, 92542, 92544, 92545)
- 92541** Spontaneous nystagmus test, including gaze and fixation nystagmus, w/ recording
- 92542** Positional nystagmus test, min of 4 positions, w/ recording
- 92543** Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests, w/ recording)
- 92544** Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, w/ recording
- 92545** Oscillating tracking test, w/ recording
- 92546** Sinusoidal vertical axis rotational testing
- 92547** Use of vertical electrodes (list separately in addition to code for primary procedure)
- 92548** Computerized dynamic posturography
- 95992** Canalith Repositioning Procedure

INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING
(Effective 1/1/13, these add-on codes replace 95920)

- 95940** Continuous intraoperative monitoring in the OR, one-on-one monitoring requiring personal attendance, each 15 minutes (list separately from code for primary procedure)
- 95941** Continuous neurophysiology monitoring from outside the OR (remote or nearby) or for monitoring of more than one case while in the OR, per hour (list separately in addition to code for primary procedure)
- G0453** Continuous intraoperative neurophysiology monitoring, from outside the OR (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure). This is a MEDICARE ONLY code

COMMON MODIFIERS

- 22** Increased procedural service
- 26** PC, If you only *interpret* 92540–92546, 92548, 92585, 92587 or 92588
- 52** Reduced services
- 59** Distinct procedural service (Use for 92541, 92542, 92544 or 92545), if reporting 1–3 of these codes individually
- TC** If you only *perform* 92540–92546, 92548, 92585, 92587 or 92588

MEDICARE MODIFIERS

- GA** Use with a mandatory Advanced Beneficiary Notice (ABN) for a covered service
- GX** Use with a voluntary ABN for a non-covered service
- GZ** The provider or supplier expects a medical necessity denial; however, did not provide an Advance Beneficiary Notice (ABN) to the patient
- GX & GY** May be utilized for non-covered services
- GY** Use for a statutorily excluded service (often used when a denial from Medicare is necessary for a secondary payor)

OTHER

- 69210** Cerumen removal

ICD-9 CODES (Diseases/Diagnoses codes)

It is recommended coding to the highest level of specificity so the 5-digit codes that do not end in zero are suggested

OTHER DISORDERS OF EAR

- 386.10** Peripheral vertigo, unspecified
- 386.11** Benign paroxysmal positional vertigo
- 386.19** Other
- 386.50** Labyrinthine dysfunction, unspecified
- 386.51** Hyperactive labyrinth, unilateral
- 386.52** Hyperactive labyrinth, bilateral
- 386.53** Hypoactive labyrinth, unilateral
- 386.54** Hypoactive labyrinth, bilateral
- 388.02** Transient ischemic deafness
- 388.10** Noise effects on inner ear, unspecified
- 388.11** Acoustic trauma (explosive) to ear
- 388.12** Noise induced hearing loss
- 388.2** Sudden hearing loss, unspecified
- 388.31** Subjective tinnitus
- 388.40** Abnormal auditory perception, unspecified
- 388.42** Hyperacusis
- 388.43** Impairment of auditory discrimination
- 388.44** Recruitment
- 388.45** Acquired auditory processing disorder
- 388.60** Otorrhea, unspecified
- 388.71** Otogenic pain
- 780.4** Dizziness and giddiness
- 783.42** Delayed milestones (late talker)
- 794.15** Abnormal auditory function studies

V65.5 Person with feared complaint in whom no diagnosis was made
V68.01 Disability examination

V72.11 Encounter for hearing exam following failed hearing screening

CONDUCTIVE HEARING LOSS

389.00 Conductive Hearing Loss (CHL), unspecified
389.01 CHL, external ear
389.02 CHL, tympanic membrane
389.03 CHL, middle ear

389.04 CHL, inner ear
389.05 CHL, unilateral
389.06 CHL, bilateral
389.08 CHL of combined types

TINNITUS

388.30 Tinnitus, unspecified
388.31 Tinnitus, subjective

388.32 Tinnitus, objective

SENSORINEURAL HEARING LOSS

389.10 Sensorineural Hearing Loss (SNHL), unspecified
389.11 Sensory hearing loss, bilateral
389.12 Neural hearing loss, bilateral
389.13 Neural hearing loss, unilateral
389.14 Central hearing loss

389.15 SNHL, unilateral
389.16 SNHL, asymmetrical
389.17 Sensory hearing loss, unilateral
389.18 Sensorineural hearing loss, bilateral

MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS

389.20 Mixed hearing loss, unspecified
389.21 Mixed hearing loss, unilateral

389.22 Mixed hearing loss, bilateral

PQRS G CODES **

Measure #261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness**

G8856-Referral to a physician for otologic evaluation performed

G8857-Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)

G8858-Referral to a physician for an otologic evaluation not performed, reason not specified

Beginning in 2015, one of the following must be reported as a cross-cutting measure:

Measure #130: Documentation of Current Medications in the Medical Record**

G8427-List of current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional supplements] documented by the provider, including drug name, dosage, frequency, and route

G8430-Provider documentation that patient is not eligible for medication assessment

G8428-Current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional supplements] with drug name, dosage, frequency, and route not documented by the provider, reason not specified

Measure #134: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan (Only applicable to CPT code 92625)**

G8431-Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented

G8510-Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required

G8433-Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate

G8432-No documentation of clinical depression screening using an age appropriate standardized tool

G8511-Positive screen for clinical depression using an age appropriate standardized tool documented, follow-up plan not documented, reason not specified

****** Each of these 3 measures has specific CPT and/or ICD-9/10 codes necessary in order to report, found here:

http://www.audiology.org/sites/default/files/PracticeManagement/2014_PQRS_ReportingAudiologyQualityMeasures_SbS_Guide.pdf

COPAY INSURANCE

CASH CREDIT CARD CHECK #

CURRENT FEES

PAYMENT AMOUNT

BALANCE

NEXT APPOINTMENT

Note: The American Academy of Audiology has created this superbill as a tool: It is not intended to be representative of all CPT, all ICD-9 codes, or all HCPCS codes.

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