PATIENT NAME DATE OF BIRTH DATE OF SERVICE

PRIMARY INSURANCE SECONDARY INSURANCE AUDIOLOGIST

|  |  |
| --- | --- |
| PRIMARY (Audiology): | ICD-10 CODE: |
| SECONDARY (Medical): | ICD-10 CODE: |
| ADDITIONAL: | ICD-10 CODE: |

**COMMONLY REPORTED CPT CODES (PROCEDURE CODES)** CPT ® Copyright 2024 American Medical Association. All rights reserved.

**AUDIOLOGY PROCEDURES**

|  |  |
| --- | --- |
| **DIAGNOSTIC PROCEDURES**  **92550** Tymp and reflex threshold measurements  **92551** Screening, PT air only  **92552** PT audio, threshold, air only  **92553** Air and bone  **92555** Speech audiometry, threshold  **92556** Speech audiometry threshold with speech/word recognition  **92557** Comp audiology evaluation (92553 and 92556 combined)  **92558** Evoked OAEs, screening  **92562** Loudness balance test, alternate binaural or monaural  **92653** Tone decay test  **92565** Stenger test, puretone  **92567** Tympanometry  **92568** Acoustic reflex testing, threshold  **92570** Acoustic immittance testing (tymps, ART, ARD)  **92572** Staggered spondaic word test  **92576** Synthetic sentence identification test  **92577** Stenger test, speech  **92579** Visual reinforcement audiometry  **92582** Conditioned play audiometry  **92584** Electrocochleography  **92587** OAEs, limited  **92588** OAEs, comprehensive  **92620** Eval of central auditory function, with report, initial 60 min  **92621** Each additional 15 minutes (must bill with 92620)  **92625** Assessment of tinnitus (pitch, loudness matching, masking)  **92650** Auditory evoked potentials (AEPs); screening with  broadband stimuli, automated analysis  **92651** AEPs; hearing status determination with broadband stimuli  **92652** AEPs; for threshold estimation at multiple frequencies  **92653** AEPs; neurodiagnostic | **HEARING AID PROCEDURES**  **92590** Hearing aid exam and selection, monaural  **92591** Hearing aid exam and selection, binaural  **92592** Hearing aid check, monaural  **92593** Hearing aid check, binaural  **92594** Electroacoustic eval for hearing aid, monaural  **92595** Electroacoustic eval for hearing aid, binaural  **92596** Ear protector attenuation measurements  **92626** Eval of auditory function for implant candidacy or  postoperative status of implanted device, first hour  **92627** Each additional 15 minutes (must bill with 92626)  **92630** Auditory rehab, prelingual HL  **92633** Auditory rehab, postlingual HL  **92700** Unlisted otorhinolaryngological service or procedure  **COCHLEAR IMPLANT AND BAHA PROCEDURES**  **92601** Diagnostic analysis of CI (<7y), with programming  **92602** Diagnostic analysis of CI (<7y), subsequent reprogramming  **92603** Diagnostic analysis of CI (7y+), with programming  **92604** Diagnostic analysis of CI (7y+), subsequent reprogramming  **92622** Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes  **92623** Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes  **L8690** Osseointegrated device, internal and external components  **L8691** Osseointegrated device, external processor replacement  **L8692** Osseointegrated device, external processor (softband)  **OTHER PROCEDURES**  **69209** Cerumen removal, unilateral (irrigation)  **69210** Cerumen removal, unilateral (instrumentation)  **G0268** Cerumen removal by physician on same date as testing  **99366** Medical team conference with interdisciplinary team of healthcare professionals, face to face with patient and/or family, 30 minutes or more.  **99368**  Medical team conference, face to face- less than 30 minutes |

**VESTIBULAR PROCEDURES**

|  |  |
| --- | --- |
| **DIAGNOSTIC PROCEDURES**  **92517** Vestibular evoked myogenic potentials, cervical (cVEMP)  **92518** Vestibular evoked myogenic potentials, ocular (oVEMP)  **92519** Vestibular evoked myogenic potentials, cVEMP and oVEMP  **92537** Caloric vestibular test, w/ recording, bilateral; bithermal  **92538** Caloric vestibular test, w/ recording, bilateral, monothermal  **92540** Basic vestibular evaluation  **92541** Spontaneous nystagmus test, gaze & fixation, w/ recording  **92542** Positional nystagmus test, w/ recording  **92544** OPK nystagmus, bidirectional, foveal, peripheral stim, w/ rec  **92545** Oscillating tracking test, w/ recording  **92546** Sinusoidal vertical axis rotational testing  **92547** Use of vertical electrodes  **92548** Computerized dynamic posturography  **92549** Computerized dynamic posturography, with MCT and ADT | **REHABILITATIVE PROCEDURES**  **95992** Canalith Repositioning Procedure  **0728T**  Diagnostic analysis of vestibular implant, unilateral, initial programming  **0729T** Diagnostic analysis of vestibular implant, subsequent programming |

**COMMON MODIFIERS**

|  |  |
| --- | --- |
| **22** Increased procedural service  **26** Professional Component, If only *interpreting* 92540–92546, 92548, 92585, 92587, 92588  **33** Preventative service  **52** Reduced services  **53** Discontinued procedure | **59** Distinct procedural service (E.g., Use for 92541, 92542, 92544  or 92545), if reporting 1–3 of these codes individually  **76** Procedure performed more than once on same DOS  **TC** If only *performing* 92540–92546, 92548, 92585, 92587 92588  **RT** Right side of body  **LT** Left side of body  **AB** For Medicare limited direct access codes only |

**VIRTUAL- ONLY SERVICES**

|  |  |
| --- | --- |
| **98966** Telephone assess and mngmt service provided by a qualified  non-physician healthcare professional to an established  patient not originating from a related assess and mngmt  service provided in the previous 7 days nor leading up to a  procedure within the next 24 hours or soonest available  appointment; 5 to 10 minutes of medical discussion  **98967** 11 to 20 minutes of medical discussion  **98968** 21 or more minutes of medical discussion | **98970** Nonphysician healthcare professional online digital assess  and mngmt service for an established patient, for up to 7 days,  cumulative time during the 7 days: 5 to 10 minutes  **98971**  11 to 20 minutes online digital assess and mngmt  **98972** 21 or more minutes online digital assess and mngmt |

**COMMONLY REPORTED HCPCS CODES (Hearing aids/supplies/several procedures)**

|  |  |
| --- | --- |
| **S0618** Audiometry for HAE to determine the level and degree of HL  **S1001** Deluxe item, patient aware (list in addition to basic item)  **V5008** Hearing screening  **V5010** Assessment for hearing aid  **V5011** Fitting/orientation/checking of hearing aid  **V5014** Repair/modification of a hearing aid  **V5020** Conformity evaluation  **V5090** Dispensing fee, unspecified hearing aid  **V5095** Semi-implantable middle ear hearing prosthesis  **V5110** Dispensing fee, bilateral  **V5160** Dispensing fee, binaural  **V5171** Hearing aid, contralateral routing device, monaural, ITE  **V5172** Hearing aid, contralateral routing device, monaural, ITC  **V5181** Hearing aid, contralateral routing device, monaural, BTE  **V5190** Hearing aid, contralateral routing device, monaural, glasses  **V5200** Dispensing fee, contralateral, monaural  **V5211** Hearing aid, contralateral routing device, binaural, ITE/ITE  **V5212** Hearing aid, contralateral routing device, binaural, ITE/ITC  **V5213** Hearing aid, contralateral routing device, binaural, ITE/BTE  **V5214** Hearing aid, contralateral routing device, binaural, ITC/ITC  **V5215** Hearing aid, contralateral routing device, binaural, ITC/BTE  **V5221** Hearing aid, contralateral routing device, binaural, BTE/BTE  **V5230** Hearing aid, contralateral routing system, binaural, glasses  **V5240** Dispensing fee, contralateral routing system, binaural  **V5241** Dispensing fee, monaural hearing aid, any type  **V5244** Hearing aid, digitally programmable analog, monaural, CIC  **V5245** Hearing aid, digitally programmable analog, monaural, ITC  **V5246** Hearing aid, digitally programmable analog, monaural, ITE  **V5247** Hearing aid, digitally programmable analog, monaural, BTE  **V5250** Hearing aid, digitally programmable analog, binaural, CIC  **V5251** Hearing aid, digitally programmable analog, binaural, ITC  **V5252** Hearing aid, digitally programmable, binaural, ITE  **V5253** Hearing aid, digitally programmable, binaural, BTE  **V5254** Hearing aid, digital, monaural, CIC  **V5255** Hearing aid, digital, monaural, ITC  **V5256** Hearing aid, digital, monaural, ITE  **V5257** Hearing aid, digital, monaural, BTE | **V5258** Hearing aid, digital, binaural, CIC  **V5259** Hearing aid, digital, binaural, ITC  **V5260** Hearing aid, digital, binaural, ITE  **V5261** Hearing aid, digital, binaural, BTE  **V5262** Hearing aid, disposable, any type, monaural  **V5263** Hearing aid, disposable, any type, binaural  **V5264** Ear mold/insert, not disposable, any type  **V5265** Ear mold/insert, disposable, any type  **V5266** Battery for use in hearing device  **V5267** Hearing aid or assistive device supplies/accessories  **V5268** Assistive listening device, telephone amplifier, any type  **V5269** Assistive listening device, alerting, any type  **V5270** Assistive listening device, television amplifier, any type  **V5271** Assistive listening device, television caption decoder  **V5272** Assistive listening device, TDD  **V5273** Assistive listening device, for use with cochlear implant  **V5274** Assistive listening device, not otherwise specified  **V5275** Ear impression, each  **V5281** Assistive Listening Device, Personal FM/DM system, monaural  (one receiver, transmitter and microphone), any type  **V5282** Assistive Listening Device, Personal FM/DM system, binaural  (two receivers, transmitter and microphone), any type  **V5283** Assistive Listening Device, Personal FM/DM neck, loop  induction receiver  **V5284** Assistive Listening Device, Personal FM/DM, ear level receiver  **V5285** Assistive Listening Device, Personal FM/DM, direct audio input  receiver  **V5286** Assistive Listening Device, Personal blue tooth FM/DM receiver  **V5287** Assistive Listening Device, Personal FM/DM receiver, not  otherwise specified  **V5288** Assistive Listening Device, Personal FM/DM transmitter  assistive listening device  **V5289** Assistive Listening Device, Personal FM/DM adapter/boot  coupling device for receiver, any type  **V5290** Assistive Listening Device, Transmitter microphone, any type  **V5298** Hearing aid, not otherwise classified (e.g., OTC hearing aid)  **V5299** Hearing service, miscellaneous |

**MEDICARE MODIFIERS**

|  |  |
| --- | --- |
| **GA** Waiver of Liability Statement Issued as Required by Payer  Policy, Individual Case (Mandatory ABN)  **GX** Notice of Liability Issued, Voluntary Under Payer Policy  (Voluntary ABN; may be used with GY) | **GY** Item or Service Statutorily Excluded, Does Not Meet the Definition of Any Medicare Benefit (May be used with GX)  **GZ** Item or service expected to be denied as not reasonable and necessary (No ABN was issued) |

 COPAY  INSURANCE  CASH  CREDIT CARD  CHECK #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT FEES: PAYMENT AMOUNT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BALANCE: NEXT APPOINTMENT:

**Disclaimer:** The purpose of the information provided above by the American Academy of Audiology Coding and Reimbursement Committee is to provide general information and educational guidance to audiologists. Action taken with respect to the information provided is an individual choice. The American Academy of Audiology hereby disclaims any responsibility for the consequences of any action(s) taken by any individual(s) as a result of using the information provided, and reader agrees not to take action against, or seek to hold, or hold liable, the American Academy of Audiology for the reader's use of the information provided. As used herein, the "American Academy of Audiology" shall be defined to include its directors, officers, employees, volunteers, members and agents.

**Commonly Reported ICD-10 Codes (Disease/Diagnosis Codes)**

**H90 Conductive and Sensorineural Hearing Loss**

|  |  |
| --- | --- |
| **H90.0** Conductive hearing loss, bilateral  **H90.1** Conductive hearing loss, unilateral, with unrestricted  hearing on the contralateral side  **H90.11** CHL, unilateral, right ear, with unrestricted hearing  on the contralateral side  **H90.12** CHL, unilateral, left ear, with unrestricted hearing  on the contralateral side  **H90.2** CHL, unspecified  **H90.3** SNHL, bilateral  **H90.4** SNHL, unilateral with unrestricted hearing on the contralateral side  **H90.41** SNHL, unilateral, right ear, with unrestricted hearing  on the contralateral side  **H90.42** SNHL, unilateral, left ear, with unrestricted hearing  on the contralateral side  **H90.5** Unspecified SNHL  **H90.6** Mixed conductive and SNHL, bilateral  **H90.7** Mixed CHL and SNHL, unilateral with unrestricted  hearing on the contralateral side  **H90.71** Mixed conductive and sensorineural hearing loss,  unilateral, right ear, with unrestricted hearing on the contralateral side  **H90.72** Mixed conductive and sensorineural hearing  loss, unilateral, left ear, with unrestricted hearing on the contralateral side  **H90.8** Mixed conductive and SNHL, unspecified | **H90.A** Conductive and sensorineural hearing loss with  restricted hearing on the contralateral side  **H90.A1** Conductive hearing loss, unilateral, with  restricted hearing on the contralateral side  **H90.A11** Conductive hearing loss, unilateral, right ear  with restricted hearing on contralateral side  **H90.A12** Conductive hearing loss, unilateral, left ear  with restricted hearing on contralateral side  **H90.A2** SNHL, unilateral, with restricted hearing on the  contralateral side  **H90.A21** SNHL, unilateral, right ear, w/ restricted  hearing on the contralateral side  **H90.A22** SNHL, unilateral, left ear, with restricted  hearing on the contralateral side  **H90.A3** Mixed conductive and SNHL, unilateral with  restricted hearing on the contralateral side  **H90.A31** Mixed conductive and SNHL, unilateral, right  ear with restricted hearing on contra side  **H90.A32** Mixed conductive and SNHL, unilateral, left  ear with restricted hearing on contra side  **H91.8** Other specified hearing loss  **H91.8X** Other specified hearing loss  **H91.8X1** Other specified hearing loss, right ear  **H91.8X2** Other specified hearing loss, left ear  **H91.8X3** Other specified hearing loss, bilateral  **H91.8X9** Other specified hearing loss, unspecified ear |

**H91 Other and unspecified hearing loss**

|  |  |
| --- | --- |
| **H91.0** Ototoxic hearing loss (code the hearing loss first and  the poisoning due to drug or toxin, if applicable with  T36-T65 with fifth or sixth character 1-4 or 6) second.  (Use additional code for adverse effect, if applicable,  to identify drug, with fifth or sixth character 5)  **H91.01** Ototoxic hearing loss, right ear  **H91.02** Ototoxic hearing loss, left ear  **H91.03** Ototoxic hearing loss, bilateral  **H91.09** Ototoxic hearing loss, unspecified ear | **H91.1** Presbycusis  **H91.10** Presbycusis, unspecified ear  **H91.11** Presbycusis, right ear  **H91.12** Presbycusis, left ear  **H91.13** Presbycusis, bilateral  **H91.2** Sudden idiopathic hearing loss  **H91.20** Sudden idiopathic hearing loss, unspecified ear  **H91.21** Sudden idiopathic hearing loss, right ear  **H91.22** Sudden idiopathic hearing loss, left ear  **H91.23** Sudden idiopathic hearing loss, bilateral |

**Other abnormal auditory perceptions**

|  |  |
| --- | --- |
| **H93.2** Other abnormal auditory perceptions  **H93.21** Auditory recruitment  **H93.211** Auditory recruitment, right ear  **H93.212** Auditory recruitment, left ear  **H93.213** Auditory recruitment, bilateral  **H93.219** Auditory recruitment, unspecified ear  **H93.22** Diplacusis  **H93.221** Diplacusis, right ear  **H93.222** Diplacusis, left ear  **H93.223** Diplacusis, bilateral  **H93.229** Diplacusis, unspecified ear | **H93.23** Hyperacusis  **H93.231** Hyperacusis, right ear  **H93.232** Hyperacusis, left ear  **H93.233** Hyperacusis, bilateral  **H93.239** Hyperacusis, unspecified ear  **H93.24** Temporary auditory threshold shift  **H93.25** Central auditory processing disorder  **H93.29** Other abnormal auditory perceptions  **H93.291** Other abnormal auditory perceptions, right ear  **H93.292** Other abnormal auditory perceptions, left ear  **H93.293** Other abnormal auditory perceptions, bilateral  **H93.299** Other abnormal auditory perceptions, unspecified ear |

**Tinnitus**

|  |  |
| --- | --- |
| **H93.1** Tinnitus  **H93.11** Tinnitus, right ear  **H93.12** Tinnitus, left ear  **H93.13** Tinnitus, bilateral  **H93.19** Tinnitus, unspecified ear | **H93.A** Pulsatile tinnitus  **H93.A1** Pulsatile tinnitus, right ear  **H93.A2** Pulsatile tinnitus, left ear  **H93.A3** Pulsatile tinnitus, bilateral  **H93.A9** Pulsatile tinnitus, unspecified ear |

**Other diseases of inner ear**

|  |  |
| --- | --- |
| **H83.3** Noise effects on inner ear  **H83.3X** Noise effects on inner ear  **H83.3X1** Noise effects on right inner ear | **H83.3X2** Noise effects on left inner ear  **H83.3X3** Noise effects on inner ear, bilateral  **H83.3X9** Noise effects on inner ear, unspecified ear |

**Cerumen**

|  |
| --- |
| **H61.2** Impacted cerumen  **H61.20** Impacted cerumen, unspecified ear  **H61.21** Impacted cerumen, right ear  **H61.22** Impacted cerumen, left ear  **H61.23** Impacted cerumen, bilateral |

**Otitis Media**

|  |  |
| --- | --- |
| **Acute**  **H65.01** Acute serous otitis media, right ear  **H65.02** Acute serous otitis media, left ear  **H65.03** Acute serous otitis media, bilateral  **H65.04** Acute serous otitis media, recurrent, right ear  **H65.05** Acute serous otitis media, recurrent, left ear  **H65.06** Acute serous otitis media, recurrent, bilateral | **Chronic**  **H65.20** Chronic serous otitis media, unspecified ear  **H65.21** Chronic serous otitis media, right ear  **H65.22** Chronic serous otitis media, left ear  **H65.23** Chronic serous otitis media, bilateral |

**Disorders of vestibular function**

|  |  |
| --- | --- |
| **H81** Disorders of vestibular dysfunction  **H81.0** Ménière’s disease  **H81.01** Ménière’s disease, right ear  **H81.02** Ménière’s disease, left ear  **H81.03** Ménière’s disease, bilateral  **H81.09** Ménière’s disease, unspecified ear  **H81.1**  Benign paroxysmal vertigo  **H81.10** Benign paroxysmal vertigo, unspecified ear  **H81.11** Benign paroxysmal vertigo, right ear  **H81.12** Benign paroxysmal vertigo, left ear  **H81.13** Benign paroxysmal vertigo, bilateral  **H81.2** Vestibular neuronitis  **H81.20** Vestibular neuronitis, unspecified ear  **H81.21** Vestibular neuronitis, right ear  **H81.22** Vestibular neuronitis, left ear  **H81.23** Vestibular neuronitis, bilateral | **H81.3** Other Peripheral vertigo (with H81.391, .392, .393, .399- right ear, left ear and bilateral, unspecified)  **H81.4** Vertigo of central origin  **H81.49** Vertigo of central origin, unspecified ear  **H81.8** Other disorders of vestibular function  **H81.8X** Other disorders of vestibular function  **H81.8X1** Other disorders of vestibular function, right ear  **H81.8X2** Other disorders of vestibular function, left ear  **H81.8X3** Other disorders of vestibular function, bilateral  **H81.8X9** Other disorders of vestibular function, unspecified ear  **H82** Vertiginous syndromes classified elsewhere  **H83.0** Labyrinthine Dysfunction  **H83.2X1** Labyrinthine dysfunction, right ear  **H83.2X2** Labyrinthine dysfunction, left ear  **H83.2X3** Labyrinthine dysfunction, bilateral  **H83.1** Labyrinthine fistula  **H55.8** Other irregular eye movement  **H55.81** Deficient saccadic eye movement  **H55.82** Deficient smooth pursuit eye movements |

**Dizziness, auditory hallucinations and abnormal results**

|  |
| --- |
| **R42** Dizziness and giddiness  **R44.0** Auditory hallucinations  **R62.0** Delayed milestone in childhood.  **R94.12** Abnormal results of function studies of ear and other special senses  **R94.120** Abnormal auditory function study  **R94.121** Abnormal vestibular function study  **R94.122** Abnormal results of other function studies of the ear and other special senses |

**Factors influencing health status and contact with health services:**

Z codes are supplemental codes and represent reasons for an encounter and must be reported *with* a procedure, if performed.

|  |  |
| --- | --- |
| **Z01.1** Encounter for examination of ears and hearing  **Z01.10** Encounter for examination of ears and hearing without abnormal findings  **Z01.11** Encounter for examination of ears and hearing with abnormal findings  **Z01.110** Encounter for hearing examination following failed hearing screening  **Z01.118** Encounter for examination of ears and hearing with other abnormal findings (use additional code to identify abnormal findings)  **Z01.12** Encounter for hearing conservation and treatment  **Z02** Encounter for administrative examination  **Z02.1** Encounter for examination for admission to educational institution  **Z02.2** Encounter for pre-employment examination  **Z02.3** Encounter for exam for recruitment to armed services  **Z02.71** Encounter for disability determination  **Z03** Encounter for screening for other diseases and disorders  **Z13.5** Encounter for screening for eye and ear disorders  **Z13.850** Encounter for screening for traumatic brain injury | **Z45** Encounter for adjustment and management of implanted device  **Z45.320** Encounter for adjustment and management of bone conduction device  **Z45.321** Encounter for adjustment and management of cochlear device  **Z45.328** Encounter for adjustment and management of other implanted hearing device  **Z46.1** Encounter for fitting and adjustment of hearing aid  **Z57.0** Occupational exposure to noise  **Z71.2** Person consulting for explanation of examination or  test findings  **Z76.5** Malingerer (personal feigning illness with obvious motivation)  **Z77.122** Contact with and (suspected) exposure to noise  **Z83.52** Family history of ear disorders  **Z96.2** Presence of ontological and audiological implants  **Z96.20** Presence of otological and audiological implants, unspecified  **Z96.21** Cochlear implant status  **Z96.22** Myringotomy tube(s) status  **Z96.29** Presence of other otological and audiological implants |

**Codes for Merit-based Incentive Payment System (MIPS) Quality Measures Reporting**

\* Performance Not Met (use of this code will not count for successful reporting of quaity measures as required by MIPS)

\*For detailed measure specifications, see: [QPP Resource Library (cms.gov)](about:blank). You are encouraged to read the entire measure specification for each measure you elect to report on.

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

**CPT Codes:** 92537, 92538, 92540,92541, 92542, 92544, 92545, 92548, 92550, 92557, 92567, 92568, 92570, 92588, 92626;

**ICD-10:** Applies to all ICD-10 codes.

**G8427** List of current medications documented by provider, including drug name, dosage, frequency, and route

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

**G8428\*** Current medications with drug name, dosage, frequency, and route not documented by provider; reason not specified

**Measure #134: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan**

**CPT Codes:** 92625; **ICD-10:** Applies to all ICD-10 codes. Applies to patients 12 years and older.

**G9717** Documentation stating patient has active diagnosis of depression or has diagnosed bipolar disorder, screening not required

**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/ refuses to participate

**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

**Measure #155: Falls: Plan of Care** (all patients 65 and older with history of falls)

**CPT Codes:** 92540, 92541, 92542, 92548; **ICD-10:** Applies to all ICD-10 codes.

**G9720** Hospice services for patient occurred at any time during the documentation period

**0518F** Falls plan of care documented

**0518F-1P\*** Falls plan of care not documented for medical reasons (patient not ambulatory, bedridden, immobile, wheelchair bound)

**0518F-8P\*** Falls plan of care not documented but no medical reason given for the lack of completion of a plan of care

**Measure #181: Elder Maltreatment Screen and Follow-Up Plan** (patients ages 65 and over on date of service)

**CPT Codes:** 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92549, 92550, 92551, 92552, 92553, 92555, 92556, 92557, 92558, 92567, 92568, 92570, 92587, 92588, 92625, 92626, 92650, 92651, 92652, 92653; **ICD-10:** Applies to all ICD-10 codes.

**G8733** Elder maltreatment screen documented as positive AND a follow-up plan is documented

**G8734** Elder maltreatment screen documented as negative; follow-up is not required

**G8535** Elder maltreatment screen not documented; documentation that patient is not eligible for elder maltreatment screen at time of the encounter

**G8941** Elder maltreatment screen documented as positive, followup plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter

**G8536\*** No documentation of an elder maltreatment screen; reason not given

**G8735\*** Elder maltreatment screen documented as positive, followup plan not documented, and reason not given

**Measure #182: Functional Outcomes Assessment** (this measure is reported through a registry and is not claims-based)

**CPT Codes:** 92540, 92542, 92546, 92548; **ICD-10:** Applies to all ICD-10 codes.

**G8539** Functional outcome assessment documented as positive using a standardized tool AND a care plan based on identified deficiencies on the date of the functional outcome assessment, is documented

**G8542** Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required

**G8942** Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan based on identified deficiencies on the date of the functional outcome assessment, is documented

**G8540** Functional outcome assessment NOT documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter

**G9227** Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter

**G8541\*** Functional outcome assessment using a standardized tool not documented; reason not given

**G8543\*** Documentation of positive functional outcome assessment using a standardized tool; care plan not documented; reason not given

**Measure #226: Preventative Care and Screening: Tobacco Use: Screening and Cessation – must meet all submission criteria that apply**

**CPT Codes:** 92540, 92557, 92625; **ICD-10:** No specific codes are included in this measure.

**Submission Criteria 1: Patients screened for tobacco use at least once within 12 months**

**G9902** Patient screened for tobacco use AND identified as a tobacco user

**G9903** Patient screened for tobacco use AND identified as a tobacco non-user

**G9905\*** Patient not screened for tobacco use; reason not given

**Submission Criteria 2: All patients identified as a tobacco user and who received tobacco cessation intervention – report with G9902**

**G9906** Patient identified as tobacco user and received cessation intervention

**G9908\*** Patient identified as tobacco user and did not receive cessation intervention; reason not given

**Submission Criteria 3: All patients who were screened for tobacco use, if identified as tobacco user received cessation intervention, or identified as a tobacco non-user**

**G0030** Patient screened for tobacco use AND received tobacco cessation intervention on the date of theencounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user

**G0029** Tobacco screening not performed OR tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months; reason not otherwise specified

**1036F** Current tobacco non-user

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

**CPT Codes:** 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92550, 92557, 92567, 92568, 92570, 92575

**ICD-10 Codes:** R42, H81.10, H81.11, H81.12, H81.13

**G8856** Referral to a physician for otologic evaluation performed

**G8857** Patient is not eligible for referral for otologic evaluation measure

**G8858\*** Referral to a physician for an otologic evaluation not performed; reason not specified

**Measure #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:** Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive. This is an eCQM.

**This is for all patient visits for patients aged 18 years and older at the beginning of the measurement period.**

**Denominator Exclusion: Patient has an active diagnosis of hypertension.**

[**https://ecqi.healthit.gov/ecqm/ec/2024/cms0022v12**](https://ecqi.healthit.gov/ecqm/ec/2024/cms0022v12)

**Measure #318 Falls Screening for Future Fall Risk** (Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period). This measure is reported through an EHR and is not claims-based.

**Measure #431 Preventive Care and Screening: Unhealthy Alcohol Use** (Screening & Brief Counseling: Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 12 months AND who received brief counseling if identified as an unhealthy alcohol user).

This measure will be calculated with 3 performance rates:

1) Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 12 months

**CPT Codes:** 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92549, 92550, 92552, 92553, 92555, 92556, 92557, 92567, 92570, 92584, 92587, 92588, 92650\*, 92651, 92652, 92653, 92620, 92625, 92626

**ICD-10: Applies to all ICD-10 codes**.

**G2196** Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method

**G2197** Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user

**G2199** Patient not screened for unhealthy alcohol use using a systematic screening method

2) Percentage of patients aged 18 years and older who were identified as unhealthy alcohol users who received brief counseling. Report when reporting G2196 for part 1 of this measure.

**G2200** Patient identified as an unhealthy alcohol user received brief counseling

**G2202** Patient did not receive brief counseling if identified as an unhealthy alcohol user

3) Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 12 months AND who received brief counseling if identified as unhealthy alcohol users

**G9621** Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling

**G9622** Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method

**G9624** Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user

**Denominator submission criteria: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period**

**Denominator exclusions: Patients with dementia any time during the patient’s history through the end of the measurement period (M 1164).**

**Measure #487 Screening for Social Drivers of Health** (Percent of beneficiaries 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety).

**CPT Codes:** 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92548, 92549, 92550, 92557, 92567, 92568, 92570, 92588, 92625, 92626, 92650\*, 92651, 92652, 92653

**ICD-10 Codes:** Applies to all ICD-10 codes

**M1207** Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety

**M1208** Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety

**Measure #498, Community Service Provider** (Percent of patients 18 years or older who screen positive for one or more of the following health-related social needs (HRSNs): food insecurity, housing instability, transportation needs, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least 1 of their HRSNs within 60 days after screening)