

Pediatric Audiology Billing and Coding 101

By Kari Morgenstein

Evaluating and managing children with hearing loss is complex and involves significant follow up to ensure children receive the proper services needed to meet their full potential. The complicated and ever-changing world of billing and coding can add another level of stress to the practice of pediatric audiology. This article will address some common pediatric diagnostic procedure billing and coding questions, in an effort to save you a few minutes in your busy and often chaotic pediatric clinic.

So, let's start with the basics! What is a Current Procedural Terminology (CPT®) code? These five-digit codes are developed and maintained by the American Medical Association. They designate a distinct test or therapeutic procedure. The procedure(s) included in the description are used to assess the value of that code.

Here are a few pointers to get you started on the right path for correct billing and coding with pediatric audiology procedures.

- Choose the CPT code that best represents the procedure that was performed.
- Most audiology CPT codes (with the exception of Visual Reinforcement Audiometry) are valued based on the procedure being performed on both ears.
- Medical record documentation must support the reason for testing and why particular codes are used.

Visual Reinforcement Audiometry and Conditioned Play Audiometry

Starting around the developmental age of six months, children are able to complete visual reinforcement audiometry (VRA). The CPT code for VRA is 92579. Historically, descriptions of VRA test procedures included both speech and tonal stimuli as part of the test protocol. If you perform VRA and are able to obtain ear-specific information, it will still likely be most appropriate to report the VRA code as it best reflects the technique

and equipment utilized. As children get older, typically around the age of three, they are able to perform conditioned play audiometry (CPA). The CPT code for CPA is 92582. In contrast with the VRA code, CPA includes tonal stimuli but does not include speech stimuli. So what should you do if you perform CPA along with speech measures? In addition to 92582, you should use a code that best describes the speech measure performed such as Speech Threshold Audiometry (92555), Select Picture Audiometry (92583), or Speech Audiometry Threshold with Speech Recognition (92556).

The Challenges in Pediatrics

Sometimes, it's just not possible to obtain all the information needed for a specific child in one visit. There are cases where you may attempt a hearing evaluation, but obtain very limited information or no interpretable results at all. In these situations, the codes you select should accurately reflect the procedures, techniques, and effort used (i.e. VRA, 92579 or CPA, 92582) and not the

actual responses you obtained. This would not be considered a reduced service. It is essential that the audiologist include the effort made to obtain results and document the time spent with the child.

Tympanometry

In 2010, new CPT codes were added for evaluation of middle-ear function. Four distinct codes are now available:

- Tympanometry (92567),
- Acoustic Reflex Threshold Testing (92568),
- Tympanometry and Reflex Threshold Measurements (92550), and
- Acoustic Immittance testing, which includes Tympanometry, Acoustic Reflex Threshold Testing and Acoustic Reflex Decay Testing (92570).

If Acoustic Reflex Threshold Testing or Acoustic Reflex Threshold Testing and Acoustic Reflex Decay Testing are performed on the same date of service as Tympanometry, you must report the bundled code. If an audiologist performs a 1,000 Hz ipsilateral acoustic reflex screening only, there is no CPT code for this procedure. In this case, the Tympanometry code (92567) would be used.

Otoacoustic Emissions

In 2012, new codes were also included for Otoacoustic Emissions (OAE). The OAE screening code (92558) should be billed when an overall pass/fail result is obtained and no additional interpretation was performed. The OAE limited evaluation code (92587) should be used when the purpose of the test is to evaluate hearing status, but the child

is non-compliant and you are only able to obtain a few frequencies. CPT code 92587 specifies that three to six frequencies were evaluated per ear. The OAE comprehensive evaluation code (92588) should be used when evaluating 12 or more OAE frequencies per ear.

Auditory Brainstem Response

The Limited Auditory-Evoked Potential code (92586) is generally used for newborn hearing screening. The comprehensive Auditory-Evoked Potential code (92585) should be used for all other auditory evoked response testing, including testing via air and bone conduction.

Currently, there is no CPT code that differentiates “threshold-search” ABR from “neuro-diagnostic” ABR.

Evaluation of Auditory Rehabilitation Status

CPT code 92626, Evaluation of Auditory Rehabilitation Status; first hour, can be used in the pediatric population. This code was added in 2006 to describe the assessment of a patient’s auditory rehabilitation status. The evaluation process focuses on a battery of procedures designed to provide an in-depth examination of the magnitude of speech understanding abilities with and without intervention, such as hearing aids, cochlear implants, bone-conductive devices, and/or hearing assistive technology.

It should be noted that this is a time-based code and 92626 is reported for the first hour of evaluation. The code should not be used for evaluations less than 31 minutes. The code 92627 is reported for each additional 15 minutes of evaluation after the first hour. Ⓜ

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*Note, this is NOT a comprehensive list of all billing and coding items within the audiology pediatric population. Some information from the collaborative “Pediatric Audiology Billing and Coding Q&A” was presented in this article. Refer to this document for additional information: www.audiology.org/practice_management/coding/pediatric-audiology-billing-coding-questions-answers.

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