

Hearing Screening Coding Fact Sheet for Primary Care Pediatricians

While coding for hearing screening is relatively straightforward, ensuring that appropriate payment is received for such services is a more complicated matter. This Coding Fact Sheet will provide you with a guide to coding for pediatric hearing screening. While we have provided you with some suggested codes, it should be noted that payer recognition of codes might vary. Strategies and a template letter for pediatric practices to handle payer denials and contractual issues are provided in “Denial Management and Contract Negotiation for Hearing Screening Services” (Appendix A).

Diagnosis Codes

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Codes

Commonly Reported Diagnosis Codes Related To Primary Care Pediatricians & Hearing Loss

389.00	Conductive hearing loss, unspecified
389.10	Sensorineural hearing loss, unspecified
389.11	Sensorineural hearing loss, bilateral
389.12	Neural hearing loss, bilateral
389.14	Central hearing loss, bilateral
389.15	Sensorineural hearing loss, unilateral
389.16	Sensorineural hearing loss, asymmetrical
389.18	Sensorineural hearing loss of combined types, bilateral
389.2	Mixed conductive and sensorineural hearing loss
389.9	Unspecified hearing loss

Other Diagnosis Codes Related To Hearing Loss

Nervous System and Sense Organs

380.10	Infective otitis externa, unspecified
380.12	Acute swimmers' ear
380.4	Impacted cerumen
381.10	Chronic serous otitis media, simple or unspecified
381.4	Nonsuppurative otitis media, not specified as acute or chronic
381.81	Dysfunction of Eustachian tube
382.00	Acute suppurative otitis media without spontaneous rupture of ear drum
382.01	Acute suppurative otitis media with spontaneous rupture of ear drum
382.3	Unspecified chronic suppurative otitis media
384.01	Bullous myringitis
384.20	Perforation tympanic membrane, unspecified
386.30	Labryinthitis, unspecified
388.30	Tinnitus
388.60	Otorrhea, unspecified
388.70	Otalgia, unspecified

Congenital Anomalies

744.3	Unspecified anomaly of the ear
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Injury and Poisoning

872.61	Open wound of ear; ear drum
931	Foreign body in ear
994.6	Motion sickness

Symptoms, Signs, and Ill-Defined Conditions

780.4	Dizziness and giddiness (vertigo NOS)
784.40	Voice disturbance, unspecified
784.49	Voice disturbance; other (change in voice/dysphonia/hoarseness/hypernasality/hyponasality)
784.5	Other speech disturbance (dysarthria/dysphasia/slurred speech)
796.4	Other abnormal clinical findings
796.6	Abnormal findings on neonatal screening

Other

NOTE: The ICD-9-CM codes below are used to deal with occasions when circumstances other than a disease or injury are recorded as “diagnoses” or “problems.” Some carriers may request supporting documentation for the reporting of V codes.

V12.40	Personal history of unspecified disorder of nervous system and sense organs
V12.42	Personal history of infections of the central nervous system
V12.49	Personal history of other disorders of nervous system and sense organs
V41.2	Problems with hearing
V41.3	Other ear problems
V45.89	Other postprocedural status
V49.89	Other specified health conditions influencing health status
V58.69	Long-term (current) use of other medications
V62.89	Other psychological or physical stress not elsewhere classified; other
V62.9	Unspecified psychosocial circumstance
V65.19	Other person consulting on behalf of another person
V65.49	Other specified counseling
V72.11	Encounter for hearing examination following failed hearing screening
V72.19	Other examination of ears and hearing

Procedure Codes

Current Procedural Terminology (CPT®) Codes

Commonly Reported Procedure Codes Related To Primary Care Pediatricians & Hearing Loss

92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92567	Tympanometry (impedance testing)
69200	Removal of foreign body from external auditory canal; without general anesthesia
69210	Removal impacted cerumen (separate procedure); one or both ears
69420	Myringotomy including aspiration and/or eustachian tube inflation
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

Health and Behavior Assessment/Intervention Codes

These codes cannot be reported by a physician nor can they be reported on the same day as Preventive Medicine Counseling codes (99401-99412).

96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment

The focus of the assessment is not on mental health but on the biopsychosocial factors important to physical health problems and treatments.

96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with patient present)
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without patient present)

The focus of the intervention is to improve the patient's health and well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate the specific hearing-related problems.

Healthcare Common Procedural Coding System (HCPCS) Level II Procedure and Supply Codes

CPT codes are also known as Healthcare Common Procedure Coding System (HCPCS) Level I codes. The Healthcare Common Procedure Coding System also contains Level II codes. These Level II codes (commonly referred to as HCPCS “hick-picks” codes) are national codes that are included as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standard procedural transaction coding set along with CPT codes.

HCPCS Level II codes were developed to fill in the gaps in the CPT nomenclature. While they are reported in the same way as a CPT code, they consist of one alphabetic character (A-V) followed by four digits. In the past, insurance carriers did not uniformly recognize HCPCS Level II codes. However, with the advent of HIPAA, carrier software systems must now be able to recognize all HCPCS Level I (CPT) and Level II codes.

HCPCS Hearing Services Codes

S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session
T1023	Screening to determine the appropriateness of consideration of an individual for participation in specified program, project, or treatment protocol, per encounter
T1027	Family training and counseling for child development, per 15 minutes
T1028	Assessment of home, physical, and family environment, to determine suitability to meet patient’s medical needs
T2022	Case management, per month
T2023	Targeted case management, per month
T2024	Service assessment/plan of care development, waiver
V5008	Hearing screening
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening

Vignettes

Vignette #1

5-year-old male established patient presenting for pre-kindergarten health assessment, fails to pass the hearing screen, using a pure tone audiometer at the 30 decibels (dB) level from 500 to 4000 Hertz (Hz) in the left ear. He has a history of three ear infections in his second year. Tympanometry is normal for both ears, indicating no evidence of middle ear effusion. Parents deny any behaviors that would suggest hearing loss (does not turn up the TV, appears to hear voice commands, and does not speak loudly).

How is this service reported?

CPT Coding:

99393	Preventive medicine service, established patient; late childhood (age 5 through 11 years)
92551	Screening test, pure tone, air only
92567	Tympanometry (impedance testing)

ICD-9-CM Coding:

V20.2	Routine infant or child health check	Link to 99393
389.9	Unspecified hearing loss	Link to 92551 and 92567

Note: Contrary to CPT guidelines, some payors may inappropriately bundle the screening audiometry service(s) with the preventive medicine evaluation and management (E/M) code.

Health assessment should include information pertinent to hearing loss such as prenatal or perinatal risk factors, family history of hearing loss under 30 years of age, physical stigmata related to hearing loss.

The patient is then referred to an audiologist proficient in hearing testing of children for diagnostic testing. Audiologist report for pure tone audiometry (air and bone) and sound booth testing indicates he has sensorineural hearing loss at 50dB in the left ear and normal hearing at 20 dB in the right ear; his left ear speech threshold is 40 dB and right ear speech threshold is 15 dB.

How is this service reported?

CPT Coding:

92553	Pure tone audiometry (threshold); air and bone
92555	Speech audiometry threshold

ICD-9-CM Coding:

389.15	Sensorineural hearing loss, unilateral	Link to 92553 and 92555
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Pediatrician counsels parents for 15 minutes on the audiological diagnostic testing results, reviews possible etiologies for unilateral hearing loss, provides information on the effects of unilateral hearing loss on classroom learning, and refers the patient to an otolaryngologist.

How is this service reported?

CPT Coding:

99213	Office or other outpatient visit, established patient (greater than 50 percent of visit spent counseling and code 99213 has a typical time of 15 minutes)
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ICD-9-CM Coding:

389.15	Sensorineural hearing loss, unilateral	Link to 99213
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Note: Otolaryngologist may request CT of left ear or BAER (ABR) testing. Patient should be considered for unilateral amplification in the classroom setting to reduce possible learning barrier.

Vignette #2

An infant is born to parents who both have hearing loss greater than 90 dB. The newborn hearing screen is normal, with no indication of hearing loss. There is a significant family history of congenital hearing loss in both families. Patient is recommended by the hospital hearing screener for repeat hearing testing at 6 months.

How is this service reported?

CPT Coding:

92587 Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

ICD-9-CM Coding:

V72.19 Other examination of ears and hearing [Link to 92587](#)

Note: Payers may inappropriately bundle this procedure into the hospital care E/M code.

Six months later, patient sees hospital screener for repeat hearing testing. Options might include automated brain response (auditory evoked potentials) versus sound booth testing as OAE testing not possible in the active child. Because of the family history, parents are offered a referral to a geneticist for testing for the Connexin 26 gene and subsequent genetic counseling. Referral to an early intervention agency is provided so communication issues can be addressed as parents sign only and have no oral speech.

How is this service reported?

CPT Coding:

92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system, limited or

92551 Screening test, pure tone only

ICD-9-CM Coding:

V72.19 Other examination of ears and hearing [Link to 92586 or 92551](#)

Physician sees patient to confirm audiological screening results. Recommends genetic assessment for Connexin gene for future pregnancy planning. Recommends family seek early intervention services to address communication issues for deaf parents who sign only and a hearing child.

How is this service reported?

CPT Coding:

99213 Office or other outpatient visit, established patient, problem focused/low complexity

ICD-9-CM Coding:

V65.40 Other counseling, not otherwise specified [Link to 99213](#)

Vignette #3

An infant who was referred following an abnormal otoacoustic emission hearing test also fails diagnostic testing at age 5 weeks for both OAE and ABR. ABR indicates a pure tone threshold at about 80dB in both ears; hearing aids may improve auditory acuity. The parents have normal hearing.

How is this service reported?

CPT Coding:

92558 Evoked acoustic emissions, comprehensive or diagnostic testing
92585 Auditory evoked potentials, for evoked response audiometry and or testing of the central nervous system, comprehensive

ICD-9-CM Coding:

389.11 Sensory hearing loss, bilateral [Link to 92558 and 92585](#)

Patient requires a medical workup for congenital hearing loss. History should assess prenatal or perinatal causes, family history of hearing loss, examination for stigmata associated with hearing loss, genetic testing, EKG (CPT code 93000), and ENT and ophthalmological exams.

How is this service reported?

CPT Coding:

99215 Office or other outpatient visit, established patient, comprehensive/high complexity

ICD-9-CM Coding:

389.11 Sensory hearing loss, bilateral [Link to 99215](#)

At the 8-week well exam the parents inquire about the next steps to eventually obtaining a cochlear device so the patient can have oral communication. They want to know what is done during the waiting period for the cochlear implant to communicate effectively with their infant and whether there are any additional referrals to other physicians or studies needed.

How is this service reported?

CPT Coding:

99391 Preventive medicine service, established patient; infant (age under 1 year)
9921x-25 Office or other outpatient visit, established patient (code level selected from 99211-99215 family depending on key components met or time spent counseling), appended with modifier 25 (significant, separately identifiable E/M service by same physician on same day of the procedure or other service)

ICD-9-CM Coding:

V20.2 Routine infant or child health check [Link to 99391](#)
V65.40 Other counseling, not otherwise specified [Link to 9921x-25](#)
389.11 Sensory hearing loss, bilateral [Link to 9921x-25](#)

Patient needs referral to area cochlear implant service, early intervention agency to facilitate nonverbal communication pending cochlear implant by 3 months, and CT scan of ears to assess inner ear anatomy. Otolaryngologist and audiologist should refer patient for auditory amplification by age 6 months.

CPT Coding:

69930 Cochlear device implantation, with or without mastoidectomy

ICD-9-CM Coding:

389.11 Sensory hearing loss, bilateral [Link to 69930](#)