

***Coding and Reimbursement: Options for the  
Present and the Future***

***Kentucky Academy of Audiology***

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*Manager, Coding and Contracting*

*August 2, 2018*

# Agenda


- Identify current and future Medicare payment initiatives
- Identify billing opportunities in the dynamic and future landscape in the provision of audiology services
- Identify ICD-10-CM codes to provide audiologic services

# New Card! New Number!

Mailing  
in 2018

## NEW Medicare Card

### Current Medicare Card

**MEDICARE**  **HEALTH INSURANCE**


**1-800-MEDICARE (1-800-633-4225)**

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **FEMALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **07-01-2016**  
**MEDICAL (PART B)** EFFECTIVE DATE **07-01-2016**

SIGN HERE → Jane Doe

 **MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a **HOSPITAL (PART A)** Coverage starts/Cobertura empieza **03-01-2016**  
**MEDICAL (PART B)** Coverage starts/Cobertura empieza **03-01-2016**



# MBI Format

Pos.	1	2	3	4	5	6	7	8	9	10	11
Type	C	A	AN	N	A	AN	N	A	A	N	N

## Where:

C – Numeric 1 thru 9

A – Alphabetic Character (A...Z); Excluding (S, L, O, I, B, Z)

N – Numeric 0 thru 9

AN – Either A or N

\*\*\*NOTE: Alphabetic characters are Upper Case ONLY

**Position 1** – numeric values 1 thru 9

**Position 2** – alphabetic values A thru Z (minus S, L, O, I, B, Z)

**Position 3** – alpha-numeric values 0 thru 9 and A thru Z  
(minus S, L, O, I, B, Z)

**Position 4** – numeric values 0 thru 9

**Position 5** – alphabetic values A thru Z (minus S, L, O, I, B, Z)

**Position 6** – alpha-numeric values 0 thru 9 and A thru Z  
(minus S, L, O, I, B, Z)

**Position 7** – numeric values 0 thru 9

**Position 8** – alphabetic values A thru Z  
(minus S, L, O, I, B, Z)

**Position 9** – alphabetic values A thru Z  
(minus S, L, O, I, B, Z)

**Position 10** – numeric values 0 thru 9

**Position 11** – numeric values 0 thru 9

# Resources:

- For additional information on the Social Security Number Removal Initiative (SSNRI) home page click here:  
<https://www.cms.gov/Medicare/SSNRI/Index.html>
- **Other helpful links:**
- SSNRI MBI format link:  
<https://www.cms.gov/Medicare/SSNRI/MBI-Format-PDF.PDF>
- SSNRI Health & Drug Plans:  
<https://www.cms.gov/Medicare/SSNRI/Health-and-Drug-Plans/Health-and-drug-plans.html>
- SSNRI States:  
<https://www.cms.gov/Medicare/SSNRI/States/States.html>
- SSNRI Partners /Employers:  
<https://www.cms.gov/Medicare/SSNRI/Partners-and-Employers/Partners-and-employers.html>

# Changing Landscape

- Outcome measures à la Medicare's PQRS
  - Methodology for Medicare reimbursement for audiologists is still questionable
  - Audiologists were not eligible for Alternative Payment Model participation until 2019 after PQRS sunsetted (12/31/16), but we currently have nothing on which to report
    - Expect reporting in 2021
    - PTs and OTs are to report in 2019
    - We don't have 6 measures
  - Best practices will prevail in payment paradigms

# New Medicare Initiatives

- For audiology, we are not eligible until payment year 2021
  - No current reporting requirements

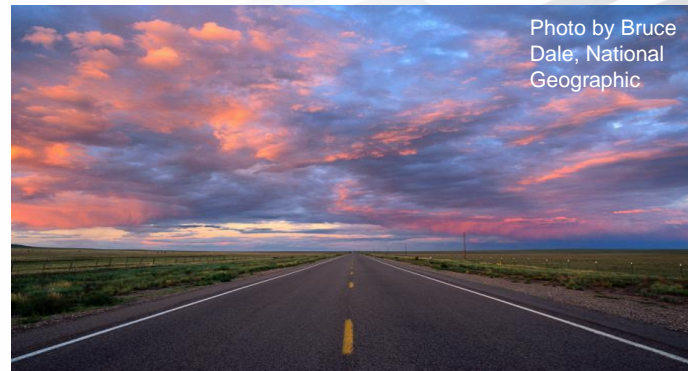
## **BUT... EXPECT**

- To report on measures such as tobacco, body mass index, blood pressure to meet the 6 measure requirement
- Electronic health care records seems to be looming closer, so if you don't already have the capability, put this in your budget for the near future



# Changing Landscape

- Outcome measures
- Best practices
- Online and OTC hearing aids
- NASEM recommended that the FDA create an OTC category
  - The promulgation of the FDA Reauthorization Act of 2017 directs the FDA to create this within 3 years
    - They have until August of 2020 to complete the guidelines





# Federal Drug Administration (FDA)

- Class I Hearing aids
- Class II Tinnitus devices/auditory trainers
- Class III Cochlear implants

# Changing Landscape (cont.)

- The marriage of a hearing aid company and a third party payer
  - hiHealth Innovations and United Health Care
- Big box retail
  - Costco
  - Sam's
  - Walmart
- Online
  - Hearing Planet
  - Hearing aids
- Over the counter devices
- PSAPs
- Hearables

# The Present

- More than 30 million people in the U.S. have some degree of hearing loss
- Low market penetration due to accessibility and affordability
  - Julia Andrews, AuD, Hearing Journal, July 2018
- Hearing Loss Association of America (HLAA) has promoted itemization for transparency in costs and service since 2012
- Itemization and transparency is supported by:
  - National Academies of Sciences, Engineering and Medicine (NAEM)
  - President's Council of Advisors on Science and Technology (PCAST)

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**FOR IMMEDIATE RELEASE:**  
August 20, 2012

**CONTACT:**

Nancy Macklin  
Director of Events and Marketing  
[nmacklin@hearingloss.org](mailto:nmacklin@hearingloss.org)

**BETHESDA, MD:** In an unprecedented joint communiqué the Academy of Doctors of Audiology (ADA), the American Academy of Audiology (the Academy) and the American Speech-Language-Hearing Association (ASHA) delivered a statement focusing on consumer needs in the delivery models of hearing health care and recognizing the changing face of the hearing health care environment.

HLAA applauds ADA, the Academy, and ASHA for joining HLAA in supporting consumer needs and setting a path for audiologists to evaluate how their practices will respond to and work in a new hearing health care delivery system.

The statement echoes and reinforces HLAA's long-standing campaign for [accessible and affordable hearing health care](#) through itemization, price transparency, and audiology services beyond the sale of hearing aids, including aural rehabilitation counseling and information about assistive listening and alerting devices. HLAA also supports consumer options in designing hearing health care to include family participation and education, measuring consumer satisfaction, and providing options for serving consumers who bought their hearing aids from another source such as the Internet. In addition, HLAA encourages audiologists to enlist the support of trained peer mentors.

Brenda Battat, executive director of the Hearing Loss Association of America said, "This is a watershed event for consumers. It validates HLAA's policy on accessible and affordable hearing health care. Now it's up to individual audiologists to show they are part of the shift to consumer-driven hearing health care." Diana Bender, president of HLAA's Board of Trustees added, "We are thrilled to see that the three national professional organizations for audiologists are working together to ensure their members get the news that hearing health care needs to be accessible, affordable and available to a far wider number of consumers." This joint letter is a tremendous first step. HLAA looks forward to collaborating with audiologists, audiology organizations and hearing aid manufacturers to provide consumers more hearing health care options.

**About Hearing Loss Association of America (HLAA)**

The Hearing Loss Association of America (HLAA), founded in 1979 by Rocky Stone, opens the world of communication to people with hearing loss through information, education, advocacy, and support. HLAA publishes the bimonthly *Hearing Loss Magazine*, holds annual conventions (HLAA Convention 2013 is in Portland, Oregon, June 27-30), produces Walk4Hearing® events, hosts online learning, and more. HLAA has an extensive network of chapters and state organizations. Further information can be found at [www.hearingloss.org](http://www.hearingloss.org). The national headquarters is located at 7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814. Phone: 301-657-2248.

Answer the Call  
Read Captions!

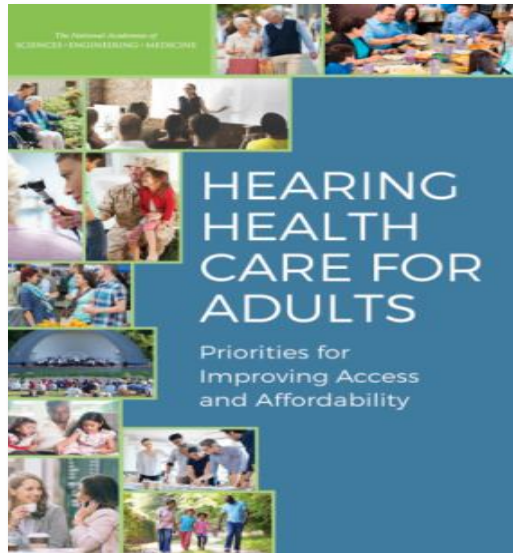
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WIDENING COMMUNICATION INITIATIVE

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Advertisement

# NATIONAL ACADEMY OF SCIENCE, ENGINEERING AND MEDICINE

## Hearing Health Care for Adults: Priorities for Improving Access and Affordability



### Guiding Principles Developed by the Committee

- *Prioritize the needs of individuals with hearing loss*
- *Emphasize hearing as a public health concern with societal responsibilities and effects*
- *Move toward equity and transparency*
- *Recognize that hearing loss may require a range of solutions*
- *Improve outcomes with a focus on value, quality, and safety*
- *Work toward an integrated approach that provides options*

[https://www.nap.edu/login.php?record\\_id=23446&page=http%3A%2F%2Fwww.nap.edu%2Fdownload%2F23446](https://www.nap.edu/login.php?record_id=23446&page=http%3A%2F%2Fwww.nap.edu%2Fdownload%2F23446)

# Considerations

- Providing services to patients who purchased online or for those who will be purchasing OTC
  - Office policy for devices not purchased in your office
    - Specify services/fees for devices purchased from an audiologist or hearing aid dispenser
    - Specify services/fees for online/OTC purchased devices

# RECENT PCAST AND NASEM RECOMMENDATIONS AND INDUSTRY IMPACT

In October 2015, President's Council of Advisors on Science and Technology (PCAST) issued a report recommending:

- ✓ FDA to create a new class of hearing aids for over the counter and online for those with mild-moderate hearing loss consistent with aging
- ✓ FDA to withdraw draft guidance of Personal Sound Amplification Products
- ✓ Providers required to provide a copy of hearing tests at no cost for patients to shop for best value
- ✓ FTC should define a process to authorize hearing aid vendors the right to obtain a copy of the test at no cost to the consumer



# Considerations (cont.)

- You may be in violation of existing contracts if you refuse to service these patients with devices purchased through insurance plans
- Itemizing for third party payers/administrators
  - Charge for the individual services you are providing
- And what about audiology aides or assistants?

# Audiology Aides (Assistants)

- Check with state licensure laws
  - Can they do electroacoustic checks upon arrival before a fitting and repair?
  - Demonstrate the care and feeding of a hearing aid?
  - Discuss OTC options and limitations?
- Can improve productivity and profit to allow you to practice audiology efficiently and profitably

Areas of interest and potential in offering hearing and balance services in this dynamic environment for audiologists

“It’s not about the widget...”



# Changing Landscape (cont.)

- “There’s an app for that”
  - iPhone applications for testing and for the dispensing of hearing aids and other h(w)earables
    - Starkey’s Halo, Muse, Soundlens
    - Soundhawk
    - Eargo
    - Audicus
    - Others

# Toolkit for Audiology Relevancy

- Tinnitus
- Central Auditory Processing Disorders
- Vestibular evaluation/treatment
- Cochlear implant services
- Intraoperative monitoring (IONM)
- Auditory rehabilitation
- Cerumen management
- Hearing aid services (itemization)
- Assistive listening devices
- Looping services
- Support staff
  - Audiology aides/assistance, if recognized by state licensure
  - Audiologists cannot bill “incident to” for another professional



# Codes for Tinnitus Evaluation and Treatment

- CPT code:
  - **92625** Assessment of tinnitus (includes pitch, loudness and masking)
  - Other tests performed
- ICD-10 codes: **H93.1**
  - **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



# Codes for Central Auditory Processing Disorders

- CPT codes:
- **92620** Evaluation of central auditory function, with report; initial 60 minutes
- **92621** Evaluation of central auditory function, with report; each additional 15 minutes

# CAPD (cont.)

- ICD-10 codes:
- **H93.2** Other abnormal auditory perceptions
  - **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

# Codes for Vestibular Evaluation

- **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)
- **92538** Monothermal, (i.e., one irrigation in each ear for a total of two irrigations)
  - *Same temperature in both ears*
- **92540** Basic vestibular evaluation
- **92541** Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
- **92542** Positional nystagmus test, minimum of 4 positions, with recording

# Codes for Vestibular Evaluation (cont.)

- **92544** Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
- **92545** Oscillating tracking test, with 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

# Codes for Vestibular Treatment

- CPT codes:
  - **95992** Canalith Repositioning Procedure
    - **Check with individual payers; Medicare and others will not recognize audiologists for this procedure**
- ICD-10 codes:
  - **R42** Dizziness and giddiness
  - **H81.1-H81.13** BPPV
  - **H81.0-H83.2X3** Disorders of vestibular function, vertiginous syndromes in diseases classified elsewhere

# Codes for Cochlear Implant Services

- CPT codes:
- **92601** Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
- **92602** Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming
- **92603** Diagnostic analysis of cochlear implant, age 7 years or older with programming
- **92604** Diagnostic analysis of cochlear implant, age 7 years or older with reprogramming
- **92626/7** Evaluation of auditory rehabilitation status, first hour/each additional 15 minutes

# Codes for Cochlear Implant Services (cont.)

- ICD-10 codes:
  - **H90.3** SNHL, bilateral
  - **H90.41** SNHL, right ear
  - **H90.42** SNHL, left ear
  - **H90.5** Unspecified HL (several listed as NOS, not otherwise specified)



# IONM and Nerve Conduction Study CPT Codes

- **CPT code 95940:**
  - Continuous intraoperative neurophysiology monitoring **in** the operating room, one on one monitoring requiring personal attendance, each 15 minutes
    - Must bill with 92585
- **CPT code 95941:**
  - Continuous intraoperative neurophysiology monitoring from **outside** the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour
    - Must bill with **92585**
    - Can't bill outside of OR to Medicare

# IONM and Nerve Conduction Study CPT Codes (cont.)

- **G0453** Continuous IONM from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes
  - List with **92585**
  - Billed in units of 15 minutes

# IONM and Nerve Conduction Study CPT Codes (cont.)

- **CPT codes 95905-95913**
- CPT code 95905
  - Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
- Code chosen is dependent on the number of completed studies:
  - **CPT code 95905:** Report only once per limb studied
  - **CPT code 95907:** Nerve conduction studies 1-2 studies
  - **CPT code 95908:** 3-4 studies
  - **CPT code 95909:** 5-6 studies
  - **CPT code 95910:** 7-8 studies
  - **CPT code 95911:** 9-10 studies
  - **CPT code 95912:** 11-12 studies
  - **CPT code 92913:** 13 or more studies

# IONM ICD codes

Code for the reason for the test, type of hearing loss and/or other audiologic/pre-diagnosed findings

# Codes for Auditory Rehabilitation

- CPT codes:
- **92626** Assessment of auditory rehabilitation status; first hour
- **92627** each additional 15 minutes
- **92630** Auditory rehabilitation; prelingual hearing loss
- **92633** Auditory rehabilitation; postlingual hearing loss

## CPT **92626** and **92627** (AMA's *CPT Assistant*, July 2014)

- Evaluation of auditory rehabilitation status, first hour/each additional 15 minutes
- Utilize when evaluating patient's function prior or post fitting of unilateral or bilateral (and to identify acoustic characteristics of sounds):
  - Hearing aids (**don't bill to Medicare**)
  - Osseointegrated devices
  - Cochlear implants
  - Brainstem implants
- Confirm with payer
- 92626 must be for procedures greater than 31 minutes
  - Document start and end time in chart with time based codes

# Codes for Auditory Rehabilitation (cont.)

- ICD-10 codes:
  - **H93.299** Other abnormal auditory perceptions, unspecified ear
  - **H90.3** SNHL, bilateral
  - **H90.41** SNHL, unilateral, right ear, with unrestricted hearing contralateral side
  - **H90.42** SNHL, unilateral, left ear, with unrestricted hearing contralateral side
  - **H90.3** SNHL, bilateral
  - **H90.8, H90.71, H90.72, H90.6** Mixed hearing loss family
  - **H90.5** Unspecified SNHL
  - **R94.120** Abnormal auditory function study



# Cerumen Management

- Is in the scope of practice of audiology
  - <http://www.audiology.org/publications/documents/practice/>
- Unless cerumen is **impacted**, should not be billing for it separately
  - July 2002, *CPT Assistant* defines impaction

# Cerumen Management Codes

- **69209** Removal impacted cerumen using irrigation/lavage, unilateral  
**OR**
- **69210** Removal impacted cerumen requiring instrumentation, unilateral
- Impaction defined as “cerumen impairs exam of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear condition” and “obstructive, copious cerumen that cannot be removed without magnification and multiple instrumentations requiring physician skills.”
- If bilateral, use -50 modifier, likely won't be recognized  
-AMA *CPT Assistant*, January 2016

# Cerumen Management (cont.)

- Check with state licensure laws
  - Some state licensure laws do not allow CM to be performed by an audiologist
    - Removal restrictions may apply
- Can offer a voluntary ABN
- Any patient can pay for cerumen removal by an audiologist, if allowed by state licensure law



LITTLE STEPHEN KING READS  
HIS FIRST STORY IN CLASS

# THIRD PARTY PAYERS AND THE POTENTIAL EFFECT ON YOUR PRACTICE

Since 2014, invasion of third party payers due to a rise in Medicare Advantages plans and baby boomers reaching Medicare age

These Part C plans are directing payers to provide discounted and reduced reimbursement for services

- ✓ Medicare Advantage plans must be value added
  - Patients are paying for the extras and expecting options
  - Hearing aids may be part of that package



## Third Party Payers (cont.)

### **Commercial networks with a large number of providers have been in place**


- ✓ 2,000-5,000 providers nationwide
- ✓ Attractive to payers; they are being told hearing aids stave other financial draining medical conditions such as cognitive effects, depression and diabetes
- ✓ Numbers of enrollees is rising
- ✓ Exclusive contracts
  - May eliminate or taper access to your current patients
  - May restrict new ones from entering your practice

## Over 5,000 Provider Locations Ready to Serve You

We've built an extensive, nationwide network of highly qualified hearing aid providers. Use this tool to view our network coverage and find out if an audiologist or hearing instrument specialist is close to where you live.

Enter Your Zip Code to Check Our Provider Network Coverage in Your Area

Enter ZIP Code



The map displays the United States with numerous red dots representing provider locations. Major cities and states are labeled, including British Columbia, Saskatchewan, Ontario, Quebec, British Columbia, Alberta, Saskatchewan, Ontario, Quebec, California, Nevada, Idaho, Utah, Arizona, New Mexico, Texas, Florida, Georgia, South Carolina, North Carolina, Virginia, West Virginia, Kentucky, Tennessee, Mississippi, Alabama, Louisiana, Arkansas, Missouri, Illinois, Indiana, Michigan, Ohio, Pennsylvania, New York, New Jersey, Delaware, Maryland, and Washington. Major cities like San Francisco, Los Angeles, San Diego, Las Vegas, Phoenix, Dallas, Houston, New York, and Toronto are also marked.

With **More than 5,000 Provider Locations** Across the Country, We're Bound to Have a Great Option Close to You

Give us a call, and in minutes we'll locate an experienced hearing care provider conveniently located near you.

**1-800-334-1807**

# WHO ARE THESE PAYERS?

- ✓ TruHearing
- ✓ Amplifon
- ✓ Nations Hearing
- ✓ AHB (AudioNet)
- ✓ HearUSA (AARP)
- ✓ United Health Care (hiHealth Innovations)
- ✓ EPIC
- ✓ Hearing Care Solutions



# WHAT DO THEY OFFER?

- ✓ Discounts for some plans, fitting/follow-up visits for others
  - ✓ With their exclusive contracts, may offer opportunities to see patients you would not have had access to
  - ✓ Circumvents online and big box sales
  - ✓ Keeps the provider in the mix
  - ✓ No cost of goods and no marketing dollars expended
- ✓ For these plans:
    - Hearing evaluation fees (\$0-\$75)
    - Fitting fees (\$200-\$800/ear)
    - Batteries (8/64 cells/1-2 years)
    - Specified number of rechecks
    - With some, no cost of goods to the practice
  - ✓ Know your hourly rate, know the demographics of your area

# LET'S TAKE A CLOSER LOOK...

Company	Testing Fees	Fitting Fees/ear	Follow-Up Visits	Owned by
Tru Hearing	\$<75.00 (pt. or ins.)	\$325-600	3 including HAF (after:35/30; 65/60)	Sorenson Capital
Amplifon Hearing	\$48.00	\$250-800	1 year free f/u	Amplifon
Nations Hearing	\$0.00	\$350-600	4 including HAF	
Epic Hearing Healthcare	\$20-90.00	\$250-750	3 in 1 <sup>st</sup> year	Sonova
American Hearing Benefits	UCR procedures, notify patient prior	\$500-800	\$20 after 6 months	Starkey
HearUSA	Depends	\$400-750	?	Sivantos
Hearing Care Solutions	\$0.00	\$200-700	1 year	
<b>Your Hearing Network</b> (FEHBP, UAW, HEAR USA/AARP, AAA in some states, other plans in other states, Prime Health and ~12 others), "free access to AHAA members"	\$50-75.00 (pt. or ins.) Several of these plans disallow billing for the hearing evaluation and one allows \$110.87 for HE AND HAE	\$350-800 (one plan was \$1000, another is the difference between wholesale-retail network \$)	3 including HAF (\$35 for 60 or less OR \$65 for 60 min or >; can charge up to \$125 for reprogramming and fitting post replacement); after 6 mo, \$20/visit for lesser of 30 mo or aid's lifetime); some are a one year off/u visits, others are \$25/visit up to \$75 for the year (if over 3, then free)	Oticon
AudioNet partners with AHB (UAW), Beltone, HearUSA and YHN				

## TruHearing and Humana-2018

- Humana “is expanding its relationship with TruHearing.”
- Now entering 27 new states (in 2017, was in Arizona, Arkansas, Nevada, Ohio, Oklahoma, Texas and Washington) for a total of 34 :

Alabama	Iowa	Mississippi	North Dakota	Virginia
Colorado	Kansas	Missouri	Oregon	West Virginia
Georgia	Kentucky	Montana	Pennsylvania	Wisconsin
Idaho	Louisiana	Nebraska	South Carolina	
Illinois	Michigan	New Mexico	South Dakota	
Indiana	Minnesota	North Carolina	Utah	



## BUNDLING VS. ITEMIZATION

- ✓ Bundling - combining all fees and services into one amount, one code
- ✓ Itemization - listing each service that is included in the device
  - Helpful for third party payers to capture all fees
  - Helpful for devices fit elsewhere



## ITEMIZATION OPTIONS FOR THIRD PARTY PAYERS

- ✓ Hearing aid(s)
- ✓ Orientation fee
- ✓ Dispensing fee(s)
- ✓ Conformity evaluation
- ✓ Earmold impression(s)
- ✓ Earmold(s)
- ✓ Batteries
- ✓ Extended service or warranty packages
  - Office visits?

# EXAMPLE FOR BINAURAL OPEN FIT BTES

**V5010 or S0618 or 92590 or 92591** Hearing aid evaluation(s)/Functional Communication Assessment

**V5011** Fitting/orientation/checking of hearing aid

**V5020** Conformity Evaluation

**V5160** Dispensing Fee, binaural

**V5261** Hearing aid, digital, binaural, BTE

**V5266** Battery

**V5299** Hearing service, miscellaneous (extended warranty packages, for example)

# QUESTIONS TO ASK:

1. Hearing aid verification
2. Can the patient share in the cost of an upgrade beyond their benefit?
3. Have the patient sign a waiver attesting to their understanding of their benefit's payment and their personal responsibilities

# Itemizing for Third Party Payers

- Know your hourly rate
- Don't make decisions out of fear
- Need to know with each separate contract what you can (or can't afford) to lose
  - Some will pay 50% or 60% of what is billed
  - Need to charge your usual and customary fees to everyone in order to sustain this rate; can offer cash discounts to private pay patients with caution and a policy
  - Some won't allow you to bill the patient for the difference between the allowable and the payment amount
  - Can the patient share in the cost of an upgrade beyond their benefit?
- May need to restrict product offerings
- Ask if insurance waivers are allowed if patient wants to go beyond their benefit
- Be aware of the denial and termination processes



# Bundling vs. Itemization:

- Bundling vs. itemization
  - Likely to optimize reimbursement with third party payers
  - Gives the insurance company the choice to bundle
  - Transparency (HLAA), PCAST, NASEM
  - For either, the total amount charged for hearing aid(s) must be the same

# Bundling vs. Itemization (cont.)

- Bundling
  - One payment, one code
  - Does not decipher what is service and what is product
- Itemization (detaches service from product)
  - Separate itemization of all fees:
    - Hearing aid(s)
    - Dispensing fee(s)
    - Orientation fee
    - Conformity evaluation
    - Earmold(s)
    - Earmold impression(s)
    - Batteries
    - Extended service or warranty packages
      - Clean and check visits?

# Tidbits

- Must know your hourly rate
  - HAVE TO KNOW WHAT YOUR EXPENSES ARE
- Need to know with each separate contract what you can (or can't afford) to loose
- Don't make decisions out of fear, but out of a thorough evaluation of what your practice needs to survive
- May need to restrict product offerings
- May need to refer elsewhere
- Are insurance waivers allowed
- Denial and termination processes

# Establishing Hourly Rate

- How many hours/week? (30?)
  - Direct patient care time only
- Weeks/year that services are provided (49?)
- Number of providers in the practice (2?)
- Multiply the hours/week/year by the number of providers  $(49 \times 2 = 98) \times 30 = 2940$

# Hourly Rate Calculation (cont.)

## Then, calculate operating costs:

- Salary/benefits
- Overhead
  - Rent, equipment, utilities, marketing, etc.

Hourly rate = Annual expenses ÷  
2940

## Does not include:

- Cost of goods (COG):
  - Hearing aids
  - Ear molds
  - Batteries
  - ALDs
  - Hearing aid accessories

# To Determine Break-Even Hourly Rate and Profit Margin

- Total annual expenses – COG ÷ annual contact hours (break-even point)

$$\text{\$XXX.xx} - \text{COG} \div 2940 = \text{YYY.yy}$$

- Total annual expenses – COG + desired profit ÷ annual contact hours

$$\text{\$XXX.xx} - \text{COG} + \text{DP} \div 2940 = \text{YYY.yy}$$

# Next Steps:

- Assign fees for each professional service procedure based on your hourly rate/profit goal
- Load payer allowables into your management system
  - Compare amounts paid with contracted fees
    - Don't assume the payer's amount is correct

# Waivers

- Patient's acknowledgement of their financial responsibility for fees not paid by their insurance benefit, if not contractually excluded
- Have patient sign at the time of providing services
  - Time of patient education
  - Itemize CPT/HCPCS codes to be utilized and patient out of pocket cost estimate
    - Original retained in chart, copy to patient
    - Not the same as the ABN (Medicare only)
    - Does the payer recognize **S1001**, Deluxe item, patient notified, if patient chooses to upgrade their technology, going beyond their benefit?



**Sample waiver for hearing aid use (copy to be given to patient)**

I, patient name, understand that my insurance payer, \_\_\_\_\_, will cover \$ \_\_\_\_\_ as a covered benefit.

I have chosen to share in the cost upgrade to more sophisticated technology, a non-covered service, and as such, is my financial responsibility. I agree to pay \$ \_\_\_\_\_ for these non-covered fees and understand that my explanation of benefits (EOB) will reflect covered services.

Patient's signature

Date of signature

Audiologist's signature

Date of signature

# Waivers (cont.)

- Do your payers provide their own?
- Will they allow one that your office creates?
  - Should include:
    - Patient's name
    - Date
    - How much is their responsibility and for what
    - They must understand this is beyond their benefit and their Explanation of Benefits (EOB) may have the benefit stating they owe zero and that is for covered services
      - Upgrades are non-covered services

# Hearing Aid Evaluation options:

- **S0618** Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
- **OR**
- **V5010** Assessment for hearing aid
- **OR**
- **92590** Hearing aid examination and selection, monaural
- **OR**
- **92591** Hearing aid examination and selection, binaural

# Example: Monaural BTE

- **HAE**
- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5257** Hearing aid, digital, monaural, BTE
- **V5264** Earmold/insert, not disposable, any type (1 unit)
- **V5266** Battery
- **V5275** Earmold impression, each
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)
  - Typically not reimbursed by third party payers

# Example: Monaural ITE

- **HAE**
- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5256** Hearing aid, digital, monaural, ITE
- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5266** Battery for use in hearing device
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)

# Example: Binaural RICs

- **HAE**
- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5160** Dispensing fee, binaural
- **V5261** Hearing aid, digital, binaural, BTE
- **V5266** Battery
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)
  - **For receiver in the canal (RIC) technology, the receiver could be billed as V5267, hearing aid supplies/accessories.**

# Binaural BTEs With Two Earmolds

- **HAE**
- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5160** Dispensing fee, binaural
- **V5261** Hearing aid, digital, binaural, BTE
- **V5264** Ear mold/insert, not disposable, any type
- **V5266** Battery
- **V5275** Ear impression, each
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)

# Binaural Hearing Aids When Payer Requires LT/RT modifiers

- **HAE**

- **V5011-RT** Fitting/orientation/checking of hearing aid
- **V5011-LT** Fitting/orientation/checking of hearing aid
- **V5020-RT** Conformity evaluation
- **V5020-LT** Conformity evaluation
- **V5257-RT** Hearing aid, digital, monaural, BTE
- **V5257-LT** Hearing aid, digital, monaural, BTE
- **V5241-RT** Dispensing fee, monaural hearing aid, any type
- **V5241-LT** Dispensing fee, monaural hearing aid, any type

**V5264-RT** Earmold/insert, not disposable, any type

**V5264-LT** Earmold/insert, not disposable, any type

**V5275-RT** Earmold impression, each

**V5275-LT** Earmold impression, each

**V5267-RT** Hearing aid supplies/accessories, if indicated

**V5267-LT** Hearing aid supplies/accessories, if indicated

**V5266-RT** Battery for use In hearing device

**V5266-LT** Battery for use In hearing device



# BICROS Billing:

- When billing for CROS or BICROS devices:
  - Check with the payer as many don't recognize what a (BI)CROS device is
  - May want to obtain prior authorization to ensure that you will be paid for the entire device and for corresponding services
  - Bill the (BI)CROS codes and if not paid fairly, then appeal with an explanation
  - May need to bill with other codes

# BICROS (example)

- **HAE**
- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5220** Hearing aid, BICROS, behind the ear
- **V5240** Dispensing fee, BICROS
- **V5266** Battery for use In hearing device
- **V5264** Earmold/insert, not disposable, any type (This would be filed with the number of earmolds utilized)
- **V5275** Earmold impression, each (This will need to be filed with the number of EMIs taken)
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)

# Another option for BICROS:

- **HAE**
- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5257** Hearing aid, digital, monaural, BTE
- **V5264** Earmold/insert, not disposable, any type (1 unit) (This will need to be filed with 2 units for 2 earmolds)
- **V5266** Battery
- **V5267** Hearing aid supplies/accessories (for offside microphone)
- **V5275** Earmold impression, each (This will need to be filed with 2 units for 2 earmold impressions)
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)
  - Typically not reimbursed by third party payers

# Resources: 2015 Academy Superbill, 2015 Encounter Forms, and Guide to Itemization of Professional Services

- [https://www.audiology.org/practice\\_management/resources/resources-and-tools](https://www.audiology.org/practice_management/resources/resources-and-tools)
- [https://www.audiology.org/sites/default/files/2015\\_Encounter\\_Form\\_CPT\\_ICD9\\_codes.pdf](https://www.audiology.org/sites/default/files/2015_Encounter_Form_CPT_ICD9_codes.pdf)
- [https://www.audiology.org/sites/default/files/2015\\_Encounter\\_FormHCPCS.pdf](https://www.audiology.org/sites/default/files/2015_Encounter_FormHCPCS.pdf)

# Resources (cont.)

- [https://www.audiology.org/sites/default/files/PracticeManagement/20120110\\_AAA\\_Guide\\_Itemizing\\_Prof\\_Serv.pdf](https://www.audiology.org/sites/default/files/PracticeManagement/20120110_AAA_Guide_Itemizing_Prof_Serv.pdf)
- [http://www.audiology.org/practice/reimbursement/medicare/Pages/Medicare\\_FAQ.aspx](http://www.audiology.org/practice/reimbursement/medicare/Pages/Medicare_FAQ.aspx)

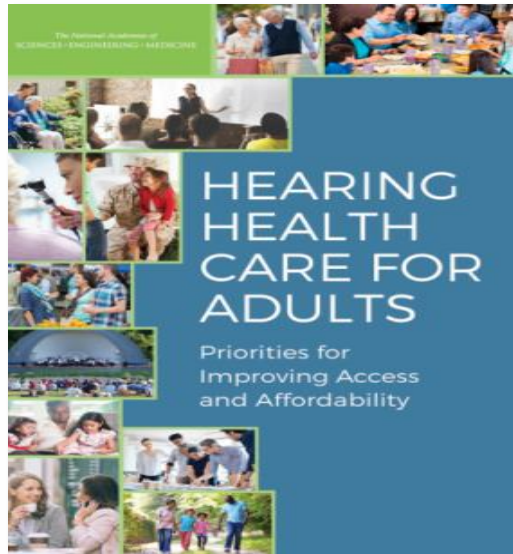
# RECENT PCAST AND NASEM RECOMMENDATIONS AND INDUSTRY IMPACT

Recent Federal affordability and accessibility recommendations are likely to impact the future of hearing aid dispensing:

- ✓ President's Council of Advisors on Science and Technology (PCAST)
- ✓ National Academies of Sciences, Engineering and Medicine (NASEM)
- ✓ Federal Drug Administration (FDA)
- ✓ Federal Trade Commission (FTC)
- ✓ Hearing Loss Association of America (HLAA)

# NATIONAL ACADEMY OF SCIENCE, ENGINEERING AND MEDICINE

## Hearing Health Care for Adults: Priorities for Improving Access and Affordability



### Guiding Principles Developed by the Committee

- *Prioritize the needs of individuals with hearing loss*
- *Emphasize hearing as a public health concern with societal responsibilities and effects*
- *Move toward equity and transparency*
- *Recognize that hearing loss may require a range of solutions*
- *Improve outcomes with a focus on value, quality, and safety*
- *Work toward an integrated approach that provides options*

# Considerations:

- Can my practice offer OTCs and have it be financially feasible?
- Can my practice offer OTCs and have it be beneficial to my practice?
  - Will OTCs attract other patients to my office for other services?
  - Will OTCs attract patients who have been TNTs in the past?
- Do OTCs fit into my practice's vision/mission statement?
- Will OTCs appeal to my demographic base?
- Do I want to deal with the “fallout” of self-inflicted health care?
- Will OTCs derail or enhance opportunities for more advanced hearing aids?
- Should I consider providing other services in my practice to continue to be relevant?
- Will a separate corporate structure for OTCs be advantageous?
- What say your state licensure laws?
- What if someone with a greater than a self perceived mild to moderate hearing loss comes in for an OTC and you offer a hearing aid option as that is not appropriate, would the consumer consider that to be bait and switch?
- Provide community seminars educating consumers on both the OTC and hearing aid options?



# Other Considerations

- Will third party payers no longer offer a hearing aid option other than for those mandated pediatric patients, those who have greater than mild-moderate self perceived hearing loss, and other exceptions (e.g., SSD, surgically altered ears, etc.)?
- How will OTCs impact your current insurance contracts and fee schedules?
  - What services will be included in your contract? What will be missing?
  - Will these policies separate OTCs vs. non-OTC hearing aids?
    - Will self-fitting reimbursement exist? Bonuses for patients who don't see a professional?
  - Will there be two separate fee schedules, one for OTCs and one for non-OTCs?
  - Can you carve out hearing aids from the hearing aid plan if OTCs are offered?
  - Will need to create policies and fee schedules for OTC patients
  - What services will you provide for these devices and for other services?
  - Will you have to be credentialed for non-hearing aid devices if there is a separate contract?

# Other Considerations (cont.)

- How and will this impact your private pay patients?
  - Will they seriously consider these OTC options vs. non-OTC options?
  - Will this vary with new patients vs. established patients?
  - If someone opts to begin with OTCs and then later choose a non-OTC option, is there is a timeline policy with associated fees to make this transition?
  - Will you see generational differences between baby boomers and millennials in this new marketplace?
    - Will you be able to address their needs and wants?

DOES YOUR HEALTH PLAN  
COVER HEARING AIDS?  
LEARN MORE TO SAVE ON  
OUT-OF-POCKET EXPENSES!



The world's  
first custom-  
made wireless  
earphones!

**TheDa.h**  
Tailored by Storkey"  
Hearing Technologies

Courtesy of the San Diego Union Tribune, 09/17/17, page 2 ad for hearing aids and The Dash

# Other Practice Considerations:

- Operations
- Marketing
- Professional Development
- Financial impact
- Human Resources
- Contract review

Practice management companies can assist you with these components



## How to Integrate PSAP/OTC Into Current Clinical Practice (Bankaitis, 2017)

- OFF-SHELF
- CONSUMER DECIDES
- HEARING AID PLATFORM APPROACH
- COMBINATION

### OFF SHELF MODEL

- Identify 1 to 3 PSAPs/OTC
- Display on shelf in front office area
- Patient purchases over the counter from front office staff
- Also list on E-MAIL SHOP of website

### CONSUMER DECIDES MODE

- Identify 1 to 3 PSAPs/OTC
- Set up demos of all in dedicated area for consumer to try on their own
- Consumer chooses what they want and pays OTC front office staff

### HEARING AID PLATFORM APPROACH

- Offer HA with basic platform at OTC \$
- Programmed as first fit based on audio with no verification (because OTC)
- Provide timeline for upgrade options within x amount of time (3-6 months?)

### COMBINATION

- Integrate an approaches

CONSUMER DECIDES is based directly from the placebo, double-blind, randomized study by Humes et al comparing service delivery models and hearing aid outcomes; their consumer decides group was able to choose between three hearing aids that were programmed as first fit based on three common audiometric configurations seen with presbycusis in the mild to moderate range; there was no verification, no validation, no counseling, etc....but the consumer tried all three and the consumer decided which one they felt was the best for them.



With permission from A.U. Bankaitis, ADA Hackathon 3 submission

# Toolkit for OTCs in Your Office



- Itemize
- Itemize
- Itemize
  - [http://www.audiology.org/practice/reimbursement/Documents/20120110\\_AAA\\_Guide\\_Itemizing\\_Prof\\_Serv.pdf](http://www.audiology.org/practice/reimbursement/Documents/20120110_AAA_Guide_Itemizing_Prof_Serv.pdf)
- Be paid for the services you provide based on your hourly rate + desired profit
- Create an office policy for devices not purchased in your office (OTCs, PSAPs and online)
  - Patient journey and/or one and done?
  - Specify services/fees for devices purchased from a different audiologist or hearing aid dispenser
  - Specify services/fees for online/OTC purchased devices
  - These may not be mutually exclusive

# Toolkit: Procedure Codes for OTCs/Online

- **Choose one of these four options:**
  - **V5010** Assessment for hearing aid **OR**
  - **S0618** Audiometry for an HAE to determine the level and degree of hearing loss **OR**
  - **CPT® 92590** Hearing aid examination and selection, monaural **OR**
  - **CPT® 92591** Hearing aid examination and selection, binaural
- **V5011** Fitting/orientation/checking of hearing aid
- **V5014** Repair/modification of hearing aid
- **V5020** Conformity evaluation (also use for PSAPs)
- **V5090** Dispensing fee, unspecified hearing aid **OR**
- **V5160** Dispensing fee, binaural **OR**
- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5299** Hearing service, miscellaneous

## Codes for OTC Opportunities (cont.)

### Other CPT®s:

**92557** Comprehensive Audiometry

**92594/5** Electroacoustic evaluation for hearing aid, monaural/binaural

**92700** QuickSIN™ Speech-in-Noise Test



# Most Recent Federal Event Impacting Audiology:

- On August 8, 2017 H.R. 2430, the FDA Reauthorization Act of 2017, was passed
- Over-the-counter hearing aids for adults with self perceived mild to moderate hearing loss will have a classification
- The FDA is to provide regulations regarding safety/labeling and update the draft guidance on Personal Sound Amplification Products (PSAPs)
  - They have 3 years in which to complete these regulations (August 2020), then a comment period, then the rule is to be finalized 180 days after the comment period (March 2021)

# FDA takes steps to improve hearing aid accessibility

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[EMAIL](#)
[PRINT](#)

For Immediate Release

December 7, 2016

Release

Español

The U.S. Food and Drug Administration today announced important steps to better support consumer access to hearing aids. The agency issued a guidance document explaining that it does not intend to enforce the requirement that individuals 18 and up receive a medical evaluation or sign a waiver prior to purchasing most hearing aids. This guidance is effective immediately. Today, the FDA is also announcing its commitment to consider creating a category of over-the-counter (OTC) hearing aids that could deliver new, innovative and lower-cost products to millions of consumers.

"Today's actions are an example of the FDA considering flexible approaches to regulation that encourage innovation in areas of rapid scientific progress," said FDA Commissioner Robert Califf, M.D. "The guidance will support consumer access to most hearing aids while the FDA takes the steps necessary to propose to modify our regulations to create a category of OTC hearing aids that could help many Americans improve their quality of life through better hearing."



The FDA has cited that hearing loss affects some 30 million people in the United States and can have a significant impact on communication, social participation and overall health and quality of life. Despite the high prevalence and public health impact of hearing loss, only about one-fifth of people who could benefit from a hearing aid seek intervention.

In October 2015, the President's Council of Advisors on Science and Technology (PCAST) issued [recommendations](#) intended to facilitate hearing aid device innovation, and improve affordability and patient access. Additionally, the FDA and other federal agencies and a consumer advocacy group sponsored a [study](#) published by the National Academies of Sciences, Engineering and Medicine (NAS) in June 2016.

Both PCAST and NAS cited FDA regulations regarding [conditions for sale](#) as a potential barrier to availability and accessibility of hearing aids, and concluded that the regulation was providing little to no meaningful benefit to patients. PCAST noted that, at present, hearing aids often cost more than \$2,000 a piece, and such

## Inquiries

### Media

 Theresa Elsenman  
 301-796-2969




### Consumers

 888-INFO-FDA

## Related Information

- [Immediately In Effect Guidance Document: Conditions for Sale for Air-Conduction Hearing Aids \(PDF - 402KB\)](#)
- [Hearing Aids](#)

## Follow FDA

-  Follow @US\_FDA t#P
-  Follow FDA t#P
-  Follow @FDAmedia t#P



## RESPONSES TO DATE

FDA removed the required hearing aid waiver for those over age 18 **BUT:**

- ✓ Check with your state licensure law(s) as some still require it
- ✓ Need to abide by state licensure law requirements

On April 18, 2017, FTC hosted “a workshop to examine competition, innovation, and consumer protection issues raised by hearing health and technology, especially hearing aids.”

✓ <https://www.ftc.gov/news-events/events-calendar/2017/04/now-hear-competition-innovation-consumer-protection-issues>

✓ No report issued as of yet

# Toolkit: Procedure Codes for OTCs/Online

Choose one of these four options:

- **V5010** Assessment for hearing aid  
**OR**
- **S0618** Audiometry for an HAE to determine the level and degree of hearing loss  
**OR**
- **CPT® 92590** Hearing aid examination and selection, monaural  
**OR**
- **CPT® 92591** Hearing aid examination and selection, binaural

**AND**

- **V5011** Fitting/orientation/checking of hearing aid
- **V5014** Repair/modification of hearing aid
- **V5020** Conformity evaluation (also use for PSAPs)
  
- **V5090** Dispensing fee, unspecified hearing aid **OR**
  
- **V5160** Dispensing fee, binaural **OR**
- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5299** Hearing service, miscellaneous

Break!

# **ICD-10-CM Codes Pertinent to Audiologists**

**No new ICD-10 codes at  
least until 10/1/18  
pertinent to  
audiologists**



# ICD-10 Composition

- Organized in 21 chapters
  - Each chapter is uniquely identified by letter
  - Letter does not indicate content
  - 1<sup>st</sup> digit—always alphabetic (HL is H90-H95)
  - 2<sup>nd</sup> and 3<sup>rd</sup> digits—always numeric
- There is always a decimal after the first three digits, like ICD-9's
- First 3 digits—**define the code category**
- Second three digits—**etiology, anatomical site, or severity**
- 4-6 digits—may be letters or numbers, or may be a placeholder (x)
  - 4<sup>th</sup>- etiology
  - 5<sup>th</sup>- body part
  - 6<sup>th</sup>- severity

# Basics of ICD-10's

- Laterality
  - Adds to the volume of the number of codes (76%)
- There are a few exceptions to the rules
  - Bilateral codes end in “3”
  - Exceptions:
    - Bilateral CHL (H90.0)
    - Bilateral Mixed (H90.6)

To understand the ICD-10 Code Structure, the Centers for Medicare and Medicaid Services offers this:

ICD-10 diagnosis codes have between 3 and 7 characters:



- Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of any or all of the 4th, 5th, and 6th characters. Digits 4-6 provide greater detail of etiology, anatomical site, and severity. A code using only the first three digits is to be used only if it is not further subdivided.
- A code is invalid if it has not been coded to the full number of characters required. This does not mean that all ICD-10 codes must have 7 characters. The 7th character is only used in certain chapters to provide data about the characteristic of the encounter.

# Legend for this map

- 1<sup>st</sup> digit is alphanumeric
  - For audiologists, predominantly will be F, H, Q, R, T, and/or Z

# ICD-10's (cont.)

- Seventh digit—“extension” describes the **encounter type** (initial, subsequent, sequela). Used predominantly by audiologists for those codes beginning with “T.”
  - **A** is initial encounter (active treatment)
  - **D** is subsequent encounter (post active tx, routine care)
  - **S** is sequela for complications or conditions that arise from a direct result of a condition not specifically under treatment
    - Ototoxicity monitoring
- A dash (-) indicates additional specificity in the 5<sup>th</sup> and 6<sup>th</sup> digit positions (H91.0-)
- “x” indicates a placeholder
  - Used as a 5<sup>th</sup> character placeholder for certain 6 digit codes



# HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 9/91



PATIENT AND INSURER INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION  
CARRIER ->

1. MEDICAR <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> OTHER PLAN <input type="checkbox"/> NO PLAN <input type="checkbox"/> NO PLAN <input type="checkbox"/> OTHER	16. INSURER'S ID NUMBER FOR PROGRAM A OR TO
2. PATIENT'S NAME (Last, First, For Name, Maiden Name)	17. INSURER'S NAME (Last, First, For Name, Maiden Name)
3. PATIENT'S ADDRESS (incl. house)	18. INSURER'S ADDRESS (incl. house)
CITY STATE ZIP CODE TELEPHONE (Area and Code)	CITY STATE ZIP CODE TELEPHONE (Area and Code)
4. OTHER INSURER'S NAME (Last, First, For Name, Maiden Name)	19. INSURER'S POLICY GROUP OR PLAN NUMBER
5. OTHER INSURER'S POLICY OR GROUP NUMBER	20. INSURER'S DATE OF BIRTH OR 21. OTHER CLERK'S Designation by NUCC
6. RESERVED FOR NUCC USE	22. INSURANCE PLAN NAME OR PROGRAM TYPE
7. RESERVED FOR NUCC USE	23. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO (Mark complete terms B, C, and D)
8. INSURANCE PLAN NAME OR PROGRAM TYPE	24. INSURER'S OR AUTHORIZED PROVIDER'S SIGNATURE, Title and Date of Birth (If a provider, you cannot assign a claim to yourself. A claim requires signature of provider/submitter and must be for a party who is not assigned to them.)



15. PATIENT'S OR AUTHORIZED PROVIDER'S SIGNATURE, Title and Date of Birth (If a provider, you cannot assign a claim to yourself. A claim requires signature of provider/submitter and must be for a party who is not assigned to them.)	19. INSURER'S OR AUTHORIZED PROVIDER'S SIGNATURE, Title and Date of Birth (If a provider, you cannot assign a claim to yourself. A claim requires signature of provider/submitter and must be for a party who is not assigned to them.)
19. NAME OF REFERRED PROVIDER (Or Other Source)	20. INSURER'S DATE OF BIRTH OR 21. OTHER CLERK'S Designation by NUCC
20. ADDITIONAL CLAIM INFORMATION (Designation by NUCC)	22. INSURANCE PLAN NAME OR PROGRAM TYPE
21. SIGNATURE OF PHYSICIAN OR SUPPLIER (Or Other Source) (If a provider, you cannot assign a claim to yourself. A claim requires signature of provider/submitter and must be for a party who is not assigned to them.)	23. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO (Mark complete terms B, C, and D)
22. A. DATE OF SERVICE B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.	24. INSURER'S OR AUTHORIZED PROVIDER'S SIGNATURE, Title and Date of Birth (If a provider, you cannot assign a claim to yourself. A claim requires signature of provider/submitter and must be for a party who is not assigned to them.)

25. FEDERAL TAX ID NUMBER <input type="checkbox"/> EIN <input type="checkbox"/> EIN	26. PATIENT'S ACCOUNT NO.	27. EMPLOYER'S IDENTIFICATION NO. <input type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE	29. AMOUNT PAID	30. PAID TO NUCC (incl. CHARGE)
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Or Other Source) (If a provider, you cannot assign a claim to yourself. A claim requires signature of provider/submitter and must be for a party who is not assigned to them.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH# ( )			

# Rules

- Hearing loss codes begin with “H”
  - Not for “hearing”
  - It is Chapter 8, “Diseases of the Ear and Mastoid Process” of 21 chapters
- You’ll need other codes for certain situations or processes
  - There’s plenty of room on the CMS 1500 claim form
    - 12 lines instead of 4
    - May need 7<sup>th</sup> character, code dependent

# Rules (cont.)

- Be aware of the codes in other chapters:
  - **F:** Mental, Behavioral and Neurodevelopmental Disorders
  - **Q:** Congenital malformations, deformations and Chromosomal Abnormalities
  - **R:** Symptoms, Signs and Abnormal Clinical and Laboratory Findings
  - **T:** Injury, Poisoning, and Certain Other Consequences of External Causes
  - **Z:** Factors Influencing Health Status and Contact with Health Services



# Sample Codes-CHL

- **H90.0** Bilateral conductive hearing loss
- **H90.11** Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
  - CHL right ear, no hearing loss in the left
- **H90.12** Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
  - CHL left ear, no hearing loss in the right

# Sample Codes-SNHL

- **H90.3** Sensorineural hearing loss, bilateral
- **H90.41** Sensorineural unilateral hearing loss with unrestricted hearing on opposite side, right ear
  - SNHL right ear, no hearing loss left ear
- **H90.42** Sensorineural unilateral hearing loss with unrestricted hearing on opposite side, left ear
  - SNHL left ear, no hearing loss right ear

# Additions

- Laterality is addressed with code indicator
- Threshold shift codes
  - **H93.24-**
- Ototoxicity code
  - **H91.0-**
    - **H91.3** Ototoxic HL, bilateral
    - **T36.5X5** Adverse effects of aminoglycosides
- Intra-operative and post procedural complications
  - **H95**

- **Not otherwise specified (NOS). Should be avoided.** Codes titled “unspecified” are for use when the information in the medical record is **insufficient** to assign a more specific code.
- **Not elsewhere classified (NEC).** Codes titled “other” or “other specified” are for use when the information in the medical record provides detail for which a specific code does not exist. These represent specific disease entities for which **no specific code exists** so the term is included within an “other” code.

# Coding and Laterality

- 1 = Right
- 2 = Left
- 3 = Bilateral
- 0 or 9 = Unspecified

## **EXCEPTIONS:**

**H90.0** Conductive HL, bilateral

**H90.6** MHL, bilateral

# Code Sections

- **H60-H62: Diseases of external ear**
  - Includes acquired deformity of pinna, stenosis, exostoses, cerumen, and hematomas
- **H65-H75: Diseases of middle ear and mastoid**
  - Includes Eustachian Tube disorders, perforations
- **H80-H83: Diseases of inner ear**
  - Includes otosclerosis, vestibular/balance disorders, and noise effects (HL)
- **H90-H95: Other disorders of ear**
  - Includes otalgia, otorrhea, deafness, hearing loss, transient ischemic deafness, tinnitus, recruitment, diplacusis, hyperacusis, temporary threshold shift, neuritis, intraoperative and postprocedural complications of ear and mastoid, NEC

# Diseases of Inner Ear (H80-H83)

- **(H80)** Otosclerosis
- **(H81)** Disorders of vestibular function
  - **(H81.0)** Ménière's disease
  - **(H81.1)** Benign paroxysmal vertigo
  - **(H81.2)** Vestibular neuronitis
  - **(H81.3)** Other peripheral vertigo
  - **(H81.4)** Vertigo of central origin
    - Central positional nystagmus
- **(H82)** Vertiginous syndromes in diseases classified elsewhere
- **(H83)** Other diseases of inner ear
  - **(H83.0)** Labyrinthitis
  - **(H83.1)** Labyrinthine fistula
  - **(H83.2)** Labyrinthine dysfunction
  - **(H83.3)** Noise effects on inner ear

# ICD-10 codes (not an exhaustive list)

## Diseases of inner ear: H80-H83

- **H81 Disorders of vestibular function**
  - Excludes: vertigo: NOS (R42), epidemic (A88.1)
  - **H81.0 Ménière's disease**
    - Labyrinthine hydrops
    - Ménière's syndrome or vertigo
  - **H81.1 Benign Paroxysmal vertigo**
  - **H81.2 Vestibular neuronitis**
  - **H81.3 Other peripheral vertigo**
    - Lermoyez' syndrome
    - Vertigo:
      - Aural
      - Otogenic
      - Peripheral NOS (not otherwise specified)



# ICD-10 codes (cont.)

- **H81.4** Vertigo of central origin  
Central positional nystagmus
- **H81.8** Other disorders of vestibular function
- **H81.9** Disorder of vestibular function,  
unspecified  
Vertiginous syndrome NOS

# ICD-10 codes (cont.)

- **H82** Vertiginous syndromes in diseases classified elsewhere
- **H83** Other diseases of inner ear
- **H83.0** Labyrinthitis
- **H83.1** Labyrinthine fistula
- **H83.2** Labyrinthine dysfunction
  - Hypersensitivity
  - Hypofunction
  - Loss of function

} of labyrinth

# ICD-10 codes (cont.)

- **H83.3** Noise effects on inner ear
  - Acoustic trauma
  - Noise-induced hearing loss
- **H83.8** Other specified diseases of inner ear
- **H83.9** Disease of inner ear, unspecified

# ICD-10 codes (cont.)

## Other disorders of ear (H90-H95)

- **H90 Conductive and sensorineural hearing loss**

***Includes:*** congenital deafness

***Excludes:*** deaf mutism NEC (H91.3) (not elsewhere classified)

deafness NOS (H91.9)

hearing loss:

- » NOS (H91.9)
- » Noise-induced (H83.3)
- » Ototoxic (H91.0)
- » Sudden (idiopathic) (H91.2)

# ICD-10 Codes-CHL

- **H90.0** Bilateral conductive hearing loss
- **H90.11** Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
  - CHL right ear, no hearing loss in the left
- **H90.12** Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
  - CHL left ear, no hearing loss in the right
- **H90.2** CHL, unspecified

# ICD-10-CM Codes-CHL

- **H90.A11** Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
- **H90.A12** Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side

# ICD-10 Codes-SNHL

- **H90.3** Sensorineural hearing loss, bilateral
- **H90.41** SNHL, unilateral, right ear, with unrestricted hearing on contralateral side
- **H90.42** SNHL, unilateral, left ear, with unrestricted hearing on contralateral side

# ICD-10 Codes-SNHL

- **H90.A21** Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
- **H90.A22** Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side



# ICD-10 codes (cont.)

- **H90.5** Sensorineural hearing loss, unspecified

Congenital deafness NOS

Hearing loss:

Central

Neural } NOS

Perceptive

Sensory

Sensorineural deafness NOS

# ICD-10 Codes-Mixed HL

- **H90.6** Mixed conductive and SNHL, bilateral
- **H90.7** Mixed CHL and SNHL, unilateral with unrestricted hearing on the contralateral side
- **H90.71** Mixed CHL and SNHL, unilateral, right ear, with unrestricted hearing on the contralateral side
- **H90.72** Mixed CHL and SNHL, unilateral, left ear, with unrestricted hearing on the contralateral side
- **H90.8** Mixed CHL and SNHL, unspecified

# ICD-10 Codes-Mixed HL

- **H90.A31** Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
- **H90.A32** Mixed conductive and sensorineural hearing, unilateral, left ear with restricted hearing on the contralateral side

# ICD-10 codes (cont.)

- **H91** Other hearing loss

*Excludes:* abnormal auditory perception (H93.2)  
hearing loss as classified in H90.-  
impacted cerumen (H61.2)  
noise-induced hearing loss (H83.3)  
psychogenic deafness (F44.6)  
transient ischaemic deafness (H93.0)

- **H91.0** Ototoxic hearing loss

Use additional external cause code, if desired, to identify toxic agent.

# ICD-10 codes (cont.)

- **H91.8** Other specified HL
- **H91.8X** Other specified HL
  - **H91.8X1** Other specified HL, right ear
  - **H91.8X2** Other specified HL, left ear
  - **H91.8X3** Other specified HL, bilateral
  - **H91.8X9** Other specified HL, unspecified ear
- Can use these for different ears, different types of hearing loss

# ICD-10 (cont.)

- **H91.9** Hearing loss, unspecified  
Deafness:
  - NOS
  - High frequency
  - Low frequency
- **H92** Otitis and effusion of ear

# ICD-10 codes (cont.)

- **H93** Other disorders of ear, not elsewhere classified
- **H93.0** Degenerative and vascular disorders of ear
  - Transient ischaemic deafness

# ICD-10 Codes -Tinnitus

- **H93.1** Tinnitus
  - **H93.11** Tinnitus, right ear
  - **H93.12** Tinnitus, left ear
  - **H93.13** Tinnitus, bilateral
  - **H93.19** Tinnitus, unspecified ear



# ICD-10 Codes for Tinnitus (cont.)

- **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

# ICD-10 codes (cont.)

- **H93.2 Other abnormal auditory perceptions**

- Auditory recruitment

- Diplacusis

- Hyperacusis

- Temporary auditory threshold shift

- Excludes:*** auditory hallucinations (R44.0)

- (H93.2-H93.299)

# ICD-10 Codes (cont.)

- **H93.3** Disorders of acoustic nerve  
Disorder of 8<sup>th</sup> cranial nerve
- **H93.8** Other specified disorders of ear
- **H93.9** Disorder of ear, unspecified

# F: Mental, Behavioral and Neurodevelopmental Disorders

- **F01-F03.91** Dementia
- **F04-F19.99** Amnesia; other mental, personality and mood disorders; alcohol, opioid, cannabis, sedatives, cocaine, other stimulants, hallucinogens, nicotine, inhalants, other psychoactives use/abuse
- **F20-F48.9** Schizophrenia, manic episodes, bipolar disorder, major depressive disorder, phobic, panic, obsessive-compulsive, PTSD, dissociative/conversion, hypochondriacal, non-psychotic, and other anxiety disorders
- **F50-F59** Eating/sleeping/sexual disorders, behavior syndromes associated with non-psychoactive substance abuse
- **F60-69** Disorders of adult personality and behavior
- **F70-F79** Intellectual disabilities
- **F80-F89** Pervasive and specific developmental disorders
  - **F80.0-F80.2** Phonological, expressive, mixed receptive-expressive disorder
- **F80.4 speech delay due to hearing loss** (code also type of HL)
- **F80.8-F89** Other developmental disorders of speech and language, scholastic skills
- **F90-F98.9** Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- **F99** Mental disorder, NOS

## Q: Congenital malformations, deformations and Chromosomal Abnormalities

- Examples:
  - **Q16** Congenital malformations of ear causing impairment of hearing
  - **Q16.0** Congenital absence of (ear) auricle
  - **Q16.1** Congenital absence, atresia and stricture of auditory can (external)
  - **Q16.3** Congenital malformation of ear ossicles
  - **Q16.4** Other congenital malformations of middle ear
  - **Q16.9** Congenital malformation of ear causing impairment of hearing, unspecified
  - **Q17.1** Macrotia
  - **Q17.4** Misplaced ear (low-set ears)

## R: Symptoms, Signs and Abnormal Clinical and Laboratory Findings

- The codebook states the R chapter includes signs, symptoms, abnormal results and “ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.”
- May need to use when there is no H code
  - R42, dizziness and giddiness, is a great example
  - R62.0 delayed milestones in childhood

# Auditory Symptoms

- **R42** Dizziness and giddiness
  - Light-headedness
  - Vertigo NOS
    - Excludes vertiginous syndromes (H81.-)
- **R62.0** Delayed milestones 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 ear and other special senses

## **T: Injury, Poisoning, and Certain Other Consequences of External Causes**

- Includes barotrauma, foreign bodies, burns, frostbite, medications, gases, solvents, heavy metals, snake venom, etc.
  - Potential for ototoxicity utilization
- Includes complications with devices



# T Codes

- **T36.3** Poisoning by, adverse effect of and underdosing of macrolides
- **T36.3X** Poisoning by, adverse effect of and underdosing of macrolides
- **T36.3X5** Adverse effects of macrolides
- **T36.5** Poisoning by, adverse effect of and underdosing of aminoglycosides
- **T36.5X** Poisoning by, adverse effect of and underdosing of aminoglycosides

# T Codes (cont.)

- **T36.5X4** Poisoning by aminoglycosides, undetermined
- **T36.5X5** Adverse effect of aminoglycosides
- **T39.0** Poisoning by, adverse effect of and underdosing of salicylates
- **T39.01** Poisoning by, adverse effect of and underdosing of aspirin
- **T39.015** Adverse effect of aspirin
- **T39.09** Poisoning by, adverse effect of and underdosing of other salicylates
- **T39.095** Adverse effect of salicylates

# T Codes (cont.)

- **T39.3** Poisoning by, adverse effect of and underdosing of other non-steroidal anti-inflammatory drugs (NSAID)
- **T39.31** Poisoning by, adverse effect of and underdosing of propionic acid derivatives (includes fenoprofen, flurbiprofen, ibuprofen, ketoprofen, naproxen oxaprozin)
- **T39.315** Adverse effect of propionic acid derivatives
- **T39.39** Poisoning by, adverse effect of and underdosing of other non-steroidal anti-inflammatory drugs (NSAID)
- **T39.395** Adverse effect of other non-steroidal anti-inflammatory drugs (NSAID)
- **T40.3** Poisoning by, adverse effect of and underdosing of methadone
- **T40.3X** Poisoning by, adverse effect of and underdosing of methadone
- **T40.3X5** Adverse effect of methadone

# T Codes (cont.)

- **T45.1** Poisoning by, adverse effect of and underdosing of anti-neoplastic and immunosuppressive drugs
- **T45.1X** Poisoning by, adverse effect of and underdosing of anti-neoplastic and immunosuppressive drugs
- **T45.1X5** Adverse effect of anti-neoplastic and immunosuppressive drugs
- **T46.7X5** Adverse effect of peripheral vasolidators
- **T50.1X** Poisoning by, adverse effect of and underdosing of loop (high ceiling) diuretics
- **T50.1X5** Adverse effect of loop (high ceiling) diuretics

# T Codes (cont.)

- **T52** Toxic effect or organic solvents
- **T52.1** Toxic effect of benzene
- **T52.1X** Toxic effects of benzene
- **T52.1X1** Toxic effect of benzene, accidental (unintentional)
- **T52.1X2** Toxic effect of benzene, intentional self-harm
- **T52.1X3** Toxic effect of benzene, assault
- **T52.1X4** Toxic effect of benzene, undetermined
- **T52.2** Toxic effects of homologues of benzene (toluene and xylene)
- **T52.2X** Toxic effect of homologues of benzene
- **T52.2X1** Toxic effect of homologues of benzene, accidental (unintentional)
- **T52.2X2** Toxic effect of homologues of benzene, intentional self-harm
- **T52.2X3** Toxic effect of homologues of benzene, assault
- **T52.2X4** Toxic effect of homologues of benzene, undetermined

# T codes (cont.)

- **T52.8** Toxic effects of other organic solvents
- **T52.8X** Toxic effects of other organic solvents
- **T52.8X1** Toxic effect of other organic solvents, accidental (unintentional)
- **T52.8X2** Toxic effect of other organic solvents, intentional self-harm
- **T52.8X3** Toxic effect of other organic solvents, assault
- **T52.8X4** Toxic effect of other organic solvents, undetermined
- **T52.9** Toxic effects of unspecified organic solvent
- **T52.91** Toxic effect of unspecified organic solvent, accidental (unintentional)
- **T52.92** Toxic effect of unspecified organic solvent, intentional self-harm
- **T52.93** Toxic effect of unspecified organic solvent, assault
- **T52.94** Toxic effect of unspecified organic solvent, undetermined

# T Codes (cont.)

- **T56** Toxic effect of metals
- **T56.0** Toxic effects of lead and its compounds
- **T56.0X** Toxic effects of lead and its compounds
- **T56.0X1** Toxic effects of lead and its compounds, accidental (unintentional)
- **T56.0X2** Toxic effects of lead and its compounds intentional self-harm
- **T56.0X3** Toxic effects of lead and its compounds, assault
- **T56.0X4** Toxic effects of lead and its compounds, undetermined
- **T56.1** Toxic effects of mercury and its compounds
- **T56.1X** Toxic effects of mercury and its compounds
- **T56.1X1** Toxic effects of mercury and its compounds, accidental (unintentional)
- **T56.1X2** Toxic effects of mercury and its compounds, intentional self-harm
- **T56.1X3** Toxic effect of mercury and its compounds, assault
- **T56.1X4** Toxic effect of mercury and its compounds, undetermined

# T Codes (cont.)

- **T56.8** Toxic effects of other metals
- **T56.89** Toxic effects of other metals
- **T56.891** Toxic effect of other metals, accidental (unintentional)
- **T56.892** Toxic effect of other metals, intentional self-harm
- **T56.893** Toxic effect of other metals, assault
- **T56.894** Toxic effect of other metals, undetermined
- **T56.9** Toxic effects of unspecified metal
- **T56.91** Toxic effect of unspecified metal, accidental (unintentional)
- **T56.92** Toxic effect of unspecified metal, intentional self-harm
- **T56.93** Toxic effect of unspecified metal, assault
- **T56.94** Toxic effects of unspecified metal, undetermined
- **T57.0** Toxic effect of arsenic and its compounds
- **T57.0X** Toxic effect of arsenic and its compounds
- **T57.0X1** Toxic effect of arsenic and its compounds, accidental (unintentional)
- **T57.0X2** Toxic effect of arsenic and its compounds, intentional self-harm
- **T57.0X3** Toxic effect of arsenic and its compounds, assault
- **T57.0X4** Toxic effect of arsenic and its compounds, undetermined



# T Codes (cont.)

- **T57.2X** Toxic effect of manganese and its compounds
- **T57.2X1** Toxic effect of manganese and its compounds, accidental (unintentional)
- **T57.2X2** Toxic effect of manganese and its compounds, intentional self-harm
- **T57.2X3** Toxic effect of manganese and its compounds, assault
- **T57.2X4** Toxic effect of manganese and its compounds, undetermined
- **T58** Toxic effect of carbon monoxide
- **T58.0** Toxic effect of carbon monoxide from motor vehicle exhaust
- **T58.01** Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional)
- **T58.02** Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm
- **T58.03** Toxic effect of carbon monoxide from motor vehicle exhaust, assault
- **T58.04** Toxic effect of carbon monoxide from motor vehicle exhaust, undetermined
- **T58.1** Toxic effect of carbon monoxide from utility gas
- **T58.11** Toxic effect of carbon monoxide from utility gas, accidental (unintentional)
- **T58.12** Toxic effect of carbon monoxide from utility gas, intentional self-harm
- **T58.13** Toxic effect of carbon monoxide from utility gas, assault
- **T58.14** Toxic effect of carbon monoxide from utility gas, undetermined
- **T58.2** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels

# T Codes (cont.)

- **T58.2X** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels
- **T58.2X1** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, accidental (unintentional)
- **T58.2X2** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm
- **T58.2X3** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, assault
- **T58.2X4** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined
- **T58.8** Toxic effect of carbon monoxide from other source
- **T58.8X** Toxic effect of carbon monoxide from other source
- **T58.8X1** Toxic effect of carbon monoxide from other source, accidental (unintentional)
- **T58.8X2** Toxic effect of carbon monoxide from other source, intentional self-harm
- **T58.8X3** Toxic effect of carbon monoxide from other source, assault
- **T58.8X4** Toxic effect of carbon monoxide from other source, undetermined
- **T58.9** Toxic effect of carbon monoxide from unspecified source
- **T58.91** Toxic effect of carbon monoxide from unspecified source, accidental (unintentional)
- **T58.92** Toxic effect of carbon monoxide from unspecified source, intentional self-harm
- **T58.93** Toxic effect of carbon monoxide from unspecified source, assault
- **T58.94** Toxic effect of carbon monoxide from unspecified source, undetermined
- **T59** Toxic effect of other gases, fumes and vapors (includes aerosol propellants)

# T Codes (cont.)

- **T59** Toxic effect of other gases, fumes and vapors (includes aerosol propellants)
- **T70.0XXA** Otic barotrauma, initial encounter
- **T70.0XXD** Otic barotrauma, subsequent encounter
- **T70.0XXS** Otic barotrauma, sequela

# Other Codes To Be Used With the H and T codes, If Applicable

- **A00-A09** Intestinal Infections Diseases
  - **A04.7** Clostridium difficile (C-diff)
- **A40-A41.9** Streptococcal and other sepsis
- **A49-A49.9** Bacterial infection of unspecified site
- **B50-B54** Plasmodium falciparum malaria and other malaria codes
- **B95-B95.8** Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified elsewhere. Includes staphylococcus aureus and MRSA
- **B99-B99.9** Other and unspecified infectious diseases

# Other Codes (cont.)

- **C00-C14.8** Malignant neoplasms
- **C30-C39** Malignant neoplasms of respiratory and intrathoracic organs, including head and neck and lung
- **C34-C34.92** Malignant neoplasms of bronchus and lung
- **C43.2-C43.4** Melanoma and other malignant neoplasms of skin
- **C4A.2-C4A.4** Merkel cell carcinoma of eye, external auricular canal, parts of face, scalp and neck
- **C44.2-C44.49** Other and unspecified malignant neoplasm of skin of ear and external auricular canal, face, scalp and neck
- **C47.0** Malignant neoplasm of head, face and neck
- **C49.0** Malignant neoplasm of connective and soft tissue of head, face and neck
- **C50-C50.929** Malignant neoplasm of breast
- **C51-C58** Malignant neoplasms of female genital organs
- **C60-C63.9** Malignant neoplasms of male genital organs
- **C64-C68.9** Malignant neoplasms of urinary tract
- **C71-C71.9** Malignant neoplasms of brain and other parts of central nervous system
- **C72.4-C72.59** Malignant neoplasm of acoustic nerve and unspecified cranial nerves
- **C79-C79.89** Secondary Malignant neoplasm of other and unspecified sites

# Other Codes (cont.)

- **D00-D00.1** Carcinoma in situ of oral cavity, esophagus and stomach
- **D02-D02.4** Carcinoma in situ of middle ear and respiratory system
- **D03-D03.4** Melanoma in situ of lip, eyelid, external ear canal and scalp and neck
- **D03.52** Melanoma in situ of breast (skin) (soft tissue)
- **D04.2-D04.22** Carcinoma in situ of skin of ear and external auricular canal
- **D05-D09.9** Carcinoma in situ of breast
- **D10-D11.9** Benign neoplasm of mouth and pharynx
- **D14-D14.4** Benign neoplasm of middle ear and respiratory system
- **D17-D17.0** Benign lipomatous neoplasm and of head, face and neck
- **D37.0-D37.09** Neoplasm of uncertain behavior of oral cavity and pharynx
- **D38-D38.0** Neoplasm of uncertain behavior of middle ear and respiratory and intrathoracic organs
- **D39-D41.9** Neoplasm of uncertain behavior of female genital organs, male organs and urinary organs
- **D42-D42.9** Neoplasm of uncertain behavior of meninges
- **D43-D43.9** Neoplasm of uncertain behavior of brain and central nervous system
- **D48.6-D48.62** Neoplasm of uncertain behavior of breast
- **D49.3-D49.6** Neoplasm of unspecified behavior of breast, bladder, outer genitourinary organs and brain

# Z: Factors Influencing Health Status and Contact with Health Services

- Supplemental codes
- Likely to be denied when utilized as the primary code (replaces the ICD-9 V codes)
- Encounter for other special examination without complaint, suspected or reported diagnosis; the reason for the encounter

# Supplemental Codes

- **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
- **Z0.58** Observation and evaluation of newborn for other specified suspected condition ruled out



# Supplemental Codes

- **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** Malingering (Person feigning illness with obvious motivation)
- **Z77.122** Contact with and (suspected) exposure to noise

# Supplemental Codes

**Z83.52** Family history of ear disorders

**Z86.69** Personal history of other diseases of the nervous system and sense organs

**Z96.20** Presence of otological and audiological implant, unspecified

**Z96.21** Cochlear implant status

**Z96.22** Myringotomy tube(s) status

**Z96.29** Presence of other otological and audiological implants

**Z97.4** Presence of external hearing-aid

# A few others...

- **G51.0** Bell's Palsy
- **M95.11** Cauliflower ear, right
- **M95.12** Cauliflower ear, left

# References

<http://www.audiology.org/practice/coding/ICD-10-CM/Pages/default.aspx>

<http://www.cdc.gov/nchs/icd/icd10cm.htm>

[http://www.cdc.gov/nchs/data/icd9/icd10cm\\_guidelines\\_2014.pdf](http://www.cdc.gov/nchs/data/icd9/icd10cm_guidelines_2014.pdf)

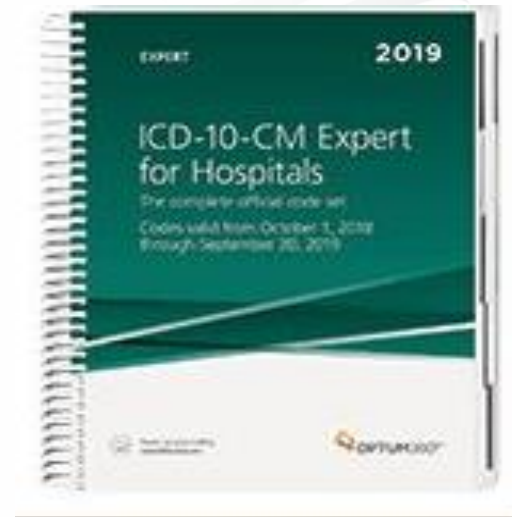
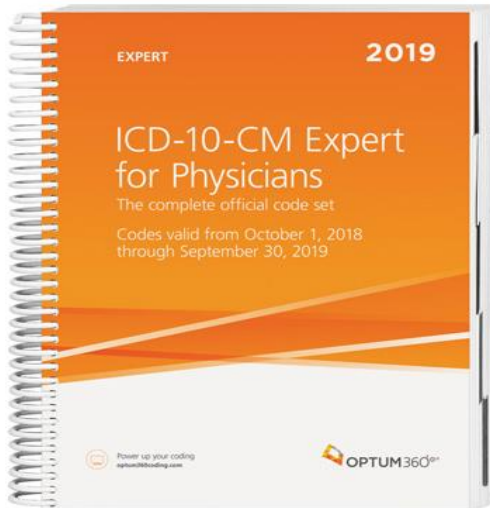
<http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>

# Essential Resources

- ICD-10-CM codebook for non-hospital based audiologists
- ICD-10-PCS codebook for hospital based audiologists
- [https://commerce.ama-assn.org/store/catalog/subCategoryDetail.jsp?category\\_id=cat1150010&navAction=push](https://commerce.ama-assn.org/store/catalog/subCategoryDetail.jsp?category_id=cat1150010&navAction=push)

# Essential Resources (cont.)

<https://www.optum360coding.com/NonProd/5132>



# References

<http://www.audiology.org/practice/coding/ICD-10-CM/Pages/default.aspx>

<http://www.cdc.gov/nchs/icd/icd10cm.htm>

<http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>

<http://www.who.int/classifications/icd/en/>

# ICD-11

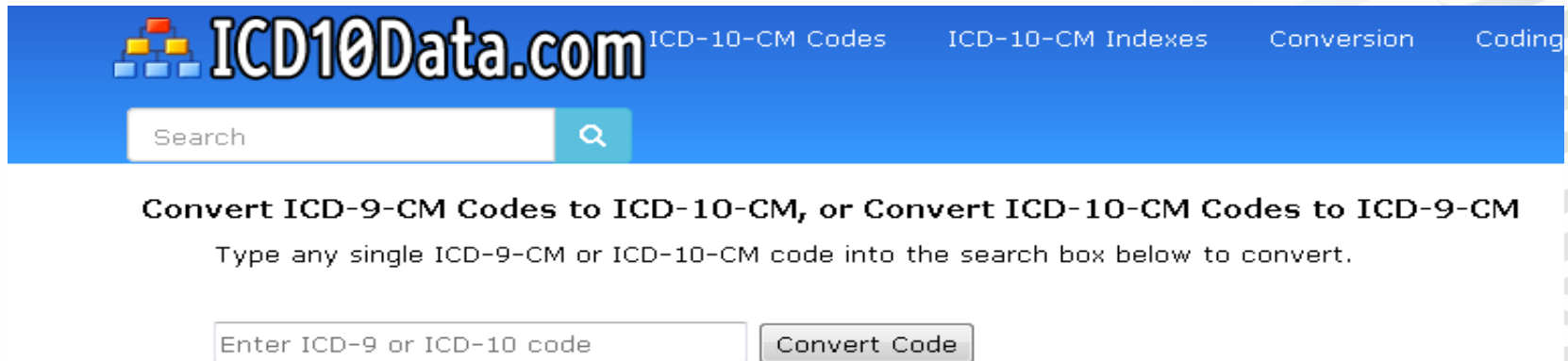
“The new release includes around 55,000 codes unique codes for injuries, diseases, and causes of death. According to a news release from the WHO, it will be presented at the World Health Assembly in May 2019 for adoption by member states, and will come into effect on January 1, 2022.”

<http://journal.ahima.org/2018/06/21/world-health-organization-releases-icd-11/>



# Resource (with caution)

- <http://www.icd10data.com/Convert>



The screenshot shows the top navigation bar of the ICD10Data.com website. The navigation bar is blue and contains the following elements from left to right: a logo with three colored squares (red, orange, blue) above the text 'ICD10Data.com', and four menu items: 'ICD-10-CM Codes', 'ICD-10-CM Indexes', 'Conversion', and 'Coding'. Below the navigation bar is a search bar with the placeholder text 'Search' and a magnifying glass icon. Below the search bar is the main heading: 'Convert ICD-9-CM Codes to ICD-10-CM, or Convert ICD-10-CM Codes to ICD-9-CM'. Below the heading is the instruction: 'Type any single ICD-9-CM or ICD-10-CM code into the search box below to convert.' Below the instruction is a search box with the placeholder text 'Enter ICD-9 or ICD-10 code' and a 'Convert Code' button.

ICD10Data.com ICD-10-CM Codes ICD-10-CM Indexes Conversion Coding

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**Convert ICD-9-CM Codes to ICD-10-CM, or Convert ICD-10-CM Codes to ICD-9-CM**

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Enter ICD-9 or ICD-10 code Convert Code

# There's an app for that...

