

Welch Allyn Audiology

2016 REIMBURSEMENT INFORMATION



CPT® CODING RESOURCE FOR AUDIOLOGY & MEDICARE PHYSICIAN FEE SCHEDULE

Code	Description	2016 National Averages ¹	
		Facility	Non-Facility
92551	Screening test, pure tone, air only	<i>The current Physician Fee Schedule does not price this code for Medicare</i>	
92552	Pure tone audiometry (threshold), air only	NA	\$31.51
92558	Evoked otoacoustic emissions screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	<i>The current Physician Fee Schedule does not price this code for Medicare</i>	
92558 TC	Evoked otoacoustic emissions screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis—Technical component		
92558 26	Evoked otoacoustic emissions screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis—Professional component		
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3–6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	NA	\$21.84
92587 TC	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3–6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report—Technical component	NA	\$3.22
92587 26	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3–6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report—Professional component	\$19.34	\$18.62

Rates are subject to change. Effective 1/1/2016.

For reference only. Information does not constitute a guarantee of coverage or payment.

¹National Average from the 2016 Centers for Medicare and Medicaid Services Physician Fee Schedule.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Welch Allyn concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine accurate coding, coverage and claim information for the services that were provided.

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Facility—Includes hospitals (inpatient, outpatient and emergency department), ambulatory surgery centers (ASCs) and skilled nursing facilities (SNFs).

Non-Facility—Includes all other settings.

TC—Technical Component; for diagnostic tests, the portion of a procedure that does not include a physician's participation.

26— Professional Component; the portion of diagnostic test that involves a physician's work and allocation of the practice expense.

MEDICARE

- Routine screening for audiometry testing is not generally covered by Medicare.
- Documentation in the patient record should indicate the presence of a hearing problem which required further testing to determine the appropriate medical or surgical treatment.

Specific indications for coverage may vary by Medicare Contractor. Providers should refer to their Medicare Contractor's Local Coverage Determinations for specific coverage and billing guidelines.



PRIVATE PAYERS

Private payers typically provide coverage for audiometry testing as part of a standard battery of tests for evaluation of a hearing impairment. Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment for the use of Welch Allyn audiology products.

MEDICAID

Medicaid programs typically provide coverage for audiometry testing as part of a standard battery of tests for evaluation of a hearing impairment. Coverage guidelines and payment levels vary by state. Providers should contact their local Medicaid program to determine coverage and payment for the use of Welch Allyn audiology products.

OTHER CONSIDERATIONS

- Include documentation in the patient's records to indicate medical necessity for a separate service.
- Confirm that proper ICD-10-CM diagnosis codes are reported to justify medical necessity of audiology procedure(s).
- When appropriate, a modifier may be reported and support documentation should be provided with the claim.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses or specialty provider types.
- Audiologic Function Tests require the use of calibrated electronic equipment, recording of results and a report with interpretation.

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welchallyn.com/en/products/care-settings/primary-care-and-clinics/reimbursement.html

for additional reimbursement support, a list of frequently asked questions and brochures.

For additional questions, please contact the Welch Allyn Customer Care Line at 1.800.535.6663.

Centers for Medicare & Medicaid Services (CMS), Medicare Program: Medicare Physician Fee Schedule for CY 2016, <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched>. Please note: Medicare fee schedule corrections and changes occur periodically.

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