Welch Allyn Tympanometry

2016 REIMBURSEMENT INFORMATION



CPT" CODING RESOURCE FOR TYMPANOMETRY PROCEDURES & MEDICARE PHYSICIAN FEE SCHEDULE

There are a variety of procedures that may be performed using Welch Allyn tympanometry products. Coding options include the following:

Code	Description	2016 National Averages ¹	
		Facility	Non-Facility
92550	Tympanometry and reflex threshold measurements	\$21.48	\$21.48
92567	Tympanometry (impedance testing)	\$11.10	\$14.68
92568	Acoustic reflex testing, threshold	\$15.75	\$16.11

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

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

National 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.

MEDICARE

Tympanometry may be used when evaluation is required to determine appropriate medical or surgical treatment for patients with a hearing deficiency or related problem.

 Documentation in the patient record should indicate the presence of a hearing problem that 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 Determination policies for specific coverage and billing guidelines.

PRIVATE PAYERS

Private payers typically provide coverage for tympanometry 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 tympanometry products.



MEDICAID

Medicaid programs may provide coverage for tympanometry 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 tympanometry 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 tympanometry 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.

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Please visit our website at

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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