

To:  
Audiologists  
Nursing Homes  
Speech and  
Hearing Clinics  
HMOs and Other  
Managed Care  
Programs

## Procedure Code Changes for Audiology Services

Effective for dates of service on and after January 1, 2006, Wisconsin Medicaid has updated audiology procedure codes to reflect the 2006 *Current Procedural Terminology* (CPT) code changes. These changes include adding, ending, and changing CPT procedure codes.

### Added Procedure Codes

Due to *Current Procedural Terminology* (CPT) code changes effective for dates of service (DOS) on and after January 1, 2006, Wisconsin Medicaid added the following procedure codes for audiology services:

- 92626 (Evaluation of auditory rehabilitation status; first hour).
- 92627 (Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)).
- 92630 (Auditory rehabilitation; pre-lingual hearing loss).
- 92633 (Auditory rehabilitation; post-lingual hearing loss).

Procedure code 92630 refers primarily to services performed for infant or child recipients who have no prior experience with hearing and are learning to hear through the use of hearing aids or a cochlear implant. Procedure code 92633 refers primarily to the rehabilitation of adult recipients who have received a cochlear implant after a long period of hearing loss,

during which time the recipient did not have functional hearing to assist him or her in understanding speech and identifying sounds in a shorter time span than experienced following a cochlear implant. Procedure codes 92630 and 92633 replace ended code 92510.

### Ended Procedure Code

Due to CPT code changes effective for DOS on and after January 1, 2006, Wisconsin Medicaid ended procedure code 92510 (Aural rehabilitation following cochlear implant [includes evaluation of aural rehabilitation status and hearing, therapeutic services] with or without speech processor programming).

### Changed Descriptions for Procedure Codes

Due to CPT changes effective for DOS on and after January 1, 2006, the description has changed for the following procedure codes:

- 92506 (Evaluation of speech, language, voice, communication, and/or auditory processing).
- 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder).

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a complete list of allowable procedure codes for audiology services.

## Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## Allowable Procedure Codes for Audiology Services

Effective for Dates of Service on and After January 1, 2006

Procedure Code	Description	Copayment	Prior Authorization Required	Daily Service Limit	Maximum Allowable Fee
69210	Removal impacted cerumen (separate procedure), one or both ears	n/a	No	1	\$25.75
92504	Binocular microscopy (separate diagnostic procedure)	\$1.00	No	1	\$23.86
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	\$3.00	Prior Authorization (PA) after initial spell of illness (SOI)	1	\$57.19
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder	\$2.00	PA after initial SOI	1	\$45.18
92508	group, two or more individuals	\$2.00	PA after initial SOI	1	\$26.68
92516	Facial nerve function studies (eg, electroneuronography)	\$2.00	No	1	\$26.07
92531	Spontaneous nystagmus, including gaze	\$3.00	No	1	\$57.53
92532	Positional nystagmus test	\$2.00	No	1	\$37.12
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)	\$1.00	No	1	\$24.22
92534	Optokinetic nystagmus test	\$2.00	No	1	\$42.06
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$2.00	No	1	\$34.67
92542	Positional nystagmus test, minimum of 4 positions, with recording	\$2.00	No	1	\$30.70
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	\$2.00	No	1	\$39.29
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$1.00	No	1	\$23.77
92545	Oscillating tracking test, with recording	\$1.00	No	1	\$20.46
92546	Sinusoidal vertical axis rotational testing	\$2.00	No	1	\$26.42
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	\$1.00	No	1	\$18.16
92548	Computerized dynamic posturography	\$3.00	No	1	\$77.91
92551	Screening test, pure tone, air only	\$1.00	No	1	\$12.56
92552	Pure tone audiometry (threshold); air only	\$1.00	No	1	\$16.41
92553	air and bone	\$1.00	No	1	\$23.11

Procedure Code	Description	Copayment	Prior Authorization Required	Daily Service Limit	Maximum Allowable Fee
92555	Speech audiometry threshold;	\$1.00	No	1	\$14.51
92556	with speech recognition	\$1.00	No	1	\$21.34
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	\$2.00	No	1	\$38.18
92559	Audiometric testing of groups	\$1.00	No	1	\$21.98
92560	Bekesy audiometry; screening	\$1.00	No	1	\$17.78
92561	diagnostic	\$.50	No	1	\$7.18
92562	Loudness balance test, alternate binaural or monaural	\$.50	No	1	\$8.31
92563	Tone decay test	\$.50	No	1	\$9.17
92564	Short increment sensitivity index (SISI)	\$.50	No	1	\$8.33
92565	Stenger test, pure tone	\$.50	No	1	\$9.00
92567	Tympanometry (impedance testing)	\$1.00	No	1	\$17.03
92568	Acoustic reflex testing; threshold	\$1.00	No	1	\$12.94
92569	decay	\$1.00	No	1	\$14.64
92571	Filtered speech test	\$2.00	No	1	\$28.94
92572	Staggered spondaic word test	\$1.00	No	1	\$17.35
92573	Lombard test	\$.50	No	1	\$8.68
92575	Sensorineural acuity level test	\$1.00	No	1	\$17.35
92576	Synthetic sentence identification test	\$1.00	No	1	\$17.35
92577	Stenger test, speech	\$1.00	No	1	\$14.48
92579	Visual reinforcement audiometry (VRA)	\$2.00	No	1	\$25.29
92582	Conditioning play audiometry	\$1.00	No	1	\$15.07
92583	Select picture audiometry	\$1.00	No	1	\$15.29
92584	Electrocochleography	\$2.00	No	1	\$49.56
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	\$3.00	No	1	\$151.03
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	\$2.00	No	1	\$49.53
92588	comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	\$3.00	No	1	\$68.33

Procedure Code	Description	Copayment	Prior Authorization Required	Daily Service Limit	Maximum Allowable Fee
92590	Hearing aid examination and selection; monaural	\$1.00	No	1	\$22.93
92591	binaural	\$2.00	No	1	\$25.41
92592	Hearing aid check; monaural	\$1.00	No	1	\$15.38
92593	binaural	\$1.00	No	1	\$19.40
92594	Electroacoustic evaluation for hearing aid; monaural	\$1.00	No	1	\$11.39
92595	binaural	\$1.00	No	1	\$14.36
92596	Ear protector attenuation measurements	\$1.00	No	1	\$10.36
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming	\$3.00	No	1	\$112.20
92602	subsequent reprogramming	\$3.00	No	1	\$76.90
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	\$3.00	No	1	\$69.32
92604	subsequent reprogramming	\$2.00	No	1	\$49.43
92620	Evaluation of central auditory function, with report; initial 60 minutes	\$2.00	No	1	\$37.55
92621	each additional 15 minutes	\$.50	No	2	\$9.50
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	\$2.00	No	1	\$36.92
92626	Evaluation of auditory rehabilitation status; first hour	\$3.00	No	1	\$65.40
92627	each additional 15 minutes (List separately in addition to code for primary procedure)	\$1.00	No	2	\$16.35
92630	Auditory rehabilitation; pre-lingual hearing loss	\$3.00	No	1	\$75.95
92633	post-lingual hearing loss	\$3.00	No	1	\$75.95