6.2. Audiology

6.2.1. Evaluation & Management (E&M) Rules
E&M codes are not appropriate for routine audiology encounters for procedures. The medical E&M components of an outpatient office visit are already included in the special procedures codes listed in the Special Otorhinolaryngologic Services subsection.

Encounters with patients for whom no procedure is done are reported with an E&M code (99201–99205 or 99211–99215) based on the chief complaint, history, exam, and decision making documented in the medical record.

6.2.2. Diagnosis Coding Rules

DoD Rule
Deployment-related encounters will code one of the following: V70.5_4 for pre-deployment, V70.5_5 during deployment, or V70.5_6 for post-deployment related conditions. See section 2.2.8.2.

6.2.2.1. Extender Codes
See Appendix D for a complete list of all extender codes.

V72.1 Examination of Ears and Hearing
- V72.11* 0 Encounter for Hearing Examination Following Failed Hearing Screening.
- V72.11* 1 Encounter for Hearing Examination Following Failed Hearing Screening, Otoscopic Exam Done
- V72.11* 2 Encounter for Hearing Examination Following Failed Hearing Screening, Otoscopic Exam Not Performed
- V72.19* 0 Other Examination of Ears and Hearing
- V72.19* 1 Other Examination of Ears and Hearing, Otoscopic Exam Done
- V72.19* 2 Other Examination of Ears and Hearing, Otoscopic Exam Not Performed

6.2.2.2. Hearing Conservation Program (HCP)
HCP guidelines in DA Pam 40–501 or other Service guidelines require all military and civilian personnel who routinely work in noise-hazardous areas to have reference (base line), annual, and terminal audiograms.
DoD Rule

Hearing Conservation Program services are coded in a Special Program service in an FMEPRS clinic (FBN*).

Hearing tests performed in other than an audiology clinic or for HCP are reported in the clinic where the test or procedure is performed. These examination encounters are coded according to the table below. The table includes only codes for HCP encounters leading to referral to an audiology clinic.

DoD Rule

Official ICD-9-CM coding guidelines state that both V70 and V72 codes are only listed first. Code V72 excludes V70.5. However, for the DoD to identify the specific type of HCP exam, particularly those with an identified significant threshold shift (STS), or permanent threshold shift (PTS), both codes are reported in the order shown for HCP exams.

HEARING CONSERVATION PROGRAM (HCP) TABLE

<table>
<thead>
<tr>
<th>Encounter Type</th>
<th>ICD-9-CM Diagnosis Codes</th>
<th>E&amp;M Codes</th>
<th>CPT Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accession exam in basic training with no abnormalities</td>
<td>V70.5_8 and V72.1*</td>
<td>N/A</td>
<td>92552 (Individual), 92559**(Group)</td>
</tr>
<tr>
<td>Accession exam in basic training with abnormalities</td>
<td>V70.5_8 and V72.1*, plus 794.15***</td>
<td>N/A</td>
<td>92552 (Individual), 92559**(Group)</td>
</tr>
<tr>
<td>Exam at start of routine employment involving hazardous noise with no abnormalities</td>
<td>V70.5_3 and V72.1*</td>
<td>N/A</td>
<td>92552 (Individual), 92559**(Group)</td>
</tr>
<tr>
<td>Exam at start of routine employment involving hazardous noise with abnormalities</td>
<td>V70.5_3 and V72.1*, plus 794.15***</td>
<td>N/A</td>
<td>92552 (Individual), 92559**(Group)</td>
</tr>
<tr>
<td>Annual exam with no identified STS</td>
<td>V70.5_3 and V72.1*</td>
<td>N/A</td>
<td>92552 (Individual), 92559**(Group)</td>
</tr>
</tbody>
</table>
### SPECIALTY CODING

#### 6.2. Audiology

<table>
<thead>
<tr>
<th>Description</th>
<th>Code(s)</th>
<th>Rateable</th>
<th>Paycode(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual exam with an initial STS identification</td>
<td>V70.5_3 and V72.1* plus 794.15***</td>
<td>N/A</td>
<td>92552 (Individual), 92559** (Group)</td>
</tr>
<tr>
<td>Annual exam with a previously confirmed PTS</td>
<td>V70.5_3 and 388.1X* or 389.XX*</td>
<td>N/A</td>
<td>92552 (Individual), 92559** (Group)</td>
</tr>
<tr>
<td>Follow-up 1 or 2 for STS identified during current annual or follow-up 1 exam</td>
<td>794.15***</td>
<td>N/A</td>
<td>92552 (Individual), 92559** (Group)</td>
</tr>
<tr>
<td>Termination exam at end of employment or separation from active duty</td>
<td>V70.5_9 and V72.1*</td>
<td>N/A</td>
<td>92552 (Individual), 92559** (Group)</td>
</tr>
</tbody>
</table>

* Indicates there are various 4th and 5th digits or extender codes that may be assigned to indicate a specific condition or encounter

** For patients tested using Defense Occupational and Environmental Health Readiness System-Hearing Conservation (DOEHS-HC)

*** Code to be used by non-professionals (e.g., technicians, nurses, volunteers). Only physicians or audiologists may diagnose noise-induced hearing loss.

**NOTE: 99078 may be used as an additional code if physician education services are provided in a group setting.**

#### 6.2.2.3. Hearing Loss Caused by Injury

Initial encounters for hearing loss acquired from performance of duties, but not associated with physical trauma to the head will be identified with the appropriate E code as a secondary diagnosis. E codes are only used for the first encounter for the condition that was caused by the situation described by the E code. There is an injury or accident field in the ADM that should be answered *yes* each time the patient is seen for a condition caused by an accident or injury.

- E923.8 Other Explosive Material—explosions not a result of war operations
- E928.1 Exposure to Noise
- E993 Injury Caused by War Operations by Other Explosion—including accidental explosion of own weapon
- E995 Injury Caused by War Operations by Other and Unspecified Forms of Conventional Warfare—for hearing losses caused by exposure to other noises during war operations

#### 6.2.2.4. Early Hearing Detection and Intervention (EHDI)

EHDI will not be coded on the SIDR. EHDI screening exams and interventions are coded according to the table below. The table includes only codes for EHDI encounters.
SPECIALTY CODING
6.2. Audiology

NEWBORN EARLY HEARING DETECTION AND INTERVENTION

<table>
<thead>
<tr>
<th>Encounter Type</th>
<th>ICD-9-CM Diagnosis Codes</th>
<th>CPT E&amp;M Codes</th>
<th>CPT Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn hearing screening with no abnormalities</td>
<td>V72.1**</td>
<td>If applicable, 99xxx</td>
<td>92586 or 92587</td>
</tr>
<tr>
<td>performed in audiology clinic***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn hearing screening with</td>
<td>V72.1** and 794.15* or</td>
<td>N/A</td>
<td>92586 or 92587</td>
</tr>
<tr>
<td>abnormalities performed in audiology clinic***</td>
<td>389.XX**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up with no abnormalities</td>
<td>794.15</td>
<td>N/A</td>
<td>92585 and 92588</td>
</tr>
<tr>
<td>Follow-up with abnormalities</td>
<td>389.XX*</td>
<td>N/A</td>
<td>92585 and 92588</td>
</tr>
<tr>
<td>Intervention 1</td>
<td>389.XX*</td>
<td>N/A</td>
<td>92590, 92591, or 92700</td>
</tr>
<tr>
<td>Intervention 2</td>
<td>389.XX*</td>
<td>N/A</td>
<td>92590, 92591, or 99002</td>
</tr>
<tr>
<td>1st follow-up to intervention</td>
<td>389.XX*</td>
<td>N/A</td>
<td>92590, 92591, 92594 or 92595</td>
</tr>
</tbody>
</table>

* Code to be used by non-professionals (e.g., technicians, nurses, volunteers).
** Indicates there are various 4th and 5th digits that may be assigned to indicate a specific condition or encounter.
*** Initial screening exam for patients not tested in the hospital prior to discharge from birth episode.

6.2.3. Procedural Coding Rules

6.2.3.1. CPT procedure Codes for Audiology

These services are in the Special Otorhinolaryngologic Services subsection of the Medicine section (92502–92700). Codes in the 92500 series do not require the supervision of a physician. Tests in this series can be performed by a qualified audiologist, but diagnostic procedures must be ordered by a physician.

6.2.3.2. Cerumen Removal

Removal of cerumen is considered integral to audiology services. Instillation of drops, minor scraping, or simple irrigation is bundled into the evaluation portion of audiology service. If a physician removes impacted cerumen before audiology testing, the physician should use code G0268. In all other circumstances, use 69210 for removal of impacted cerumen. Removal of cerumen to see the tympanic membrane is included in the E&M component. The physician or audiologist may report separate E&M service with modifier -25.

6.2.3.3. Tinnitus

Audiologists are qualified to evaluate, diagnose, develop management strategies, and provide treatment and rehabilitation for tinnitus patients. Diagnostic audiologic testing for tinnitus is reported with CPT code 92625.

6-10
MHS Coding Guidance
Jan 2011
6.2.3.4. Hearing Equipment Services
Services related to fitting, providing or repairing hearing supplies and equipment, excluding implantable bone conduction devices, are reported with HCPCS Level II codes V5008–V5299.

6.2.4. Other Audiology Guidance

6.2.4.1. Documentation of Hearing Conservation
The results of administering all aspects of monitoring audiometry with the DOEHRS HC equipment is documented by completion of the following:

- DD Form 2215 Reference Audiogram
- DD Form 2216 Hearing Conservation Data

6.2.4.2. Dispositions or Referrals
DOEHRS HC software will automatically determine if an Occupational Safety and Health Administration (OSHA)-reportable hearing loss (RHL) is present and will provide disposition instructions.

6.2.5. Modifiers
- **TC** Technical Component is used by technicians who perform tests in a different clinic than the one used by the audiologist who interprets the test and renders a report.
- **26** Professional Component is used by the audiologist who only interprets tests performed elsewhere and provides a report.
- **52** Reduced Service is used when audiologic function tests (except 92559) are performed on one ear only.