



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

**2012 Medicare Fee Schedule
and
Hospital Outpatient Prospective Payment System
for Audiologists**

American Speech-Language-Hearing Association

General Information

This ASHA document provides an overview of both the *2012 Medicare Physician Fee Schedule* (MPFS) and the *Hospital Outpatient Prospective Payment System* (OPPS), comments on relevant revisions, and reproduces a listing of all the procedures used by audiologists, the actual national average payment amounts, describes three methods for accessing the exact payment figure based on your geographic location, and includes a convenient link to an ASHA table of Medicare audiology coding rules.

Please check the ASHA Billing and Reimbursement Web site at www.asha.org/practice/reimbursement/medicare/feeschedule/ for the most up-to-date information on Congressional action.

For additional information, please contact the Health Care Economics and Advocacy Team by e-mail at reimbursement@asha.org.

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Medicare Physician Fee Schedule

OVERVIEW

The Centers for Medicare and Medicaid Services (CMS) issued the *2012 Outpatient Medicare Physician Fee Schedule* (MPFS) for Part B services on Tuesday, November 1, 2011. Each year CMS establishes a conversion factor (CF) that is used as a multiplier of the total relative value units (RVUs) for each procedure. The current 2011 CF is \$33.9764. Unless Congress acts, the CF is scheduled to be reduced to \$24.6712 effective January 1, 2012. This would represent a 27.4% reduction from current payments and would affect all payments under the physician fee schedule. These reductions are a consequence of a provision in the Medicare law, known as the sustainable growth rate (SGR), that mandates an adjustment to the conversion factor when total Medicare physician expenditures in the prior year exceed a target. However, Congress has acted in each of the last nine years to prevent the SGR-based adjustment and the resultant fee reductions. Please continue to check for updates to this document at www.asha.org/practice/reimbursement/medicare/feeschedule/.

The MPFS payment rates apply to audiology Medicare Part B services except for those audiology services provided to hospital outpatients under the hospital HOPPS. **Tables 1 – 4** relate to the MPFS and **Table 5** provides the audiology HOPPS payment rates and methodology.

“Work component” by audiologists: ASHA, through its Health Care Economics Committee (HCEC), successfully advocated that services rendered by audiologists should be valued as professional rather than technical by Medicare. ASHA, the American Academy of Audiology (AAA), and the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) surveyed work RVUs for several procedures beginning in 2007. Audiologists can now observe how the work values remain constant.

Because the nonphysician work pool was eliminated in 2008, CMS will continue to transition the value of the nonphysician work codes over the next few years. This will reduce the technical component RVUs.

NEW DEVELOPMENTS

Otoacoustic Emissions (OAE) Codes

Effective January 1, 2012, there is a new OAE Current Procedural Terminology (CPT®/AMA) code, **92558**, “Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis.” As a screening procedure, it is not covered by Medicare.

There are revised code descriptors for the current OAE codes, **92587** and **92588**. These descriptors will guide the audiologist on how to file an OAE claim, based on the number of frequencies performed.

CPT 92587: “Distortion product evoked otoacoustic emissions, limited evaluation (to confirm the presence or absence of hearing disorders, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report.” The code remains a limited evaluation, but with clear direction regarding the number of frequencies tested, and now requires an interpretation and report.

CPT 92588 remains a comprehensive evoked OAE but has been revised to require a minimum of 12 frequencies. For more information on the use of these codes, go to ASHA’s Billing & Reimbursement Website at www.asha.org/Practice/reimbursement/coding/New-and-Revised-OAE-CPT-Codes-for-2012/

ASHA joined with other audiology organizations in a survey of typical work time and other work factors for CPT 92587 and 92588. The survey results were presented to the American Medical Association’s Relative Value Update Committee Health Care Professionals Advisory Committee (RUC/HCPAC) which recommended 0.45 work RVUs for 92587 and 0.60 work RVUs for 92588 to CMS. CMS disagreed, assigning 0.35 work RVUs for 92587 and 0.55 work RVUs for 92588 because of their interpretation of the amount of work involved with the procedures.

Physician Quality Reporting System (PQRS)

Private practice audiologists enrolled as Medicare suppliers may continue participating in the Medicare Physician Quality Reporting System (PQRS) program, a voluntary program designed to improve the quality of care to Medicare beneficiaries. For 2012, audiologists can report on four measures (one more than in 2011)

that call for referral of patients to a physician after an audiological evaluation finds one of four conditions. The new measure in 2012 is for acute or chronic dizziness.

The other qualifying conditions are:

- congenital or traumatic deformity of the ear;
- history of active drainage from the ear within the previous 90 days (for patients who have disease of the ear and mastoid processes); or
- history of sudden or rapidly progressive hearing loss.

For 2012-2014, the incentive payment for satisfactorily reporting on measures is 0.5% of all allowable Medicare charges. Starting in 2015, eligible professionals that do not satisfactorily report on quality measures will be subject to a payment reduction of 1.5%.

The audiology measures are reported as CPT modifiers on claims. Measures that are claims-reported must represent at least 50% of patients that fit into a measure.

Audiology Services in Settings Qualified for Non-Facility Rates

In general, if services are rendered in one's own office, the Medicare fee is higher (i.e., the non-facility rate) because the practitioner is paying for overhead and equipment costs. The audiologist receives a lower rate when the service is rendered in a facility because the facility incurs overhead/equipment costs. Skilled nursing facilities are the most common applicable facility setting because hospital outpatient departments are not paid under the Medicare Physician Fee Schedule. Therapy services, such as speech-language pathology services, are allowed at non-facility rates in all settings (including facilities) because of a section in the Medicare statute permitting these services to receive nonfacility rates regardless of the setting. ASHA asked CMS for clarification regarding audiology and CMS responded succinctly that the facility rate applied to all facility settings for audiology services.

[Table 3](#) of this document provides both facility and non-facility RVUs and rates.

SUMMARY OF TABLES

[Table 1](#) illustrates the impact on payment for audiology services when not accepting Medicare assignment.

[Table 2](#) is a topical list of codes used by audiologists and related health care professionals. The codes are grouped to differentiate the audiology categories.

[Table 3](#) is the complete list of procedures in numerical order facility and non-facility RVUs and national fee data.

[Table 4](#) is a list of hospital 2012 audiology HOPPS payment rates grouped by ambulatory payment classifications (APCs).

[Table 5](#) lists relevant APCs under hospital HOPPS.

PAYMENT RULES OF THE MEDICARE PHYSICIAN FEE SCHEDULE

The Medicare Physician Fee Schedule (MPFS), also referred to as the Physician Fee Schedule or Medicare Fee Schedule, is based on Current Procedural Terminology (CPT) codes in the Health Care Common Procedural Coding System (HCPCS).¹ The MPFS has set Medicare Part B² prospective payment rates since 1992 for audiologists, physicians, other private practitioners and medical clinics. Reimbursement for outpatient rehabilitation services in such facilities as hospitals, skilled nursing facilities, and rehabilitation agencies was included in the MPFS in 1999. The MPFS includes both facility and non-facility rates. CMS determined that the higher non-facility rates apply to audiology and speech-language pathology services (as well as to physical therapy and occupational therapy) even when rendered in a facility³. Hospital-based outpatient audiology services are paid under the outpatient prospective payment system (OPPS) – see [Table 4](#).

¹ HCPCS Level I: CPT Codes
HCPCS Level II: Alphanumeric codes developed by CMS for equipment, supplies, and procedures not described in CPT Codes.

² Medicare Part B covers outpatient services and inpatient physician visits. Rehabilitation and diagnostic services are covered by Part B after depletion of the Part A 100-day skilled nursing facility stay or 90-day hospital stay or disqualification of skilled nursing status.

³ *Federal Register*, July 22, 1999 (p. 39623)

Standard 20% Copayment

All Part B services require the patient to pay a 20% copayment. The fee schedule does not deduct the copayment amount. Therefore, the actual payment by Medicare is 20% less than shown in this fee schedule.

Geographic Adjustment of the Fee Schedule

You may request a fee schedule adjusted for your geographic area from the Medicare Administrative Contractor (MAC) that processes your claims. You can also access the rates for geographic areas by going to the CMS Web site at www.cms.gov/apps/physician-fee-schedule/overview.aspx. See the [Geographic Adjustment Calculations](#) section after Table 3 for further instructions. In general, urban states and areas have payment rates that are 5% to 10% above the national average. Likewise, rural states are lower than the national average.

“Limiting Charge”

Independent practice audiologists paid by Medicare as private practitioners under the fee

schedule may elect to not accept assignment, that is, be “nonparticipating” even though they are enrolled as a Medicare supplier. This status allows payment at a higher rate than specified in the fee schedule if the audiologist does *not* accept assignment. Medicare payment is made directly to the provider when accepting assignment instead of the patient (except the 20% co-payment for which all Part B patients are responsible).

Nonparticipating audiologists who do not accept assignment can add a *limiting charge* of up to 15% to the total fee schedule amount, as long as the 115% result does not surpass the audiologist’s customary fee for that particular CPT code. The net gain for the audiologist is 9.25% (not 15%) because nonparticipating practitioners are reimbursed at 95% of the fee schedule amount.

The following calculations in [Table 1](#) illustrate fees without and with the limiting charge add-on.

Table 1: Impact of Assignment on Medicare Payments

| | Scenario 1: <i>Participating Provider Accepts Assignment (not entitled to limiting charge add-on)</i> | Scenario 2: <i>Nonparticipating Provider Accepts Assignment (not entitled to limiting charge add-on)</i> | Scenario 3: <i>Nonparticipating Provider Does <u>Not</u> Accept Assignment (thus, entitled to limiting charge add-on)</i> |
|------------------------------|---|--|---|
| Fee Schedule Amount | \$100 | \$100 | \$100 |
| Total Allowed Payment | \$100 | \$100 x 95% = \$95 | \$100 x 95% x 115% = \$109.25 (total allowed payment) |
| Medicare Pays | 80% x \$100 = \$80 | 80% x \$95 = \$76 | Patient reimbursed \$76 (80% of \$95) |
| Patient Pays | 20% x \$100 = \$20 | 20% x \$95 = \$19 | \$109.25 - \$76.00 = \$33.25 (out-of-pocket) |

Modifiers

Most CPT codes represent “typical” visit lengths or times to conduct a typical test, unless time is specified in the CPT descriptor. For significantly atypical procedures, a **modifier “-22”** can be used to indicate that the work is substantially greater than typically required and a **“-52”modifier** for an abbreviated procedure. For modifier “-22” claims, a full description of the procedure rendered should be submitted with the claim. Modifier “-22” should not be used

frequently because a MAC could make the determination that the procedure reflects typical service delivery. **Modifier “-59”** is used to establish one procedure as distinct from another billed on the same day.

Medicare CPT Coding Rules

Medicare and the AMA have established rules for using specific CPT codes. The Medicare rule always supersedes the AMA rule when billing Medicare.

*All CPT codes and descriptors are copyright 2011 American Medical Association

ASHA's Billing & Reimbursement Web site includes the full CPT descriptors and rules for their appropriate usage at: www.asha.org/practice/reimbursement/medicare/Aud_coding_rules.htm. Note that many third party payers selectively adopt Medicare coding rules.

National Correct Coding Initiative (CCI) Edits

CMS uses an automated edit system to control specific code pairs that can be reported on the same day. CCI has been in place since January 1, 1996, and is updated quarterly. The goal of the National Correct Coding Initiative (NCCI or, more commonly, CCI) is to prevent payment of "mutually exclusive" code pairings or otherwise inappropriate pairs to be delivered to the same patient on the same day. The edits apply to all Part B settings.

A subset of the CCI edits is the Outpatient Code Editor (OCE), which applies only to hospital outpatient services. Typically, the OCE edits for speech-language pathology are similar to those in the CCI system. The OCE revisions also occur quarterly, but one quarter after the revised CCI edits are implemented.

The ASHA Web site includes a comprehensive list of CCI edits that apply to audiology. Go to: www.asha.org/practice/reimbursement/coding/CCI_edits_AUD.htm.

The CCI also includes a set of edits called Medically Unlikely Edits (MUEs), also for Medicare Part B claims. An MUE for a CPT or HCPCS Level II code is the maximum number of times that the code can be reported for the same patient on the same day. Not all codes have an MUE and/or a CCI edit. See www.asha.org/Practice/reimbursement/coding/Medically-Unlikely-Edits-Audiology/ for a list of audiology-related MUEs.

Designation of Time

The CPT/HCPCS procedures for audiology do not include time designations except for the five codes listed below. Other procedures have been valued based on the typical time for performing the test.

CMS cautions audiologists on calculating time attributed to the five timed audiology evaluation codes; CMS accepted the professional component RVUs for these codes in the 2009 fee schedule. In the 2010 fee schedule, CMS stressed that activities such as counseling, establishment of interventional goals, or evaluating potential for remediation are not included

as diagnostic tests, and that time spent on these activities should not be included in billing for:

- 92620 (evaluation of central auditory function, with report; initial 60 minutes)
- 92621 (evaluation of central auditory function, with report; each additional 15 minutes)
- 92626 (evaluation of auditory rehabilitation status; first hour)
- 92627 (evaluation of auditory rehabilitation status; each additional 15 minutes)
- 92640 (diagnostic analysis with programming of auditory brainstem implant, per hour).

Note: A timed code is billed only if testing is at least 51% of the time designated in the code's descriptor.

Relationship to Non-Medicare Payers

Many state Medicaid programs and private health plans, including HMOs and PPOs, have adopted the MPFS while designating their own conversion factor. ASHA members may wish to negotiate with non-Medicare payers. Audiologists may request that payers negotiate their rates using such resources as the ASHA publication, *Negotiating Health Care Contracts and Calculating Fees: A Guide for Speech-Language Pathologists and Audiologists*, rather than adopt the MPFS rankings. This publication (Item #0112450) can be ordered from ASHA Product Sales at 1-888-498-6699 or online at www.asha.org/shop.

ASHA Participation in American Medical Association Relative Value Committees

ASHA represents the audiology profession at both the AMA Relative Value Update Committee (RUC) and the AMA CPT Editorial Panel. The ASHA Health Care Economics Committee coordinates recommendations from ASHA members and related audiology organizations in developing new procedures for adoption by the CPT Editorial Panel. The Committee also conducts surveys and holds consensus panel meetings to develop data that are presented to the AMA and CMS to develop fees. Audiology members of the HCEC in 2012 are Faith Akin, Robert Burkard, Leisha Eiten, Robert Fifer (ASHA advisor to the AMA RUC HCPAC Review Board), and Chair, Stuart Trembath. For further information, contact Steven White, ex officio member of the HCEC and Director of the Health Care Economics & Advocacy Team, at swhite@asha.org.

Table 2: Topical List of Codes*

| Vestibular Function Studies | Audiometric Tests | | | Electrophysiology/Audio-metric Tests | Audiology Related | Aural Rehabilitation | Implant Services |
|-----------------------------|-------------------|-------|-------|--------------------------------------|-------------------|----------------------|------------------|
| 92540 | 92550 | 92562 | 92576 | 92584 | 69210 | 92626 | 92601 |
| 92541 | 92551 | 92563 | 92577 | 92585 | | 92627 | 92602 |
| 92542 | 92552 | 92564 | 92579 | 92586 | | | 92603 |
| 92543 | 92553 | 92565 | 92582 | 92587 | | | 92604 |
| 92544 | 92555 | 92567 | 92583 | 92588 | | | 92640 |
| 92545 | 92556 | 92568 | 92596 | | | | |
| 92546 | 92557 | 92570 | 92620 | | | | |
| 92547 | 92559 | 92571 | 92621 | | | | |
| 92548 | 92560 | 92572 | 92625 | | | | |
| | 92561 | 92575 | | | | | |

2012 MEDICARE RELATIVE UNITS (RVU) & FEE CALCULATIONS

The MPFS uses a resource-based relative value scale (RBRVS) that assigns a relative value to each current procedural terminology (CPT) procedure. The relative weighting factor (relative value unit or RVU) is derived from a resource-based relative value scale (see [Table 3](#)).

The RBRVS divides each procedure into three RVU components:

- The professional component also known as physician work that encompasses time, technical skill, physical effort, stress, and judgment on the part of the physician or other qualified health care professional;
- The technical component also known as practice expense that includes overhead costs and non-physician medical staff time costs; and
- The professional liability component or malpractice costs

The RVUs for the three components are summed for the CPT procedure total RVUs and then multiplied by the annual conversion factor.

Except for those codes assigned a Professional and Technical component (vestibular and OAE), historically, most audiology codes were not assigned a professional work value. Rather, the audiologist’s time was compensated through the practice expense component of the fee schedule. In the last few years, professional work values have been systematically assigned for the audiologist’s time and effort and transferred out of the practice expense component. This effort is not yet complete and there are still some codes with only a practice expense and malpractice component.

The following procedures are now valued primarily for professional work:

- 92540
- 92550
- 92557
- 92567
- 92568
- 92569
- 92570
- 92587
- 92588
- 92601
- 92602
- 92603
- 92604
- 92621
- 92625
- 92626
- 92627
- 92640

*All CPT codes and descriptors are copyright 2011 American Medical Association

Table 3: 2011 Medicare Physician Fee Schedule*

Conversion Factor: \$24.6712

Modifiers:
26 = "Professional component," the portion of diagnostic test that involves a physician's work and allocation of the practice expense.
TC = "Technical component," for diagnostic tests, the portion of a procedure that does not include a physician's participation. The TC value is the difference between the global values and the professional component (26).
No Modifier = "Global value," includes both professional and technical components.

Please see www.asha.org/practice/reimbursement/medicare/feeschedule/ for updates

| CPT | Mod | Description | Work RVUs | Non-Facility PE RVUs | Facility PE RVUs | Malpractice RVUs | Non-Facility Total RVUs | Facility Total RVUs | Non-Facility Fee (see geographic adjustors section) | Facility Fee (see geographic adjustors section) ⁴ |
|--------------------|-----|-----------------------------|-----------|----------------------|------------------|------------------|-------------------------|---------------------|---|--|
| 69210 ⁵ | | Remove impacted ear wax | 0.61 | 0.83 | 0.28 | 0.07 | 1.51 | 0.96 | \$37.25 | \$23.68 |
| 92516 | | Facial nerve function test | 0.43 | 1.64 | 0.22 | 0.03 | 2.10 | 0.68 | \$51.81 | \$16.78 |
| 92540 | | Basic vestibular evaluation | 1.50 | 1.39 | 0.00 | 0.05 | 2.94 | 1.55 | \$72.53 | \$38.24 |
| 92540 | 26 | Basic vestibular evaluation | 1.50 | 0.75 | 0.75 | 0.04 | 2.29 | 2.29 | \$56.50 | \$56.50 |
| 92540 | TC | Basic vestibular evaluation | 0.00 | 0.64 | 0.00 | 0.01 | 0.65 | 0.01 | \$16.04 | \$0.25 |
| 92541 | | Spontaneous nystagmus test | 0.40 | 0.68 | 0.00 | 0.02 | 1.10 | 0.42 | \$27.14 | \$10.36 |
| 92541 | 26 | Spontaneous nystagmus test | 0.40 | 0.18 | 0.18 | 0.01 | 0.59 | 0.59 | \$14.56 | \$14.56 |
| 92541 | TC | Spontaneous nystagmus test | 0.00 | 0.50 | 0.00 | 0.01 | 0.51 | 0.01 | \$12.58 | \$0.25 |
| 92542 | | Positional nystagmus test | 0.33 | 0.71 | 0.00 | 0.02 | 1.06 | 0.35 | \$26.15 | \$8.63 |

⁴ Facility fees do not apply to hospital outpatient settings.

⁵ CPT 69210: Current CMS policy considers removal of cerumen a component of audiologic diagnostic testing and not paid separately. Under Medicare, CPT 69210, "Removal of impacted cerumen, one or both ears," is not recognized.

| CPT | Mod | Description | Work RVUs | Non-Facility PE RVUs | Facility PE RVUs | Malpractice RVUs | Non-Facility Total RVUs | Facility Total RVUs | Non-Facility Fee (see geographic adjustors section) | Facility Fee (see geographic adjustors section) ⁴ |
|-------|-----|------------------------------|-----------|----------------------|------------------|------------------|-------------------------|---------------------|---|--|
| 92542 | 26 | Positional nystagmus test | 0.33 | 0.16 | 0.16 | 0.01 | 0.50 | 0.50 | \$12.34 | \$12.34 |
| 92542 | TC | Positional nystagmus test | 0.00 | 0.55 | 0.00 | 0.01 | 0.56 | 0.01 | \$13.82 | \$0.25 |
| 92543 | | Caloric vestibular test | 0.10 | 0.45 | 0.45 | 0.02 | 0.57 | 0.00 | \$14.06 | \$0.00 |
| 92543 | 26 | Caloric vestibular test | 0.10 | 0.05 | 0.05 | 0.01 | 0.16 | 0.16 | \$3.95 | \$3.95 |
| 92543 | TC | Caloric vestibular test | 0.00 | 0.40 | 0.00 | 0.01 | 0.41 | 0.01 | \$10.12 | \$0.25 |
| 92544 | | Optokinetic nystagmus test | 0.26 | 0.60 | 0.00 | 0.02 | 0.88 | 0.28 | \$21.71 | \$6.91 |
| 92544 | 26 | Optokinetic nystagmus test | 0.26 | 0.12 | 0.12 | 0.01 | 0.39 | 0.39 | \$9.62 | \$9.62 |
| 92544 | TC | Optokinetic nystagmus test | 0.00 | 0.48 | 0.00 | 0.01 | 0.49 | 0.01 | \$12.09 | \$0.25 |
| 92545 | | Oscillating tracking test | 0.23 | 0.57 | 0.00 | 0.02 | 0.82 | 0.25 | \$20.23 | \$6.17 |
| 92545 | 26 | Oscillating tracking test | 0.23 | 0.11 | 0.11 | 0.01 | 0.35 | 0.35 | \$8.63 | \$8.63 |
| 92545 | TC | Oscillating tracking test | 0.00 | 0.46 | 0.00 | 0.01 | 0.47 | 0.01 | \$11.60 | \$0.25 |
| 92546 | | Sinusoidal rotational test | 0.29 | 2.67 | 0.00 | 0.02 | 2.98 | 0.31 | \$73.52 | \$7.65 |
| 92546 | 26 | Sinusoidal rotational test | 0.29 | 0.13 | 0.13 | 0.01 | 0.43 | 0.43 | \$10.61 | \$10.61 |
| 92546 | TC | Sinusoidal rotational test | 0.00 | 2.54 | 0.00 | 0.01 | 2.55 | 0.01 | \$62.91 | \$0.25 |
| 92547 | | Supplemental electrical test | 0.00 | 0.16 | 0.16 | 0.01 | 0.17 | 0.17 | \$4.19 | \$4.19 |
| 92548 | | Posturography | 0.50 | 2.58 | 0.00 | 0.02 | 3.10 | 0.52 | \$76.48 | \$12.83 |
| 92548 | 26 | Posturography | 0.50 | 0.23 | 0.23 | 0.01 | 0.74 | 0.74 | \$18.26 | \$18.26 |
| 92548 | TC | Posturography | 0.00 | 2.35 | 0.00 | 0.01 | 2.36 | 0.01 | \$58.22 | \$0.25 |

| CPT | Mod | Description | Work RVUs | Non-Facility PE RVUs | Facility PE RVUs | Malpractice RVUs | Non-Facility Total RVUs | Facility Total RVUs | Non-Facility Fee (see geographic adjustors section) | Facility Fee (see geographic adjustors section) ⁴ |
|--------------------------|-----|---|-----------|----------------------|------------------|------------------|-------------------------|---------------------|---|--|
| 92550 | | Tympanometry & reflex threshold | 0.35 | 0.25 | 0.00 | 0.01 | 0.61 | 0.36 | \$15.05 | \$8.88 |
| 92551 ⁶ | | Pure tone hearing test, air (screening) | 0.00 | 0.34 | 0.00 | 0.01 | 0.35 | 0.01 | \$0.00 | \$0.00 |
| 92552 | | Pure tone audiometry, air | 0.00 | 0.86 | 0.00 | 0.01 | 0.87 | 0.01 | \$21.46 | \$0.25 |
| 92553 | | Audiometry, air & bone | 0.00 | 1.05 | 0.00 | 0.01 | 1.06 | 0.01 | \$26.15 | \$0.25 |
| 92555 | | Speech threshold audiometry | 0.00 | 0.63 | 0.00 | 0.01 | 0.64 | 0.01 | \$15.79 | \$0.25 |
| 92556 | | Speech audiometry, complete | 0.00 | 0.99 | 0.00 | 0.01 | 1.00 | 0.01 | \$24.67 | \$0.25 |
| 92557 | | Comprehensive hearing test | 0.60 | 0.52 | 0.38 | 0.03 | 1.15 | 1.01 | \$28.37 | \$24.92 |
| 92558 ⁷ (new) | | Evoked OAE, screening | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 |
| 92559 ⁷ | | Group audiometric testing | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 |
| 92560 ⁷ | | Bekesy audiometry, screen | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 |
| 92561 | | Bekesy audiometry, diagnosis | 0.00 | 1.05 | 0.00 | 0.01 | 1.06 | 0.01 | \$26.15 | \$0.25 |
| 92562 | | Loudness balance test | 0.00 | 1.13 | 0.00 | 0.01 | 1.14 | 0.01 | \$28.13 | \$0.25 |
| 92563 | | Tone decay hearing test | 0.00 | 0.86 | 0.00 | 0.01 | 0.87 | 0.01 | \$21.46 | \$0.25 |
| 92564 | | SISI hearing test | 0.00 | 0.74 | 0.00 | 0.01 | 0.75 | 0.01 | \$18.50 | \$0.25 |
| 92565 | | Stenger test, pure tone | 0.00 | 0.45 | 0.00 | 0.01 | 0.46 | 0.01 | \$11.35 | \$0.25 |
| 92567 | | Tympanometry | 0.20 | 0.23 | 0.13 | 0.01 | 0.44 | 0.34 | \$10.86 | \$8.39 |

⁶ Medicare does not cover this service under the audiology benefit. RVUs have been assigned for the benefit of non-Medicare payers.

⁷ Medicare does not cover these services under the audiology benefit.

| CPT | Mod | Description | Work RVUs | Non-Facility PE RVUs | Facility PE RVUs | Malpractice RVUs | Non-Facility Total RVUs | Facility Total RVUs | Non-Facility Fee (see geographic adjustors section) | Facility Fee (see geographic adjustors section) ⁴ |
|-------|-----|---|-----------|----------------------|------------------|------------------|-------------------------|---------------------|---|--|
| 92568 | | Acoustic reflex testing | 0.29 | 0.17 | 0.17 | 0.01 | 0.47 | 0.47 | \$11.60 | \$11.60 |
| 92570 | | Acoustic immittance testing | 0.55 | 0.36 | 0.29 | 0.03 | 0.94 | 0.87 | \$23.19 | \$21.46 |
| 92571 | | Filtered speech hearing test | 0.00 | 0.71 | 0.00 | 0.01 | 0.72 | 0.01 | \$17.76 | \$0.25 |
| 92572 | | Staggered spondaic word test | 0.00 | 0.92 | 0.00 | 0.01 | 0.93 | 0.01 | \$22.94 | \$0.25 |
| 92575 | | Sensorineural acuity test | 0.00 | 1.91 | 0.00 | 0.01 | 1.92 | 0.01 | \$47.37 | \$0.25 |
| 92576 | | Synthetic sentence test | 0.00 | 0.99 | 0.00 | 0.01 | 1.00 | 0.01 | \$24.67 | \$0.25 |
| 92577 | | Stenger test, speech | 0.00 | 0.51 | 0.00 | 0.01 | 0.52 | 0.01 | \$12.83 | \$0.25 |
| 92579 | | Visual audiometry (VRA) | 0.70 | 0.53 | 0.39 | 0.03 | 1.26 | 1.12 | \$31.09 | \$27.63 |
| 92582 | | Conditioning play audiometry | 0.00 | 1.86 | 0.00 | 0.01 | 1.87 | 0.01 | \$46.14 | \$0.25 |
| 92583 | | Select picture audiometry | 0.00 | 1.36 | 0.00 | 0.01 | 1.37 | 0.01 | \$33.80 | \$0.25 |
| 92584 | | Electrocochleography | 0.00 | 2.08 | 0.00 | 0.01 | 2.09 | 0.01 | \$51.56 | \$0.25 |
| 92585 | | Auditory evoked potentials, comprehensive | 0.50 | 3.13 | 0.00 | 0.02 | 3.65 | 0.52 | \$90.05 | \$12.83 |
| 92585 | 26 | Auditory evoked potentials, comprehensive | 0.50 | 0.24 | 0.24 | 0.01 | 0.75 | 0.75 | \$18.50 | \$18.50 |
| 92585 | TC | Auditory evoked potentials, comprehensive | 0.00 | 2.89 | 0.00 | 0.01 | 2.90 | 0.01 | \$71.55 | \$0.25 |

| CPT | Mod | Description | Work RVUs | Non-Facility PE RVUs | Facility PE RVUs | Malpractice RVUs | Non-Facility Total RVUs | Facility Total RVUs | Non-Facility Fee (see geographic adjustors section) | Facility Fee (see geographic adjustors section) ⁴ |
|-------|-----|--|-----------|----------------------|------------------|------------------|-------------------------|---------------------|---|--|
| 92586 | | Auditory evoked potentials, limit | 0.00 | 2.35 | 0.00 | 0.01 | 2.36 | 0.01 | \$58.22 | \$0.25 |
| 92587 | | Evoked otoacoustic emiss, limited | 0.35 | 0.44 | 0.00 | 0.04 | 0.83 | 0.39 | \$20.48 | \$9.62 |
| 92587 | 26 | Evoked otoacoustic emiss, limited | 0.35 | 0.15 | 0.15 | 0.03 | 0.53 | 0.53 | \$13.08 | \$13.08 |
| 92587 | TC | Evoked otoacoustic emiss, limited | 0.00 | 0.29 | 0.00 | 0.01 | 0.30 | 0.01 | \$7.40 | \$0.25 |
| 92588 | | Evoked otoacoustic emiss, comp. | 0.55 | 0.68 | 0.00 | 0.03 | 1.26 | 0.58 | \$31.09 | \$14.31 |
| 92588 | 26 | Evoked otoacoustic emiss, comp. | 0.55 | 0.26 | 0.26 | 0.02 | 0.83 | 0.83 | \$20.48 | \$20.48 |
| 92588 | TC | Evoked otoacoustic emiss, comp. | 0.00 | 0.42 | 0.00 | 0.01 | 0.43 | 0.01 | \$10.61 | \$0.25 |
| 92596 | | Ear protector eval | 0.00 | 1.26 | 0.00 | 0.01 | 1.27 | 0.01 | \$31.33 | \$0.25 |
| 92601 | | Cochlear implant follow-up exam, pt < 7 yrs of age | 2.30 | 1.82 | 1.26 | 0.11 | 4.23 | 3.67 | \$104.36 | \$90.54 |
| 92602 | | Reprogram cochlear implant, pt < 7 yrs of age | 1.30 | 1.32 | 0.74 | 0.07 | 2.69 | 2.11 | \$66.37 | \$52.06 |
| 92603 | | Cochlear implant follow-up exam, pt ≥ 7 yrs of age | 2.25 | 1.92 | 1.25 | 0.11 | 4.28 | 3.61 | \$105.59 | \$89.06 |

| CPT | Mod | Description | Work RVUs | Non-Facility PE RVUs | Facility PE RVUs | Malpractice RVUs | Non-Facility Total RVUs | Facility Total RVUs | Non-Facility Fee (see geographic adjustors section) | Facility Fee (see geographic adjustors section) ⁴ |
|--------------------|-----|---|-----------|----------------------|------------------|------------------|-------------------------|---------------------|---|--|
| 92604 | | Reprogram cochlear implant, pt ≥7 yrs of age | 1.25 | 1.26 | 0.70 | 0.05 | 2.56 | 2.00 | \$63.16 | \$49.34 |
| 92620 | | Auditory function, 60 min | 1.50 | 1.02 | 0.77 | 0.07 | 2.59 | 2.34 | \$63.90 | \$57.73 |
| 92621 | | Auditory function, + 15 min | 0.35 | 0.26 | 0.17 | 0.01 | 0.62 | 0.53 | \$15.30 | \$13.08 |
| 92625 | | Tinnitus assessment | 1.15 | 0.76 | 0.58 | 0.05 | 1.96 | 1.78 | \$48.36 | \$43.91 |
| 92626 ⁸ | | Evaluation of auditory rehab status, 1 st hr | 1.40 | 1.11 | 0.78 | 0.07 | 2.58 | 2.25 | \$63.65 | \$55.51 |
| 92627 ⁸ | | Evaluation of auditory rehab status, each 15 min | 0.33 | 0.30 | 0.19 | 0.01 | 0.64 | 0.53 | \$15.79 | \$13.08 |
| 92630 ⁹ | | Auditory rehab, pre-lingual hearing loss | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 |
| 92633 ⁹ | | Auditory rehab, post-lingual hearing loss | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$0.00 | \$0.00 |
| 92640 | | Brainstem implant programming, per hr. | 1.76 | 1.2 | 0.78 | 0.37 | 3.33 | 2.91 | \$82.16 | \$71.79 |
| 95920 | | Intraop nerve test add-on, per hr. | 2.11 | 2.69 | 0.00 | 0.09 | 4.89 | 2.20 | \$120.64 | \$54.28 |
| 95920 | 26 | Intraop nerve test add-on | 2.11 | 0.94 | 0.94 | 0.08 | 3.13 | 3.13 | \$77.22 | \$77.22 |
| 95920 | TC | Intraop nerve test add-on | 0.00 | 1.75 | 0.00 | 0.01 | 1.76 | 0.01 | \$43.42 | \$0.25 |

⁸ Audiologists may use these evaluation codes.

⁹ Medicare does not cover these services under the audiology benefit.

| CPT | Mod | Description | Work RVUs | Non-Facility PE RVUs | Facility PE RVUs | Malpractice RVUs | Non-Facility Total RVUs | Facility Total RVUs | Non-Facility Fee (see geographic adjustors section) | Facility Fee (see geographic adjustors section) ⁴ |
|-------|-----|--|-----------|----------------------|------------------|------------------|-------------------------|---------------------|---|--|
| 95925 | | Somatosensory testing | 0.54 | 4.33 | 0.00 | 0.02 | 4.89 | 0.56 | \$120.64 | \$13.82 |
| 95925 | 26 | Somatosensory testing | 0.54 | 0.24 | 0.24 | 0.01 | 0.79 | 0.79 | \$19.49 | \$19.49 |
| 95925 | TC | Somatosensory testing | 0.00 | 4.09 | 0.00 | 0.01 | 4.10 | 0.01 | \$101.15 | \$0.25 |
| 95926 | | Somatosensory testing | 0.54 | 4.16 | 0.00 | 0.04 | 4.74 | 0.58 | \$116.94 | \$14.31 |
| 95926 | 26 | Somatosensory testing | 0.54 | 0.23 | 0.23 | 0.03 | 0.80 | 0.80 | \$19.74 | \$19.74 |
| 95926 | TC | Somatosensory testing | 0.00 | 3.93 | 0.00 | 0.01 | 3.94 | 0.01 | \$97.20 | \$0.25 |
| 95927 | | Somatosensory testing | 0.54 | 4.24 | 0.00 | 0.02 | 4.80 | 0.56 | \$118.42 | \$13.82 |
| 95927 | 26 | Somatosensory testing in the trunk or head | 0.54 | 0.24 | 0.24 | 0.01 | 0.79 | 0.79 | \$19.49 | \$19.49 |
| 95927 | TC | Somatosensory testing in the trunk or head | 0.00 | 4.00 | 0.00 | 0.01 | 4.01 | 0.01 | \$98.93 | \$0.25 |
| 95930 | | Visual evoked potential test | 0.35 | 4.07 | 0.00 | 0.02 | 4.44 | 0.37 | \$109.54 | \$9.13 |
| 95930 | 26 | Visual evoked potential test | 0.35 | 0.16 | 0.16 | 0.01 | 0.52 | 0.52 | \$12.83 | \$12.83 |
| 95930 | TC | Visual evoked potential test | 0.00 | 3.91 | 0.00 | 0.01 | 3.92 | 0.01 | \$96.71 | \$0.25 |
| 95934 | | H-reflex test | 0.51 | 1.28 | 0.00 | 0.02 | 1.81 | 0.53 | \$44.65 | \$13.08 |
| 95934 | 26 | H-reflex test | 0.51 | 0.23 | 0.23 | 0.01 | 0.75 | 0.75 | \$18.50 | \$18.50 |
| 95934 | TC | H-reflex test | 0.00 | 1.05 | 0.00 | 0.01 | 1.06 | 0.01 | \$26.15 | \$0.25 |
| 95936 | | H-reflex test, not g/s muscle | 0.55 | 0.89 | 0.00 | 0.02 | 1.46 | 0.57 | \$36.02 | \$14.06 |
| 95936 | 26 | H-reflex test, not g/s muscle | 0.55 | 0.25 | 0.25 | 0.01 | 0.81 | 0.81 | \$19.98 | \$19.98 |
| 95936 | TC | H-reflex test, not g/s muscle | 0.00 | 0.64 | 0.00 | 0.01 | 0.65 | 0.01 | \$16.04 | \$0.25 |

| CPT | Mod | Description | Work RVUs | Non-Facility PE RVUs | Facility PE RVUs | Malpractice RVUs | Non-Facility Total RVUs | Facility Total RVUs | Non-Facility Fee (see geographic adjustors section) | Facility Fee (see geographic adjustors section) ⁴ |
|-------|-----|-----------------------------|-----------|----------------------|------------------|------------------|-------------------------|---------------------|---|--|
| 95937 | | Neuromuscular junction test | 0.65 | 1.34 | 0.00 | 0.05 | 2.04 | 0.70 | \$50.33 | \$17.27 |
| 95937 | 26 | Neuromuscular junction test | 0.65 | 0.28 | 0.28 | 0.04 | 0.97 | 0.97 | \$23.93 | \$23.93 |
| 95937 | TC | Neuromuscular junction test | 0.00 | 1.06 | 0.00 | 0.01 | 1.07 | 0.01 | \$26.40 | \$0.25 |

Geographic Adjustment Calculations

Precise payment rates by locality are available at: www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Local rates are also available on your payer's Website (Medicare Administrative Contractor – MAC).

To See Payment Rates:

- ✓ Click "Start Search" and "Accept" the terms of agreement, if asked
- ✓ Select the year
- ✓ Select "Pricing Information"
- ✓ Choose your "HCPCS (CPT code) criteria"
- ✓ Select "Specific Locality"
- ✓ Enter the code or codes you are looking for, choose "All modifiers"
- ✓ Select your locality
- ✓ The first column of results, "Non-facility price", applies to *all* SLP services, whether in a facility or not
- ✓ The results can be printed, downloaded and saved, or e-mailed

To See Geographic Practice Cost Index (GPCI):

- ✓ Click "Start Search" and "Accept" the terms of agreement, if asked
- ✓ Select the year
- ✓ Select "Geographic Practice Cost Index"
- ✓ Choose your "Carrier/Medicare Administrative Contractor Option"
 - ✓ Select "Specific Locality" if you want to see only the GPCI in your area
 - ✓ Select your locality
- ✓ Click "Submit"
- ✓ In the table, PE = Practice Expense and MP = Malpractice
- ✓ The results can be printed, downloaded and saved, or e-mailed.

Hospital Outpatient Prospective Payment System

Payment for hospital-based outpatient audiology services are made under the Hospital Outpatient Prospective Payment System (OPPS). Under OPPS, payment is determined by assignment of the CPT code to an Ambulatory Payment Classification (APC). For each of the over 450 non-pharmaceutical APCs, the payment rate reflects costs (2008 data) gathered from all acute care hospitals. Note that speech-language pathology services are paid using the Medicare Physician Fee Schedule in the hospital outpatient setting.

APC PAYMENT RATES

- APC 215 (Level I Nerve and Muscle Tests)
 - **-1.2%** \$44.89
 - Includes H-reflex test
- APC 216 (Level III Nerve and Muscle Tests)
 - **-0.4%** \$185.46
 - Includes Intraoperative neurophysiology testing; Visual evoked potential test
- APC 218 (Level II Nerve and Muscle Tests)
 - **+4.2%** \$84.19
 - Includes Auditory evoked potentials, limited; Neuromuscular junction test
- APC 363 (Level I Otorhinolaryngologic Function Tests)
 - **+6.7%** \$67.48
 - Includes most vestibular function tests; Evoked otoacoustic emissions, limited
- APC 364 (Level I Audiometry)
 - **+5.1%** \$34.38
 - Includes Speech threshold; Loudness balance; Tympanometry
- APC 365 (Level II Audiometry)
 - **-2.6%** \$85.24
 - Includes Comprehensive hearing test; Visual audiometry, Air & bone
- APC 366 (Level III Audiometry)
 - **-5.2%** \$118.07
 - Includes Stenger test; Cochlear implant follow-up
- APC 660 (Level II Otorhinolaryngologic Function Tests)
 - **+25.8%** \$127.35
 - Includes Posturography; Electrocochleography;

OTHER NEW DEVELOPMENTS

Codes Transferred from APC 660 to APC 363

Transfer from Level II to Level I Otorhinolaryngologic Function Tests results in a fee reduction of 34%.

- **CPT 92516** Facial nerve function test
- **CPT 92588** Comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies)
This descriptor was revised in 2012 from: “. . .comparison of. . . otoacoustic emissions at multiple levels and frequencies.”

Codes Transferred from APC 364 to APC 365

Transfer from Level I to Level II Audiometry results in a fee increase of approximately 250%.

- **CPT 92561** Bekesy audiometry, diagnostic
- **CPT 92570** Acoustic immittance testing

Cochlear Implantation (CPT 69930)

The cochlear implant payment is reduced by 7.0% to \$28,897. This reduction comes after increases of 7.4% and 9.1% in 2011 and 2010, respectively. For many hospitals, the payment does not cover all costs of the procedure but does not appear to be a disincentive to maintaining this specialty program compared to the lower rates of three or more years ago.

TABLE 4: HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) RATES FOR AUDIOLOGY SERVICES***HOSPITAL OPPS**

| CPT/HCPCS | Description | Ambulatory Payment Classification | Payment Rate subject to geographic adjustors | Copayment |
|------------------|---|---|--|------------------|
| G0268 | Removal of impacted wax on same day as audiologic testing (physician only code) | Packaged into payment for other tests as of 2009 | | |
| 69210 | Removal of impacted wax (physician only code) | 0340 | \$45.50 | \$9.10 |
| 69930 | Cochlear implantation | 0259 | \$28,897.00 | \$5779.00 |
| 92516 | Facial nerve function test | 0363 Revised APC – 2012 | \$67.48 | \$13.50 |
| 92540 | Basic vestibular evaluation | 0660 | \$127.35 | \$20.24 |
| 92541 | Spontaneous nystagmus test | 0363 | \$67.48 | \$13.50 |
| 92542 | Positional nystagmus test | 0363 | \$67.48 | \$13.50 |
| 92543 | Caloric vestibular test | 0660 | \$127.35 | \$20.24 |
| 92544 | Optokinetic nystagmus test | 0363 | \$67.48 | \$13.50 |
| 92545 | Oscillating tracking test | 0363 | \$67.48 | \$13.50 |
| 92546 | Sinusoidal rotational test | 0660 | \$127.35 | \$20.24 |
| 92547 | Supplemental electrical test | Not separately billed; bundled with CPT 92541 as of 2008. | | |
| 92548 | Posturography | 0660 | \$127.35 | \$20.24 |
| 92550 | Tympanometry & reflex thresh | 0364 | \$34.38 | \$6.88 |
| 92551 | Pure tone hearing test, air (screening) | Not covered | | |
| 92552 | Pure tone audiometry, air | 0364 | \$34.38 | \$6.88 |
| 92553 | Audiometry, air & bone | 0365 | \$85.24 | \$17.05 |
| 92555 | Speech threshold audiometry | 0364 | \$34.38 | \$6.88 |
| 92556 | Speech audiometry, complete | 0364 | \$34.38 | \$6.88 |
| 92557 | Comprehensive hearing test | 0365 | \$85.24 | \$17.05 |
| 92559 | Group audiometric testing | Not covered | | |

*All CPT codes and descriptors are copyright 2011 American Medical Association

HOSPITAL OPPTS

| CPT/HCPCS | Description | Ambulatory Payment Classification | Payment Rate subject to geographic adjustors | Copayment |
|------------------|--|--|---|------------------|
| 92560 | Bekesy audiometry, screen | Not covered | | |
| 92561 | Bekesy audiometry, diagnostic | 0365 Revised APC – 2012 | \$84.24 | \$17.05 |
| 92562 | Loudness balance test | 0364 | \$34.38 | \$6.88 |
| 92563 | Tone decay hearing test | 0364 | \$34.38 | \$6.88 |
| 92564 | SISI | 0364 | \$34.38 | \$6.88 |
| 92565 | Stenger test, pure tone | 0364 | \$34.38 | \$6.88 |
| 92567 | Tympanometry | 0364 | \$34.38 | \$6.88 |
| 92568 | Acoustic reflex testing; threshold | 0364 | \$34.38 | \$6.88 |
| 92570 | Acoustic immitance testing | 0365 Revised APC – 2012 | \$84.24 | \$17.05 |
| 92571 | Filtered speech hearing test | 0364 | \$34.38 | \$6.88 |
| 92572 | Staggered spondaic word test | 0366 | \$118.07 | \$23.62 |
| 92575 | Sensorineural acuity test | 0364 | \$34.38 | \$6.88 |
| 92576 | Synthetic sentence test | 0364 | \$34.38 | \$6.88 |
| 92577 | Stenger test, speech | 0366 | \$118.07 | \$23.62 |
| 92579 | Visual audiometry (VRA) | 0365 | \$85.24 | \$17.05 |
| 92582 | Conditioning play audiometry | 0365 | \$85.24 | \$17.05 |
| 92583 | Select picture audiometry | 0364 | \$34.38 | \$6.88 |
| 92584 | Electrocochleography | 0216 | \$185.46 | \$37.10 |
| 92585 | Auditor evoke potentials, comprehensive | 0216 | \$185.46 | \$37.10 |
| 92586 | Auditory evoke potentials, limited | 0218 | \$80.78 | \$16.16 |
| 92587 | Evoked otoacoustic emiss, limited | 0363 | \$67.48 | \$13.50 |
| 92588 | Evoked otoacoustic emiss, comp. | 0363 Revised APC – 2012 | \$67.48 | \$13.50 |

HOSPITAL OPPS

| CPT/HCPCS | Description | Ambulatory Payment Classification | Payment Rate subject to geographic adjustors | Copayment |
|------------------|---|---|--|------------------|
| 92596 | Ear protector evaluation | 0364 | \$34.38 | \$6.88 |
| 92601 | Cochlear implant follow-up exam, pt under 7 yrs of age | 0366 | \$118.07 | \$23.62 |
| 92602 | Reprogram cochlear implant, pt under 7 yrs of age | 0366 | \$118.07 | \$23.62 |
| 92603 | Cochlear implant follow-up exam, pt 7 yrs of age or older | 0366 | \$118.07 | \$23.62 |
| 92604 | Reprogram cochlear implant, pt 7 yrs of age or older | 0366 | \$118.07 | \$23.62 |
| 92620 | Central auditory function | 0365 | \$85.24 | \$17.05 |
| 92621 | Central auditory function, add-on | (Under OPPS, 92620 considered full session) | | |
| 92625 | Tinnitus assessment | 0365 | \$85.24 | \$17.05 |
| 92626 | Eval of auditory rehab status | 0366 | \$118.07 | \$23.62 |
| 92627 | Eval of auditory rehab status, add-on | (Under OPPS, 92626 considered full session) | | |
| 92630 | Auditory rehab; pre-lingual hearing loss | Not covered | | |
| 92633 | Auditory rehab; post-lingual hearing loss | Not covered | | |
| 92640 | Auditory brainstem implant programming | 0365 | \$85.24 | \$17.05 |
| 95920 | Intraop neurophysiology testing, per hour | Not separately billed; bundled with CPT 92541 as of 2008. | | |
| 95925 | Somatosensory testing; in upper limbs | 0216 | \$185.46 | \$37.10 |
| 95926 | Somatosensory testing; in lower limbs | 0216 | \$185.46 | \$37.10 |
| 95927 | Somatosensory testing; in the trunk or head | 0216 | \$185.46 | \$37.10 |
| 95930 | Visual evoked potential test | 0216 | \$185.46 | \$37.10 |
| 95934 | H-reflex test | 0215 | \$44.89 | \$8.98 |
| 95936 | H-reflex test, not g/s muscle | 0215 | \$44.89 | \$8.98 |
| 95937 | Neuromuscular junction test | 0218 | \$80.78 | \$16.16 |

TABLE 5: AMBULATORY PAYMENT CLASSIFICATIONS (APCs) FOR AUDIOLOGY SERVICES

| APC | Group Title |
|------|--|
| 0215 | Level I Nerve and Muscle Tests |
| 0216 | Level III Nerve and Muscle Tests |
| 0218 | Level II Nerve and Muscle Tests |
| 0259 | Level VI ENT Procedures |
| 0340 | Minor Ancillary Procedures |
| 0363 | Level I Otorhinolaryngologic Function Tests |
| 0364 | Level I Audiometry |
| 0365 | Level II Audiometry |
| 0366 | Level III Audiometry |
| 0660 | Level II Otorhinolaryngologic Function Tests |