

New 2012 CPT Code and Code Descriptions for Audiologists: Otoacoustic Emissions (OAE)

Effective January 1, 2012, there will be a new OAE Current Procedural Terminology (CPT®¹) code, 92558, to describe evoked otoacoustic emissions screening and new code descriptors for two existing OAE codes, 92587 and 92588, to clarify the otoacoustic emissions evaluations.

The CPT code descriptors set forth below appear in the 2012 CPT Manual under the heading: Special Otorhinolaryngologic Services, Audiologic Function Tests. The new code descriptors will guide the audiologist in how to correctly select the appropriate OAE code and file an OAE claim. When determining how to select the correct code, an audiologist should base his or her decision upon the purpose for performing the test and the diagnostic capability of the test equipment (i.e., the number of frequencies performed).

Background

The Centers for Medicare and Medicaid Services (CMS) had previously identified CPT code 92587 for review due to rapidly growing utilization. In calendar year 2011, this service was surveyed by the audiology specialty societies. After reviewing the survey data, the specialties concluded that more than one service was being represented under this code. As a result, three codes were created. CPT 92558 was created to describe automated OAE screening; CPT 92587 was clarified to describe the procedure commonly used to determine the presence or absence of auditory disorder as a follow-up to screening or as an objective verification of disorder; CPT 92588 was clarified to describe the procedure used for “cochlear mapping” commonly aimed at fine-resolution monitoring of cochlear function. Services billed on or after January 1, 2012, must be coded with one of these three codes as described below.

CPT Code Descriptions and Guidance

CPT 92558 Description: Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis.

Guidance: CPT 92558 should be used when an automated pass/fail screening is performed, via a fixed number of frequencies at a single intensity level, when administered by support personnel, an audiologist, or a physician. This procedure has been designated by CMS to be a non-covered service under the Medicare program.

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It is important that audiologists consult the specific guidance that will be provided by regional and federal payers such as Medicare Administrative Contractors (MACs) and Medicaid, as well as guidance from their private third-party payers. Some third party payors may dictate the use of specific codes, modifiers, and coverage determinations specific to the state or location where the service is performed.

CPT 92587 Description: 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.

Guidance: CPT 92587 is to be used when 3-6 frequencies are tested bilaterally and includes the interpretation of the test, with a reporting of the results in the patient's medical record. If you perform both distortion product *and* transient evoked otoacoustic emissions, you may seek additional reimbursement using the -22 modifier in conjunction with CPT 92587. Again, audiologists should be aware that third party payors may dictate the use of specific codes, modifiers, and coverage determinations specific to the state or location where the service is performed.

CPT 92587 is a global procedure code comprised of both a technical component (TC) and professional component (PC). If the audiologist is performing the procedure, providing the interpretation of the results and making a report of the results in the patient's medical record, this code should be reported without a modifier.

Under the Medicare program, otoacoustic emissions testing may be performed by a technician, who is working under the direct supervision of a physician. Testing performed by a technician should be reported using the TC modifier. Audiologists should be aware that services performed by a technician which are billed under the National Provider Identifier (NPI) of an audiologist are not covered under the Medicare program.

CPT 92588 Description: Comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report.

Guidance: CPT 92588 is to be utilized when a minimum of 12 frequencies are tested bilaterally and includes the interpretation of the test, with a reporting of the results in the patient's medical record. If fewer than 12 frequencies were performed, file the claim with CPT 92587.

CPT 92588 is a global procedure comprised of both a technical component (TC) and professional component (PC). If the audiologist is performing the procedure, providing the interpretation of the results and making a report of the results in the patient's medical record, this code should be reported without a modifier.

Under the Medicare program, otoacoustic emissions testing may be performed by a technician, who is working under the direct supervision of a physician.

Testing performed by a technician should be reported using the TC modifier. Audiologists should be aware that services performed by a technician which are billed under the NPI of an audiologist are not covered under the Medicare program.

Read More

For further information, please review the CMS Transmittal governing audiological services at: <https://www.cms.gov/transmittals/downloads/R84BP.pdf>

The CMS website also has a general page for audiology services, which includes additional guidance, at: https://www.cms.gov/PhysicianFeeSched/50_Audiology.asp

Notes

** Consult your otoacoustic emissions equipment manufacturer or equipment service provider to learn the diagnostic capabilities of the OAE equipment. Your ability to utilize a specific code may be restricted by equipment limitations (e.g. you may not bill using CPT 92588 if the required minimum 12 frequencies can not be met by the equipment used).*

**The code descriptions are listed in the 2012 CPT Codebook out of numerical order (e.g., 92586 is immediately followed by 92558, which is followed by 92587 and 92588 and so forth) in order to keep all three OAE codes together as an easy reference for audiologists and other professionals seeking reimbursement under these codes.*