



LOMA LINDA UNIVERSITY  
HEALTH

# AC Financial Services / Reference Guide

For Services referred to:

## Audiology

Diagnostic Appts. By Age	CPT CODE	MEDICAL	CCS SCG04	CCS SCG02 <sup>†</sup>	CCS SCG06 <sup>^</sup>	CORRELATING DESCRIPTION
<b>0 – 23 months</b>	99203	99203	Z5900	Z5900	Z5900	Initial Visit
	99213	99213	Z5906	Z5906	Z5906	Subsequent Visit
	92585	X4522	Z5914	Z5914	Z5914	BAER/ABR
	92579	X4501	Z5916	Z5916	Z5916	Visual Reinforcement Audiometry
	92555	92555	Z5918	Z5918	Z5918	Speech Audiometry Threshold
	92567	X4540*	Z5924	Z5924	Z5924	Tympanometry
	92550	X4540, X4530	Z5924, X4530	Z5924, X4530	Z5924, X4530	Tympanometry + Acoustic Reflexes
	92587	X4535	Z5936	Z5936	Z5936	Otoacoustic Emissions 3-6 frequencies
	92588	92588	92588	92588	92588	Otoacoustic Emissions 12 frequencies
	<b>2 – 5 years</b>	99203	99203	Z5902	Z5902	Z5902
99213		99213	Z5908	Z5908	Z5908	Subsequent Visit
92579		X4501*	Z5916	Z5916	Z5916	Visual Reinforcement Audiometry
92582		X4501	Z5916	Z5916	Z5916	Conditioned Play Audiometry
92555		92555	Z5918	Z5918	Z5918	Speech Audiometry Threshold
92556		92556	Z5918, Z5920	Z5918, Z5920	Z5918, Z5920	SRT and Speech Reception Testing
92567		X4540*	Z5924	Z5924	Z5924	Tympanometry
92550		X4540, X4530	Z5924, X4530	Z5924, X4530	Z5924, X4530	Tympanometry + Acoustic Reflexes
92587		X4535	Z5936	Z5936	Z5936	Otoacoustic Emissions 3-6 frequencies
92588		92588	92588	92588	92588	Otoacoustic Emissions 12 frequencies
<b>6+ years</b>	99203	99203	Z5904	Z5904	99203	Initial Visit
	99213	99213	Z5910	Z5910	99213	Subsequent Visit
	92557	X4500	X4500	X4500	X4500	Comprehensive Audiologic Evaluation
	92582	X4501	Z5916	Z5916	Z5916	Conditioned Play Audiometry
	92555	92555	Z5918	Z5918	Z5918	Speech Audiometry Threshold
	92556	92556	Z5918, Z5920	Z5918, Z5920	Z5918, Z5920	SRT and Speech Reception Testing
	92567	X4540*	Z5924	Z5924	Z5924	Tympanometry
	92550	X4540, X4530	Z5924, X4530	Z5924, X4530	Z5924, X4530	Tympanometry + Acoustic Reflexes
	92587	X4535	Z5936	Z5936	Z5936	Otoacoustic Emissions 3-6 frequencies
	92588	92588	92588	92588	92588	Otoacoustic Emissions 12 frequencies
<b>Specialty Tests</b>	92565	92565	92565	92565	NC	Stenger – Puretone
	92577	92577	92577	92577	92577	Stenger - Speech
	92575	92575	92575	92575	92575	Sensorineural Acuity Test
	92700	NC <sup>†</sup>	NC	NC	NC	VEMP (private pay only)
<b>VNG</b>	92567	X4540	Z5924	Z5924	Z5924	Tympanometry
	92540	92540	NC	92540	NC	4 Test Combo
	92541	92541	NC	92541	NC	Spontaneous Nystagmus
	92542	92542	NC	92542	NC	Positional Nystagmus
	92544	92544	NC	92544	NC	OPK
	92545	92545	NC	92545	NC	OSC Tracking
	92537	92537	NC	92537	NC	Caloric Irrigation - Bithermal
	92538	92538	NC	92538	NC	Caloric Irrigation - Monothermal

**Cochlear Evaluation (Pediatric & Adult)**

<b>CPT CODE</b>	<b>MEDICAL</b>
99203 Initial Visit	99203 Initial Visit
99213 Subsequent Visit	99213 Subsequent Visit
92557 Comprehensive Audiologic Evaluation	X4500 Comprehensive Audiologic Evaluation
92582 Conditioned Play Audiometry	X4501 Conditioned Play Audiometry
92555 Speech Audiometry Threshold	92555 Speech Audiometry Threshold
92556 SRT and Speech Reception Testing	92556 SRT and Speech Reception Testing
92567 Tympanometry	X4540* Tympanometry
92550 Tympanometry + Acoustic Reflexes	X4540, X4530 Tympanometry + Acoustic Reflexes
92587 Otoacoustic Emissions 3-6 frequencies	X4535 Otoacoustic Emissions 3-6 frequencies
92588 Otoacoustic Emissions 12 frequencies	92588 Otoacoustic Emissions 12 frequencies
92590 Hearing Aid Examination	92590 Hearing Aid Examination
92591 Binaural	92591 Binaural
92552 Pure tone audiometry	92552 Pure tone audiometry
92553 air and bone	92553 air and bone
92626 Eval of audiory rehab status	92626 Eval of audiory rehab status
92627 each additional 15 min	92627 each additional 15 min

**Cochlear Implant Initial Stimulation**

<b>CPT CODE ADULT</b>	<b>MEDICAL ADULT</b>	<b>CPT CODE 0-6 years</b>	<b>CPT CODE 7+ years</b>
92603 Initial Stimulation	92603 Initial Stimulation	92601 Initial Stimulation	92603 Initial Stimulation
92604 Subsequent Mapping	92604 Subsequent Mapping	92602 Subsequent Mapping	92604 Subsequent Mapping
92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour
92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.
92585 Impedances + NRT	X4522 Impedances + NRT	92585 Impedances + NRT	92585 Impedances + NRT
92586 Impedances	92586 Impedances	92586 Impedances	92586 Impedances
L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts
L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min
92567 Tympanometry	92567 Tympanometry	92567 Tympanometry	92567 Tympanometry
92552 Pure Tone Audiometry	92552 Pure Tone Audiometry	92552 Pure Tone Audiometry	92552 Pure Tone Audiometry
92553 air and bone	92553 air and bone	92553 air and bone	92553 air and bone
		<b>MEDICAL 0-6 years</b>	<b>MEDICAL 7+ years</b>
		92601 Initial Stimulation	92603 Initial Stimulation
		92602 Subsequent Mapping	92604 Subsequent Mapping
		92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour
		92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.
		X4522 Impedances + NRT	X4522 Impedances + NRT
		92586 Impedances	92586 Impedances
		L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts
		L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min
		92567 Tympanometry	
		92552 Pure Tone Audiometry	
		92553 air and bone	

**Cochlear Implant Repair**

<b>CPT CODE ADULT</b>	<b>MEDICAL ADULT</b>	<b>CPT CODE 0-6 years</b>	<b>CPT CODE 7+ years</b>
92603 Initial Stimulation	92603 Initial Stimulation	92601 Initial Stimulation	92603 Initial Stimulation
92604 Subsequent Mapping	92604 Subsequent Mapping	92602 Subsequent Mapping	92604 Subsequent Mapping
92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour
92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.
92585 Impedances + NRT	X4522 Impedances + NRT	92585 Impedances + NRT	92585 Impedances + NRT
92586 Impedances	92586 Impedances	92586 Impedances	92586 Impedances
L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts
L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min
		<b>MEDICAL 0-6 years</b>	<b>MEDICAL 7+ years</b>
		92601 Initial Stimulation	92603 Initial Stimulation

		92602 Subsequent Mapping 92626 Evaluation of Aural Rehab; 1st Hour 92627 Evaluation of Aural Rehab; Add. 15 Min. X4522 Impedances + NRT 92586 Impedances L7510 CI repair/replace minor parts L7520 CI repair, labor per 15 min	92604 Subsequent Mapping 92626 Evaluation of Aural Rehab; 1st Hour 92627 Evaluation of Aural Rehab; Add. 15 Min. X4522 Impedances + NRT 92586 Impedances L7510 CI repair/replace minor parts L7520 CI repair, labor per 15 min
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**Cochlear Return**

<b>CPT CODE</b>	<b>MEDICAL ADULT</b>	<b>CPT CODE 0-6 years</b>	<b>CPT CODE 7+ years</b>
92603 Initial Stimulation	92603 Initial Stimulation	92601 Initial Stimulation	92603 Initial Stimulation
92604 Subsequent Mapping	92604 Subsequent Mapping	92602 Subsequent Mapping	92604 Subsequent Mapping
92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour
92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.
92585 Impedances + NRT	X4522 Impedances + NRT	92585 Impedances + NRT	92585 Impedances + NRT
92586 Impedances	92586 Impedances	92586 Impedances	92586 Impedances
L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts
L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min
92567 Tympanometry		92567 Tympanometry	<b>MEDICAL 7+ years</b>
92552 Pure Tone Audiometry		92552 Pure Tone Audiometry	92603 Initial Stimulation
92553 air and bone		92553 air and bone	92604 Subsequent Mapping
		<b>MEDICAL 0-6 years</b>	92626 Evaluation of Aural Rehab; 1st Hour
		92601 Initial Stimulation	92627 Evaluation of Aural Rehab; Add. 15 Min.
		92602 Subsequent Mapping	X4522 Impedances + NRT
		92626 Evaluation of Aural Rehab; 1st Hour	92586 Impedances
		92627 Evaluation of Aural Rehab; Add. 15 Min.	L7510 CI repair/replace minor parts
		X4522 Impedances + NRT	L7520 CI repair, labor per 15 min
		92586 Impedances	
		L7510 CI repair/replace minor parts	
		L7520 CI repair, labor per 15 min	

**Cochlear Mapping**

<b>CPT CODE ADULT</b>	<b>MEDICAL ADULT</b>	<b>CPT CODE 0-6 years</b>	<b>CPT CODE 7+ years</b>
92603 Initial Stimulation	92603 Initial Stimulation	92601 Initial Stimulation	92603 Initial Stimulation
92604 Subsequent Mapping	92604 Subsequent Mapping	92602 Subsequent Mapping	92604 Subsequent Mapping
92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour	92626 Evaluation of Aural Rehab; 1st Hour
92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.	92627 Evaluation of Aural Rehab; Add. 15 Min.
92585 Impedances + NRT	X4522 Impedances + NRT	92585 Impedances + NRT	92585 Impedances + NRT
92586 Impedances	92586 Impedances	92586 Impedances	92586 Impedances
L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts	L7510 CI repair/replace minor parts
L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min	L7520 CI repair, labor per 15 min
92567 Tympanometry	92567 Tympanometry	92567 Tympanometry	92567 Tympanometry
92552 Pure Tone Audiometry	92552 Pure Tone Audiometry	92552 Pure Tone Audiometry	92552 Pure Tone Audiometry
92553 air and bone	92553 air and bone	92553 air and bone	92553 air and bone
		<b>MEDICAL 0-6 years</b>	
		92601 Initial Stimulation	
		92602 Subsequent Mapping	
		92626 Evaluation of Aural Rehab; 1st Hour	
		92627 Evaluation of Aural Rehab; Add. 15 Min.	
		X4522 Impedances + NRT	
		92586 Impedances	
		L7510 CI repair/replace minor parts	
		L7520 CI repair, labor per 15 min	
		92567 Tympanometry	
		92552 Pure Tone Audiometry	
		92553 air and bone	

**Hearing Aid Evaluation (Pediatric & Adult)****Hearing Aid Fitting (Pediatric & Adult)****Hearing Aid Follow Up**

CPT CODE	CPT CODE	CPT CODE
92590 Hearing Aid Exam – Monaural	92700 Hearing Aid Fitting / Orientation	92592 Hearing Aid Check – Monaural
92591 Hearing Aid Exam - Binaural	92594 REM – Monaural	92593 Hearing Aid Check – Binaural
92592 Hearing Aid Check – Monaural	92595 REM - Binaural	92594 REM – Monaural
92593 Hearing Aid Check – Binaural		92595 REM - Binaural
92594 REM – Monaural		
92595 REM - Binaural		
<b>MEDICAL</b>		<b>MEDICAL</b>
92590 Hearing Aid Exam – Monaural		92590 Hearing Aid Exam – Monaural
92591 Hearing Aid Exam - Binaural		92591 Hearing Aid Exam - Binaural
<b>CCS SCG02</b>		
92590 Hearing Aid Exam – Monaural		
92591 Hearing Aid Exam - Binaural		
92594 REM – Monaural		
92595 REM - Binaural		
<b>CCS SCG04</b>		
Z5928 Hearing Aid Exam – Monaural		
Z5928 Hearing Aid Exam - Binaural		
X4532 Hearing Aid Check – Monaural		
X4542 Hearing Aid Check – Binaural		
Z5930 REM – Monaural		
Z5932 REM - Binaural		

**Important Notes**

1. Non-MediCal HMO coverage requires CPT codes. MediCal accepts both CPT and Xcodes.
2. If multiple Xcodes are required, authorization for only one Xcode is needed (use MediCal column).

**Medi-Cal** - Providers accept CPT codes and X-codes. X-codes provide better reimbursement; therefore Xcodes are used when available. Codes have been separated for you in the Medi-Cal column. X4540 is limited to once every 6 months when billed by the same provider for the same recipient. X4530 is limited to once a month when billed by the same provider for the same recipient. X4500 includes payment for puretone audiometry X4501. When a claim is submitted for code X4501 in addition to X4500, reimbursement for X4501 is denied.

**Medicare** - Hearing aid services are not covered by Medicare. 95867 (EMG/Needle/Cranial Nerve Supp) is not covered by Medicare.

**CCS - California Children Services**

1. New and established patients require authorization. A Service Authorization Request (SAR) is submitted by the child's provider. Corresponding Service Code Groupings (SCGs) are opened once the SAR has been authorized. Patients who wish to schedule with Audiology require a SCG 04.

- CCS SCG04 does not cover balance testing.
- If VNG is requested by ENT, ALL VNG CPT codes (except tympanometry) will need to be requested and authorized prior to date of appointment.
- We accept CCS patients under SCG 02 for all diagnostic testing (VNG included). We will see CCS patients under SCG 06 for audiologic evaluation only (ALL VNG codes need to be requested if needed).
- SCG02 can be used for an initial visit (diagnostic testing only)
- SCG04 is for any diagnosed hearing loss, speech delay.
- SCG06 is used for ototoxic monitoring, if hearing loss presents then patient obtains SCG 04.

2. If patient is eligible with CCS and has a DX of Hearing Loss FS should be submitting for an SCG 04 SAR if they do not have one. If patient has an active SCG04 SAR FS will approve with the SCG 04 SAR. If patient does not have an SCG 04 SAR or a DX of hearing loss FS should be submitting to the secondary payor. Ex. - IEHP
3. Vantage Medical Group will not approve CPT X4535 need to request Z5936

**Cochlear Eval** - CCS patients: LLU does not implant CCS patients, therefore we do not complete full cochlear implant evaluations. Preliminary questionnaires are required for patients to be referred to CCS CI Centers, the billing code associated with this questionnaire (Z5944) is included and covered under SCG04 only.

**Cochlear Mapping**

1. Always use “-50” modifier with 92601 – 92604 when mapping bilateral cochlear implant patients
2. Modifier -59 / -XU is to be used for procedures that are distinctively different from other procedures, please consult provider before deleting ANY charges as many codes can now be unbundled.
3. If cochlear implant patients need to order equipment or batteries, they are to call the manufacturer directly. Cochlear: 1-800-633-4667 or Advanced Bionics: 1-877-829-0026.

**Hearing Aid Eval**

1. We do hearing aid evaluations on patients who have Medicare/Straight medi-cal combined this in order to determine if they are a candidate for hearing aids by MediCal’s guidelines; Medi-Medi HAE cost is \$130.00 and the patient is required to pay for the evaluation at check in on the day of their appointment; we then refer the patient to a MediCal dispensing facility. This does not apply to Managed HMO Medi-cal patients (ex: IEHP, Molina, LaSalle) this step is no longer required they are referred back to their PCP.
2. We DO NOT fit hearing aids for MediCal patients
3. We DO NOT do hearing aid evaluations or fit hearing aids for CCS patients; we will recommend hearing aids if necessary and do aided testing only to ensure standard of care
4. We dispense and bill hearing aids for Risk Management patients; We are not contracted with any other insurance plan and are not able to offer a payment plan, but we are happy to provide necessary information for patient submittal upon request.

**Hearing Aid Fitting**

1. No authorization required for Hearing Aid (HA) patients that purchased Hearing Aids through Loma Linda Hearing Instruments(LLHI) and need a hearing aid follow up (HFU) only. Most annual appointments are scheduled as an audio+HFU (60 minute appointment) and authorization is needed (per their insurance) for the audio portion (diagnostic codes).
2. We DO NOT fit hearing aids for MediCal patients
3. We DO NOT do hearing aid evaluations or fit hearing aids for CCS patients; we will recommend hearing aids if necessary and do aided testing only to ensure standard of care
4. We dispense and bill hearing aids for Risk Management patients; We are not contracted with any other insurance plan and are not able to offer a payment plan, but we are happy to provide necessary information for patient submittal upon request.

**Hearing Aid Follow Up** - No authorization required for Hearing Aid (HA) patients that purchased Hearing Aids through Loma Linda Hearing Instruments (LLHI) and need a hearing aid follow up (HFU) only. Most annual appointments are scheduled as an audio+HAFU (60 minute appointment) and authorization is needed (per their insurance) for the audio portion (diagnostic codes).

**Speech Delay** - Refer to age appropriate test for diagnostic hearing exam.

**Swim Plugs and Earmolds** - SELF PAY-Is NOT covered by insurance (price range \$80-\$200).

**VNG**

1. 92540 (4 test combo) = 92541, 92542, 92544, 92545, all 4 tests must be completed to bill 92540
2. For adult patients, all codes must be requested: 92567/X4540, 92540, 92541, 92542, 92544, 92545, 92537 and 92538
3. For CCS patients, VNG codes are ONLY covered under SCG02, SCG04 & SCG06 now require separate authorization for all VNG CPT codes.