Internal Medicine Coding Alert

Read This to Make Sure You're Not in a Hearing Service Coding Rut

Surprise: Internists can use screening, threshold test codes

You won't receive $0 when your internist deserved almost $16-50 if you know when and how to code audiologic screenings and tests.

Audiologic codes fall under a unique CPT category, so internal medicine coders may inadvertently overlook coding these services separately from an E/M service. This concern has led more than one Internal Medicine Coding Alert subscriber to ask if internists can perform 92551-92597 and, if so, under what circumstances. These basics will get you started on the appropriate payment path.

Use This Strategy to Code Internists' Hearing Services

First, dispel the myth that audiologic codes belong to ENTs and audiologists. "CPT doesn't restrict these codes to any particular physicians," says **Debbie Abel, AuD**, audiologist at Northern Arizona Speech and Hearing Center in Sedona, Ariz., and owner of Alliance Audiology in Alliance, Ohio. Internists or their office staff may perform several hearing services including screenings, pure tone audiometry, and speech recognition.

Warning: Check state licensure and insurer regulations before billing audiology services. Some states and payers may allow licensed technicians to perform hearing tests under physician supervision and bill the service incident-to, says **Bruce Rappoport**, **MD, CPC,** a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP in Fort Lauderdale, Fla. "Others may have limitations."

Hearing services must also be medically necessary as indicated with an appropriate ICD-9 code, Rappoport says. "Coders should check with payers to see what is and what is not covered," he says.

Limitations apply more often to diagnostic tests than to screening services, so knowing how to distinguish these key differences is crucial. You can differentiate a screening exam from a diagnostic hearing test with two factors:

• the equipment
• the service's purpose.

Report Simple Yes/No Tests With 92551

When your internist performs a general population preventive or job-related screening, you should assign 92551 (Screening test, pure tone, air only), says **Rudy Tacoronti, MD**, director of occupational medicine for DeKalb Health Systems in Decatur, Ga. A hearing screening uses relatively inexpensive equipment, such as a handheld "noise maker," he says.

A screening test indicates whether hearing loss may exist. "The test gives you a yes/no answer," Tacoronti says.

Code Problem Identification as Threshold

Threshold tests (92552-92557), however, are much more complex. For instance, they require specialized equipment. The internist must use an audiometer that can adjust the decibel level down to zero and measure multiple frequencies.

The exam helps identify a complaint or problem with hearing acuity. Suppose a patient complains of acute onset unilateral tinnitus (ringing in the ear). "A screening test would not help," Tacoronti says. But a threshold test would tell

you specifics about the patient's loss, including how much and where. (To learn how to zero in on the correct threshold exam code, read "Ace Your Hearing Assessment Exam Coding in 4 Easy Steps" later in this issue.)

Gain Up to $50 for Problem-Related Test

Reporting a screening test (92551) instead of a threshold exam (92552-92557) can make the difference between $0 and almost $50. Because a screening test is a preventive service, Medicare does not cover 92551. Some third-party insurers, however, may pay for a screening in addition to a preventive medicine service (99381-99397).

Good news: Threshold payment is easier to come by. Codes 92552-92556 are diagnostic tests. Therefore, Medicare covers the exams and pays from $15.92 to $49.65 per test. Rates are national based on the new 2006 conversion rate of 37.8975 and the 2006 National Physician Fee Schedule assigning nonfacility total relative value units (RVUs) to the codes as follows: