

Part B Insider (Multispecialty) Coding Alert

AUDIOLOGY: Don't Discount Diagnostic Aural Rehab Codes Just Yet

Keep track of time and new codes 92626-92627 can earn you extra cash

When CPT 2006 changed the descriptors for speech therapy codes 92506-92507 to remove any reference to aural rehabilitation, many professionals may have believed they couldn't bill for aural rehab any longer.

After all, Medicare assigned a status code of "I" to two new codes for auditory rehabilitation, 92630 and 92633, on the grounds that Medicare will only pay for diagnostic audiology, not rehabilitation.

But that ban only applies to audiologists, not to speech language pathologists, according to **Steven White**, director of health care economics and advocacy with the **American Speech-Language Hearing Association**.

"Speech-language pathologists and audiologists may use the evaluation codes," ASHA writes in a coding bulletin to members. "CMS clarified that speech-language pathologists should use [92507 for](#) reporting auditory rehabilitation."

The **Centers for Medicare & Medicaid Services** has instructed SLPs to keep using 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual) for aural rehabilitation--even though the descriptor no longer mentions aural rehab, says White.

The facts: Medicare will pay for two new codes for diagnostic aural rehab: 92626 (Evaluation of auditory rehabilitation status; first hour) and an add-on code, 92627 (...each additional 15 minutes). Medicare won't cover rehab codes 92630 or 92633, because Medicare only pays for diagnostic audiology, not treatment.

Advantage: CMS assigned the same RVUs to 92627 as to 92626, 0.61 RVUs. ASHA believes this is a mistake, and CMS will probably correct it. But at least for now, each additional 15 minutes your physician spends with the patient will reimburse you as much as the first hour. So a 75-minute session pays twice as much as a 60-minute session, and a 90-minute session three times as much.

A session of aural rehab evaluation could easily go for 90 minutes, meaning audiologists or SLPs could bill for one unit of 92626 and two units of 92627, says White. The patient's chart should document the different approaches the provider tried, and the fact that the patient seemed to be responding to one or more approaches. You'll use these codes for assessing the hearing function of a patient with a cochlear implant or hearing aid.