

Part B Insider (Multispecialty) Coding Alert

Hearing Services: Distinguish 92551 From 92552 With 3 Quick Tips

Plus: Get an additional \$32 for a threshold exam if justified.

You can stop unfamiliar audiometry terms from slowing down your screening and threshold test coding if you follow these three steps.

1. Look at the Test's Equipment

You should first check the audiometry instruments your physician uses.

Why: Each audiometry test requires different equipment. A screening test (92551, Screening test, pure tone, air only) uses relatively inexpensive equipment. On the other hand, a threshold test (92552, Pure tone audiometry [threshold]; air only) requires specialized equipment.

Your physician may own both types of equipment. If he uses a handheld "noise maker," he performs a screening. In this case, you should report 92551.

But if your physician uses an audiometer that can adjust the decibel level down to zero and measure multiple frequencies, he performs a threshold test. You should code this exam with 92552. Your physician might refer patients to specialized clinics for the more in-depth test (92552).

2. Pinpoint the Number of Intensities

The next clue you should look for is how complicated the test is.

Here's how: Check the number of intensities your physician records. In a screening, the examiner typically places earphones on the patient and asks him to respond to tones at a single intensity (loudness) across several frequencies (pitches). But with 92552, the physician expands the testing to include multiple intensities.

Screening example: A physician sets his machine at 25 decibels (dB) and varies the frequencies to get a response to all sounds in both ears. The test does not involve multiple intensities. So, you should use 92551 for a screening.

Threshold example: A physician uses increasingly lower intensities to determine that at 4,000 hertz (Hz), the patient's lowest limit of hearing is 15 dB, and 10 dB at 3,000 Hz, but only 5 dB at 2,000 Hz, etc. In this case, you should report 92552. The physician tests the patient's hearing at different loudness levels (dB).

Visual clue: The audiogram, a chart that shows the levels the patient can hear, may help you choose the right code. If your physician records the test results as one level or writes "screening" in the chart, he performed a single-intensity test, 92551. But if the chart note shows a graph charting the different intensity levels that your physician recorded, you should report 92552.

3. Check the Exam's Reason

If the equipment and intensities boggle you, look at why the physician performed the test. He conducts a screening to determine if a patient's hearing is in the accepted range. But, he performs a threshold exam to find the specifics of a patient's hearing loss.

Tip: You can use the patient's diagnosis to confirm 92551 or 92552.

Screening ICD-9: V72.1x (Special investigations and examinations; examination of ears and hearing) signals a screening, such as for a heavy-duty-truck driver during a pre-employment exam. The physician wants to see if the patient's hearing is in the accepted range. The patient either passes or fails the test. Medicare typically does not cover screening such as these.

Threshold ICD-9: If the patient presents with a sign or symptom indicating a hearing problem, he requires more extensive testing. When a patient has a problem, the physician performs an exam to determine the patient's hearing range or threshold, the lowest level that the patient can hear 50 percent of the time.

For example, a patient complains of ringing in the ear. The physician performs a test, which reveals that the patient has moderately significant high-frequency hearing loss in both ears, equal in level with some encroachment of damage in the speech range. Because the patient presents with a hearing problem, you would report a threshold exam (92552) with a diagnosis of acute onset unilateral tinnitus (such as 388.30, Tinnitus, unspecified).

How the Reason Affects Your Bottom Line

Reporting 92552 instead of 92551 can make the difference between \$32 and \$0. Medicare considers 92551 a noncovered service and doesn't reimburse for the preventive service. Some private payers, however, may pay for a screening with a preventive medicine service.

Threshold payment is easier to come by. Since 92552 is a diagnostic test, Medicare covers the exam at 0.95 relative value units, or \$32.32.