

## Modifier Coding Alert

### Reader Question: Try Modifier 22 for Two AEP Tests

**Question:** In order to determine frequency-specific testing results for a patient, my physician performed two comprehensive AEP tests in one session, click auditory brain response (ABR), and tone burst ABR. Would this be considered 92585 comprehensive or 92586 limited and how could get paid for both?

Wisconsin Subscriber

**Answer:** If your physician had only performed one of these auditory evoked potential (AEP) tests in one session, using 92585 (Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive) could be justified. Attaching modifier 22 (Increased procedural services) to 92585 may be the best way to be reimbursed for two AEP tests in one session.

Each of these tests on its own could justify reporting of 92585, so recouping payment may vary by payer.

You could try using the units field on your claim to record 92585 x 2. But it will depend on your payer whether this works or not. You may be denied for multiple units.

Using modifier 22 is probably your best option. Although 92585 is not a time-based code, time can be a good marker for establishing an unusually long evaluation. For example, tone burst ABR can take as much time as performing conventional ABR in each ear.

Because all services include testing of both ears, use modifier 52 (Reduced services) if a test is performed on only one ear.