

**DEPARTMENT OF HEALTH SERVICES**

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November 14, 2000

N. L: 10-1300  
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)  
ADMINISTRATORS, MEDICAL DIRECTORS, AND MEDICAL  
CONSULTANTS, AND STATE CHILDREN'S MEDICAL  
SERVICES (CMS) BRANCH STAFF

SUBJECT: AUTHORIZATION OF AUDIOLOGY SERVICES

**Background**

The CMS Branch/CCS Program issued Numbered Letter **21-1299** in December 1999 to delineate CCS program policy on the authorization of services for children with hearing loss. Numbered Letter **20-1299** delineates the policy for authorization of diagnostic hearing evaluations for infants who do not pass hearing screening services through the Newborn Hearing Screening Program. In both of these letters are examples of audiologic services that might be performed as a result of a CCS authorization.

Over the past year, the CMS Branch has worked with the Medi-Cal program to develop audiology service codes that represent the services described in these two Numbered Letters and are reflective of the current standard of audiologic practice. The codes are payable for both Medi-Cal eligible beneficiaries and CCS-only beneficiaries. They were designed as Early and Periodic Screening Diagnosis and Treatment (EPSDT) Supplemental Services and therefore only available for reimbursement of services provided to individuals under the age of 21 years of age when authorized by the CCS program.

Also, the Budget Act of 2000-2001 (Chapter 52, Statutes of 2000) appropriated funds to increase Medi-Cal reimbursement rates for a number of providers and service categories. The rate increases, effective for dates of service on or after August 1, 2000, apply to services delivered by audiologists. These increases are reflected in the two appendices. The rate increases were applied to the newly developed codes.

The information on these new codes will be directly sent to CCS-paneled audiologists and to the CCS-approved Communication Disorder Center (CDC) (or CCS-approved Hearing and Speech Centers).

## Policy

Effective the date of this letter, the CCS program shall reimburse for both the new Audiology service codes (Appendix 1) and the existing Audiology service codes (Appendix 2) when they are billed by a CCS-approved CDC (or a CCS-approved Hearing and Speech Center) that has been authorized to provide care to a CCS-eligible client who needs a diagnostic hearing evaluation or who has a hearing loss.

The **new** codes as defined in Appendix 1 do not require the use of a diagnosis of "hearing loss" as part of the condition for payment of a claim.

The codes can be grouped into classifications as explained below.

### 1. Evaluation Codes

These codes represent the performance of a history, otoscopic examination, interpretation of results, counseling, and treatment planning with patient and family. The reimbursement of these codes does not include audiologic tests as they are separately payable.

The **new** codes are to be used in place of the following Health Care Financing Administration Common Procedure Coding System (HCPCS) codes:

- X4500 Diagnostic audiologic evaluation
- X4506 Pediatric evaluation 0-7, first visit
- X4508 Pediatric evaluation 0-7, first diagnostic follow-up
- X4510 Pediatric evaluation 0-7, second diagnostic follow-up

### 2. Special Audiologic Tests

These **new** codes represent audiologic testing procedures that are not currently identified in the HCPCS codes for audiology services listed in Title 22, Section 51507.2. They can be billed separately. There is no limitation on the number of clinically indicated tests that can be billed in a single visit.

### 3. Aural Rehabilitation Services

Codes Z5940 and Z5944 as identified in Appendix 1 are defined to include the development of communication skills using speech reading/lip reading evaluation, auditory/tactile awareness or discrimination, communication performance, and/or hearing therapy.

The **existing** audiology codes, as listed in Title 22, Section 51507.2, and which are listed in Appendix 2 remain payable.

### **Policy Guidelines**

#### 1. Services to Medi-Cal eligible beneficiaries

- a. Audiology services referenced in this numbered letter **MUST** be authorized as EPSDT Supplemental Services.
- b. Claims for authorized services must be processed as referenced in Numbered letter 05-0896 (e.g., a Treatment Authorization Request number entered on the claims for these services must show ten zeros plus a "four".)

#### 2. Services to CCS-only clients

- a. For counties whose claims are reimbursed by Electronic Data System (EDS)
  - 1) Process the claim, as per Numbered Letter 05-0896.
  - 2) Forward the claim to EDS.
- b. For counties paying their own CCS-only claims pending conversion to EDS, reimburse the services according to the rates identified on the Enclosures.

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If you have any questions, please contact your Regional Office  
Hearing Audiology Consultant.

## Original Signed by

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures

## Appendix 1

### New Audiology Codes (EPSDT Supplemental Services)

Code	Description	Price
<b>Evaluation Codes</b>		
Z 5900	<b>Initial</b> audiology evaluation, less than 2 years of age	<b>\$71.50</b>
Z 5902	<b>Initial</b> audiology evaluation, 2 - 5 years of age <b>Initial</b>	<b>65.00</b>
Z 5904	<b>Initial</b> audiology evaluation, 6 - 20 years of age	<b>58.50</b>
Z 5906	<b>Subsequent</b> audiology evaluation, less than 2 years of age	<b>39.00</b>
Z 5908	<b>Subsequent</b> audiology evaluation, 2 - 5 years of age	<b>36.40</b>
Z 5910	<b>Subsequent</b> audiology evaluation, 6 – 20 years of age	<b>32.50</b>
Z 5912	Evaluation of difficult-to-test patient, less than 7 years	<b>84.75</b>
<b>Audiology Tests</b>		
Z 5914	Auditory brainstem response	<b>160.15</b>
Z 5916	Behavioral audiometric testing	<b>36.05</b>
Z 5918	Speech reception/detection/recognition threshold test	<b>15.13</b>
Z 5920	Speech Discrimination/word recognition test	<b>15.13</b>
Z 5922	Acoustic immitance testing, monaural	<b>32.96</b>
Z 5924	Acoustic immitance testing, binaural	<b>48.56</b>
Z 5926	Central auditory processing, each test	<b>21.32</b>
Z 5928	Functional gain testing	<b>33.02</b>
Z 5930	Real ear measurements, monaural	<b>23.32</b>
Z 5932	Real ear measurements, binaural	<b>33.80</b>
Z 5934	Evoked otoacoustic emissions, limited	<b>47.05</b>
Z 5936	Evoked otoacoustic emissions, comprehensive/diagnostic	<b>58.84</b>
<b>Aural rehabilitation services</b>		
Z 5940	Aural rehabilitation, related to use of conventional hearing aid, 30 minutes	<b>56.16</b>
Z 5944	Aural rehabilitation, related to use of alternative hearing device, 30 minutes	<b>56.16</b>

## Appendix 2

### Current Audiology Codes

<b>Code</b>	<b>Description</b>	<b>Price</b>
X 4501	Pure tone audiometry	\$ <b>35.79</b>
V 5008	Hearing screening	<b>18.07</b>
X 4512	Bekesy audiometry	<b>37.64</b>
X 4514	Short increment sensitivity index	<b>15.05</b>
X 4516	Loudness balance test	<b>15.05</b>
X 4518	Tone decay test	<b>15.05</b>
X 4520	Visual evoked potential response, medical diagnosis	<b>160.10</b>
X 4522	Evoked response audiometry test, physician evaluation	<b>160.10</b>
X 4524	Somatosensory evoked response test, physician evaluation	<b>160.10</b>
X 4526	Hearing therapy (individual), per hour	<b>45.40</b>
X 4528	Hearing therapy (group), each patient	<b>20.44</b>
X 4530	Impedance audiometry, bilateral	<b>33.14</b>
X 5010	Hearing aid assessment	<b>52.70</b>
X 4532	Electroacoustic analysis of hearing aid, monaural	<b>23.32</b>
Z 3600	Standard custom ear mold	<b>24.73</b>
Z 3602	Special custom ear mold	<b>28.20</b>
X 4536	Weber test	<b>7.53</b>
X 4538	Impedance audiometry, unilateral	<b>15.21</b>
X 4540	Tympanometry	<b>22.94</b>
X 4542	Electroacoustic analysis of hearing aid, binaural	<b>32.93</b>
X 4544	Diagnostic evaluation for difficult to test patient, over 7 years of age	<b>65.19</b>
X 4546	Electronystagmography	<b>69.10</b>
X 4535	Unlisted audiological services	<b>By report</b>