

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 654-0499



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.

N. L: 10-1300
Page 4
November 14, 2000

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

Appendix 2

Current Audiology Codes

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