**Job Aid:** How to read the Crosswalks for Audiology, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Audiology and Speech Therapy.

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</thead>
<tbody>
<tr>
<td>These are the local codes you currently bill i.e. X0000 is replaced by the code or code combinations in this row →</td>
<td>This is the new revenue code you must bill when using paper UB-04 claim forms or submitting 837I electronic claim transactions i.e. 0000 (must be 4 digits)</td>
<td>These are the new national codes which replace the local codes. A combination of codes may be allowed i.e. 00000 or 00009 (select one code)</td>
<td>i.e. With 00001 (bill this code in addition to the primary code you selected)</td>
<td>i.e. And XX (bill this modifier with the primary and secondary codes you selected)</td>
</tr>
<tr>
<td>This is an instruction to follow i.e. Do not report with CPT codes 00002-00005</td>
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</tbody>
</table>
The Audiology and EPSDT Audiology code conversion effective June 1, 2019, is as follows:

<table>
<thead>
<tr>
<th>Local Code – Description</th>
<th>National Revenue Code – Description</th>
<th>National Procedure Code – Description</th>
<th>Modifier – Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X4500 – Diagnostic audiological evaluation, including pure tone audiometry, speech reception threshold and discrimination</td>
<td>0471 – Diagnostic audiology</td>
<td>92557 – Comprehensive audiometry threshold evaluation and speech recognition</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT)</td>
</tr>
<tr>
<td>X4501 – Pure tone audiometry (with complete audiogram)</td>
<td>0471 – Diagnostic audiology</td>
<td>92552 – Pure tone audiometry (threshold); air only</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Or 92553 – Pure tone audiometry (threshold); air and bone</td>
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</tr>
<tr>
<td>X4502 – Audiological preliminary evaluation rehabilitation, Nursing Facilities Levels A and B</td>
<td>0471 – Diagnostic audiology</td>
<td>92626 – Evaluation of auditory rehabilitation; first hour</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>With 92627 – Evaluation of auditory rehabilitation; each additional 15 minutes (List separately in addition to code for primary procedure)</td>
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</tr>
<tr>
<td>X4504 – Audiometry during surgery</td>
<td>0471 – Diagnostic audiology</td>
<td>92585 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Or 92586 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited</td>
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</tbody>
</table>
| **X4522** – Evoked response audiometry test, physician evaluation | **0920** – Other diagnostic services | **92585** – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive  
**Or**  
**92586** – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
<p>| <strong>X4530</strong> – Impedance audiometry (bilateral) | <strong>0471</strong> – Diagnostic audiology | <strong>92570</strong> – Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| <strong>X4532</strong> – Electroacoustic analysis of hearing aid as monaural procedure | <strong>0471</strong> – Diagnostic audiology | <strong>92594</strong> – Electroacoustic evaluation for hearing aid; monaural | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| <strong>X4535</strong> – Unlisted audiological services | <strong>0470</strong> – General audiology | <strong>92700</strong> – Unlisted otorhinolaryngological service or procedure | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| <strong>X4540</strong> – Tympanometry | <strong>0471</strong> – Diagnostic audiology | <strong>92567</strong> – Tympanometry (impedance testing) | |
| <strong>X4542</strong> – Electroacoustic analysis of hearing aid as a binaural procedure | <strong>0471</strong> – Diagnostic audiology | <strong>92595</strong> – Electroacoustic evaluation for hearing aid; binaural | |</p>
<table>
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</tr>
</thead>
</table>
| X4544 – Diagnostic evaluation for severely physically/mentally handicapped person over age 7 | 0470 – General audiology | 99244 – Office consultation for a new or established patient, which requires these 3 key components:  
  - A comprehensive history;  
  - A comprehensive examination; and  
  - Medical decision making of moderate complexity  
  Or  
  99245 – Office consultation for a new or established patient, which requires these 3 key components:  
  - A comprehensive history;  
  - A comprehensive examination; and  
  - Medical decision making of high complexity  
  With  
  92551 – Screening test, pure tone, air only  
  Or  
  92552 – Pure tone audiometry (threshold); air only  
  92552 can be billed with  
  92555 – Speech audiometry threshold  
  Or  
  92553 – Pure tone audiometry (threshold); air and bone  
  92553 can be billed with  
  92555 – Speech audiometry threshold  
  Or  
  92557 – Comprehensive audiometry threshold evaluation and speech recognition (codes 92553 and 92556 combined)  
  Or  
  92579 – Visual reinforcement audiometry  
  Or  
  92582 – Conditioning play audiometry  
  92582 can be billed with  
  92555 – Speech audiometry threshold or  
  92556 – Speech audiometry threshold; with speech recognition or  
  92583 – Select picture audiometry | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| Z5912 – EPSDT Services: Evaluation of difficult-to-test (due to physical or mental handicap) patient, < 7 years of age |  | | |

February 2019
<table>
<thead>
<tr>
<th>Local Code – Description</th>
<th>National Revenue Code – Description</th>
<th>National Procedure Code – Description</th>
<th>Modifier – Description</th>
</tr>
</thead>
</table>
| Z5900 – EPSDT Services: Initial audiology evaluation, < 2 years of age | 0470 – General audiology | 99242 – Office consultation for a new or established patient, which requires these 3 key components:  
• An expanded problem focused history;  
• An expanded problem focused examination; and  
• Straightforward medical decision making  
Or  
99243 – Office consultation for a new or established patient, which requires these 3 key components:  
• A detailed history  
• A detailed examination; and  
• Medical decision making of low complexity  
With  
92551 – Screening test, pure tone, air only  
Or  
92552 – Pure tone audiometry (threshold); air only  
92552 can be billed with  
92555 – Speech audiometry threshold  
Or  
92553 – Pure tone audiometry (threshold); air and bone  
92553 can be billed with  
92555 – Speech audiometry threshold  
Or  
92557 – Comprehensive audiometry threshold evaluation and speech recognition (codes 92553 and 92556 combined)  
Or  
92579 – Visual reinforcement audiometry  
Or  
92582 – Conditioning play audiometry  
92582 can be billed with  
92555 – Speech audiometry threshold  
or  
92556 – Speech audiometry threshold; with speech recognition  
or  
92583 – Select picture audiometry  
<p>| For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| Z5902 – EPSDT Services: Initial audiology evaluation, 2-5 years of age |  |  |  |
| Z5906 – EPSDT Services: Subsequent audiology evaluation, &lt; 2 years of age |  |  |  |
| Z5908 – EPSDT Services: Subsequent audiology evaluation, 2-5 years of age |  |  |  |</p>
<table>
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</thead>
</table>
| **Z5904** – EPSDT Services: Initial audiology evaluation, 6-20 years of age | 0470 – General audiology | 99242 – Office consultation for a new or established patient, which requires these 3 key components:  
- An expanded problem focused history;  
- An expanded problem focused examination; and  
- Straightforward medical decision making  
**Or**  
99243 – Office consultation for a new or established patient, which requires these 3 key components:  
- A detailed history;  
- A detailed examination; and  
- Medical decision making of low complexity | With  
92557 – Comprehensive audiometry threshold evaluation and speech recognition  
**For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT** |
| **Z5910** – EPSDT Services: Subsequent audiology evaluation, 6-20 years of age | 0470 – General audiology | 92700 – Unlisted otorhinolaryngological service or procedure |  
**For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT** |
| **Z5930** – EPSDT Services: Real ear measurements, monaural | 0470 – General audiology | 92585 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive  
**And** (allowable)  
Modifier 26: The professional component of the service being billed was ‘interpretation only’  
**or**  
Modifier TC: Technical component  
**Or**  
92586 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited |  
(See code 92585 for allowable modifiers)  
**For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT** |
| **Z5932** – EPSDT Services: Real ear measurements, binaural | 0920 – Other diagnostic services | 92585 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive  
**And** (allowable)  
Modifier 26: The professional component of the service being billed was ‘interpretation only’  
**or**  
Modifier TC: Technical component  
**Or**  
92586 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited |  
(See code 92585 for allowable modifiers)  
**For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT** |
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Z5940 – EPSDT Services  – Aural rehabilitation related to use of a conventional hearing aid, 30 minutes</td>
<td>0472 – Audiology treatment</td>
<td>92626 – Evaluation of auditory rehabilitation; first hour And 92627 – Evaluation of auditory rehabilitation; each additional 15 minutes (List separately in addition to code for primary procedure)</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Z5942 – EPSDT Services  – Aural rehabilitation following cochlear implantation, 30 minutes</td>
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</tr>
<tr>
<td>Z5944 – EPSDT Services  – Aural rehabilitation related to the use of an alternative hearing device, 30 minutes</td>
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<tr>
<td>Local Code – Description</td>
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</table>
| Z9725 – Initial infant hearing screening | 0920 – Other diagnostic services | 92558 – Evoked optoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked optoacoustic emissions), automated analysis  
Or 92585 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive  
AND (allowable)  
Modifier 26: The professional component of the service being billed was 'interpretation only'  
or  
Modifier TC: Technical component  
Or 92586 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited  
Or 92587 – Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report  
AND (allowable)  
Modifier 26: The professional component of the service being billed was 'interpretation only'  
or  
Modifier TC: Technical component  
Or 92588 – Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report  
AND (allowable)  
Modifier 26: The professional component of the service being billed was 'interpretation only'  
or  
Modifier TC: Technical component | (See code 92585 for allowable modifiers)  
(See code 92587 for allowable modifiers)  
(See code 92588 for allowable modifiers)  
And  
32 – Mandated service  
For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |

And 32 – Mandated service  
For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT.
<table>
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<tr>
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<th>National Revenue Code – Description</th>
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<th>Modifier – Description</th>
</tr>
</thead>
</table>
| Z9727 – Infant hearing rescreen, outpatient | 0920 – Other diagnostic services | 92558 – Evoked optoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked optoacoustic emissions), automated analysis  
Or  
92585 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive  
AND (allowable)  
Modifier 26: The professional component of the service being billed was ‘interpretation only’  
or  
Modifier TC: Technical component  
Or  
92586 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited  
Or  
92587 – Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report  
AND (allowable)  
Modifier 26: The professional component of the service being billed was ‘interpretation only’  
or  
Modifier TC: Technical component  
Or  
92588 – Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report  
AND (allowable)  
Modifier 26: The professional component of the service being billed was ‘interpretation only’  
or  
Modifier TC: Technical component | (See code 92585 for allowable modifiers)  
(See code 92587 for allowable modifiers)  
(See code 92588 for allowable modifiers)  
And  
32 – Mandated service  
And  
TS – Follow-up service  
For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
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<th>National Revenue Code – Description</th>
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</thead>
<tbody>
<tr>
<td>Z5822 – EPSDT Services: Hearing Aid Batteries</td>
<td>0920 – Other diagnostic services</td>
<td>V5266 – Battery for use in hearing device</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Z5916 – EPSDT Services: Behavioral audiometric testing, including visual reinforcement, condition play, traditional audiology and/or behavioral observation audiology</td>
<td>0470 – General audiology</td>
<td>92553 – Pure tone audiometry (threshold); air and bone Or 92579 – Visual reinforcement audiometry Or 92582 – Conditioning play audiometry</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Z5918 – EPSDT Services: Speech reception/detection/recognition threshold test</td>
<td>0470 – General audiology</td>
<td>92555 – Speech audiometry threshold Or 92583 – Select picture audiometry</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Z5920 – EPSDT Services: Speech discrimination/word recognition test</td>
<td>0470 – General audiology</td>
<td>92556 – Speech audiometry threshold; with speech recognition Or 92583 – Select picture audiometry</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Z5922 – EPSDT Services: Acoustic immittance testing, monaural, including tympanometry and acoustic reflex testing</td>
<td>0470 – General audiology</td>
<td>92550 – Tympanometry and reflex threshold measurements Or 92570 – Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Local Code – Description</td>
<td>National Revenue Code – Description</td>
<td>National Procedure Code – Description</td>
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</table>
| Z5924 – EPSDT Services: Acoustic immittance testing, binaural, including tympanometry and acoustic reflex testing | 0470 – General audiology | 92550 – Tympanometry and reflex threshold measurements  
Or 92570 – Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| Z5928 – EPSDT Services: Functional gain testing | 0470 – General audiology | V5020 – Conformity evaluation | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| Z5934 – EPSDT Services: Evoked otoacoustic emissions, limited (single stimulus level, either transient or distortion products) | 0470 – General audiology | 92587 – Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report  
AND (allowable)  
Modifier 26: The professional component of the service being billed was ‘interpretation only’  
or  
Modifier TC: Technical component | (See code 92587 for allowable modifiers)  
For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| Z5936 – EPSDT Services: Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies) | 0470 – General audiology | 92588 – Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report  
AND (allowable)  
Modifier 26: The professional component of the service being billed was ‘interpretation only’  
or  
Modifier TC: Technical component | (See code 92588 for allowable modifiers)  
For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
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<tr>
<th>Local Code – Description</th>
<th>National Revenue Code – Description</th>
<th>National Procedure Code – Description</th>
<th>Modifier – Description</th>
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</thead>
</table>
| Z5946 – EPSDT Services: Hi-tech hearing aids | 0470 – General audiology | Analog:  
V5050 – Hearing aid, monaural, in the ear  
V5060 – Hearing aid, monaural, behind the ear  
V5242 – Hearing aid, analog, monaural, CIC (completely in the ear canal)  
V5243 – Hearing aid, analog, monaural, ITC (in the canal)  
V5130 – Binaural, in the ear  
V5140 – Binaural, behind the ear  
V5248 – Hearing aid, analog, binaural, CIC  
V5249 – Hearing aid, analog, binaural, ITC  
or  
Programmable Analog:  
V5244 – Hearing aid, digitally programmable analog, monaural, CIC  
V5245 – Hearing aid, digitally programmable analog, monaural, ITC  
V5246 – Hearing aid, digitally programmable analog, monaural, ITE (in the ear)  
V5247 – Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)  
V5250 – Hearing aid, digitally programmable analog, binaural, CIC  
V5251 – Hearing aid, digitally programmable analog, binaural, ITC  
V5252 – Hearing aid, digitally programmable, binaural, ITE  
V5253 – Hearing aid, digitally programmable, binaural, BTE  
or  
Digital:  
V5254 – Hearing aid, digital, monaural, CIC  
V5255 – Hearing aid, digital, monaural, ITC  
V5256 – Hearing aid, digital, monaural, ITE  
V5257 – Hearing aid, digital, monaural, BTE  
V5258 – Hearing aid, digital, binaural, CIC  
V5259 – Hearing aid, digital, binaural, ITC  
V5260 – Hearing aid, digital, binaural, ITE  
V5261 – Hearing aid, digital, binaural, BTE | And  
NU – New equipment  
And  
RR – Rental (use the ‘RR’ when DME is to be rented)  
And  
RB – Replacement as part of a DME, orthotic or prosthetic item furnished as part of a repair  
For expanded EPSDT services, use modifier EP  
Service provided as part of Medicaid EPSDT |
<table>
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<tr>
<th>Local Code – Description</th>
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<th>National Procedure Code – Description</th>
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</tr>
</thead>
</table>
| Z5946 – EPSDT Services: Hi-tech hearing aids (continued) | 0470 – General audiology | **Assistive Listening Device:**
V5273 – Assistive listening device, for use with cochlear implant
V5274 – Assistive listening device, not otherwise specified or
**Bone Anchored Hearing Aids (BAHA):**
L8690 – Auditory osseointegrated device, includes all internal and external components
L8691 – Auditory osseointegrated device, external sound processor, excludes transduces/actuator, replacement only, each
L8692 – Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
L8693 – Auditory osseointegrated device abutment, any length, replacement only or
**Miscellaneous:**
V5281 – Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type
V5282 – Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type
V5298 – Hearing aid, not otherwise classified | And
NU – New equipment
And
RR – Rental (use the ‘RR’ when DME is to be rented)
And
RB – Replacement as part of a DME, orthotic or prosthetic item furnished as part of a repair
For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT
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<tr>
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</thead>
</table>
| Z5950 – EPSDT Services: Counseling by audiologist of patient and family regarding cochlear implantation including benefits and risks of the procedure, and obtaining commitment to follow-up care, per hour | 0470 – General audiology | 99244 – Office consultation for a new or established patient, which requires these 3 key components:  
- A comprehensive history;  
- A comprehensive examination; and  
- Medical decision making of moderate complexity  
Or  
99245 – Office consultation for a new or established patient, which requires these 3 key components:  
- A comprehensive history;  
- A comprehensive examination; and  
- Medical decision making of high complexity | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
| Z5956 – EPSDT Services: Patient and caregiver cochlear implant orientation, per hour | 0470 – General audiology | 92557 – Comprehensive audiometry threshold evaluation and speech recognition | And  
XP – Separate practitioner, a service that is distinct because it was performed by a different practitioner  
For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |
<p>| Z5952 – EPSDT Services: Assisting at pre-cochlear implant audiological evaluation by second audiologist | 0470 – General audiology | 92523 – Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) | For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT |</p>
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<tbody>
<tr>
<td>Z5956 – EPSDT Services: Speech perception testing, pre- or post-cochlear implantation</td>
<td>0470 – General audiology</td>
<td>92556 – Speech audiometry threshold; with speech recognition Or 92583 – Select picture audiometry</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Z5958 – EPSDT Services: Programming and mapping of the cochlear implant by audiologist, per hour</td>
<td>0470 – General audiology</td>
<td>92601 – Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming Or 92603 – Diagnostic analysis of cochlear implant, age 7 years or older; with programming</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Z5964 – EPSDT Services: Cochlear implant recheck and/or troubleshooting</td>
<td>0470 – General audiology</td>
<td>92602 – Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent programming Or 92604 – Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming</td>
<td>For expanded EPSDT services, use modifier EP – Service provided as part of Medicaid EPSDT</td>
</tr>
<tr>
<td>Z5968 – EPSDT Services – Post-cochlear implant sound field testing, per 30 minutes</td>
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<thead>
<tr>
<th>Local Modifier – Description</th>
<th>National Modifier – Description</th>
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</thead>
<tbody>
<tr>
<td>YW – Required Professional Experience (RPE)</td>
<td>HL – Intern</td>
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<thead>
<tr>
<th>Local Code – Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>X4526 – Hearing therapy (individual), per hour</td>
<td>Code is terminated</td>
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</tbody>
</table>
The Speech Therapy code conversion effective June 1, 2019, is as follows:

<table>
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<tr>
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<tbody>
<tr>
<td>X4300 – Language evaluation</td>
<td>0444 – Speech therapy-language pathology, evaluation or re-evaluation</td>
<td>92521 – Evaluation of speech fluency (eg, stuttering, cluttering) Or 92522 – Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) Or 92523 – Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) Or 92524 – Behavioral and qualitative analysis of voice and resonance</td>
<td>And GN – Outpatient speech language service</td>
<td>Do not report with CPT codes 99500 – 99602</td>
</tr>
<tr>
<td>X4301 – Speech evaluation</td>
<td>0440 – Speech therapy-language pathology treatments, general</td>
<td>92508 – Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</td>
<td>And GN – Outpatient speech language service</td>
<td>Do not report with CPT codes 99500 – 99602</td>
</tr>
<tr>
<td>X4302 – Speech-language therapy (group), each patient</td>
<td>0440 – Speech therapy-language pathology treatments, general</td>
<td>92507 – Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</td>
<td>And GN – Outpatient speech language service</td>
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</tr>
<tr>
<td>X4303 – Speech-language therapy, individual, per hour (following procedure X4300 or X4301)</td>
<td>0440 – Speech therapy-language pathology treatments, general</td>
<td>92609 – Therapeutic services for the use of speech-generating device, including programming and modification</td>
<td>And GN – Outpatient Speech Language Service</td>
<td></td>
</tr>
<tr>
<td>X4304 – Speech-language therapy, individual, ½ hour</td>
<td>0440 – Speech Therapy-Language Pathology Treatments, general</td>
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<tr>
<td>X4310 – Speech Generating Device (SGD) – related bundled speech therapy services, per visit</td>
<td>0440 – Speech Therapy-Language Pathology Treatments, general</td>
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<tr>
<td>X4312 – Speech Generating Device (SGD) recipient assessment</td>
<td>0440 – Speech therapy language pathology treatments, general</td>
<td>92607 – Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</td>
<td>With 92608 – Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
<td>And GN – Outpatient speech language service</td>
</tr>
<tr>
<td>X4320 – Unlisted Speech Therapy Services</td>
<td>0440 – Speech therapy language pathology treatments, general</td>
<td>92526 – Treatment of swallowing dysfunction and/or oral function for feeding</td>
<td>Or 92700 – Unlisted otorhinolaryngological service or procedure</td>
<td>And GN – Outpatient speech language service</td>
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<tr>
<td></td>
<td></td>
<td>Or G0515 – Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes</td>
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<table>
<thead>
<tr>
<th>Local Modifier – Description</th>
<th>National Modifier – Description</th>
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<tbody>
<tr>
<td>YW – Required Professional Experience (RPE)</td>
<td>HL – Intern</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Local Code – Description</th>
<th>Action</th>
<th></th>
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<tbody>
<tr>
<td>X4306 – Out-of-office call</td>
<td>Code is terminated</td>
<td></td>
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<tr>
<td>X4308 – Speech therapy preliminary evaluation, rehabilitation, SNF, ICF</td>
<td>Code is terminated</td>
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