

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

| Local Code – Description  | National Revenue Code – Description   | National Procedure Code – Description   |   | Modifier – Description   | Billing Considerations/ Clarifications  |
|---|---|---|---|--|---|
| <p>These are the local codes you currently bill<br/>i.e.<br/>X0000 is replaced by the code or code combinations in this row →</p> | <p>This is the new revenue code you must bill when using paper <i>UB-04</i> claim forms or submitting 8371 electronic claim transactions<br/>i.e.<br/>0000<br/>(must be 4 digits)</p> | <p>These are the new national codes which replace the local codes. A combination of codes may be allowed<br/>i.e.<br/>00000<br/><b>Or</b><br/>00009<br/>(select one code)</p> | <p>i.e.<br/><b>With</b> 00001<br/>(bill this code in addition to the primary code you selected)</p> | <p>i.e.<br/><b>And</b> XX<br/>(bill this modifier with the primary and secondary codes you selected)</p> | <p>This is an instruction to follow<br/>i.e.<br/>Do not report with CPT codes 00002-00005</p> |

The Audiology and EPSDT Audiology code conversion effective June 1, 2019, is as follows:

| Local Code – Description   | National Revenue Code – Description | National Procedure Code – Description   |   | Modifier – Description  |
|--|-------------------------------------|---|---|---|
| <b>X4500</b> – Diagnostic audiological evaluation, including pure tone audiometry, speech reception threshold and discrimination | <b>0471</b> – Diagnostic audiology  | <b>92557</b> – Comprehensive audiometry threshold evaluation and speech recognition   |   | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) |
| <b>X4501</b> – Pure tone audiometry (with complete audiogram)  | <b>0471</b> – Diagnostic audiology  | <b>92552</b> – Pure tone audiometry (threshold); air only<br><b>Or</b><br><b>92553</b> – Pure tone audiometry (threshold); air and bone   |   | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT  |
| <b>X4502</b> – Audiological preliminary evaluation rehabilitation, Nursing Facilities Levels A and B                             | <b>0471</b> – Diagnostic audiology  | <b>92626</b> – Evaluation of auditory rehabilitation; first hour  | <b>With</b><br><b>92627</b> – Evaluation of auditory rehabilitation; each additional 15 minutes (List separately in addition to code for primary procedure) | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT  |
| <b>X4504</b> – Audiometry during surgery   | <b>0471</b> – Diagnostic audiology  | <b>92585</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive<br><b>Or</b><br><b>92586</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited |   | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT  |

| Local Code – Description   | National Revenue Code – Description     | National Procedure Code – Description   | Modifier – Description   |
|--|---|---|--|
| <b>X4522</b> – Evoked response audiometry test, physician evaluation           | <b>0920</b> – Other diagnostic services | <b>92585</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive<br><b>Or</b><br><b>92586</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>X4530</b> – Impedance audiometry (bilateral)                                | <b>0471</b> – Diagnostic audiology      | <b>92570</b> – Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing   | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>X4532</b> – Electroacoustic analysis of hearing aid as monaural procedure   | <b>0471</b> – Diagnostic audiology      | <b>92594</b> – Electroacoustic evaluation for hearing aid; monaural   |  |
| <b>X4535</b> – Unlisted audiological services                                  | <b>0470</b> – General audiology         | <b>92700</b> – Unlisted otorhinolaryngological service or procedure   | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>X4540</b> – Tympanometry  | <b>0471</b> – Diagnostic audiology      | <b>92567</b> – Tympanometry (impedance testing)   |  |
| <b>X4542</b> – Electroacoustic analysis of hearing aid as a binaural procedure | <b>0471</b> – Diagnostic audiology      | <b>92595</b> – Electroacoustic evaluation for hearing aid; binaural   |  |

| Local Code – Description   | National Revenue Code – Description    | National Procedure Code – Description  |  | Modifier – Description  |
|--|--|--|--|---|
| <p><b>X4544</b> – Diagnostic evaluation for severely physically/mentally handicapped person over age 7</p> <p><b>Z5912</b> – EPSDT<br/>Services: Evaluation of difficult-to-test (due to physical or mental handicap) patient, &lt; 7 years of age</p> | <p><b>0470</b> – General audiology</p> | <p><b>99244</b> – Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination; and</li> <li>• Medical decision making of moderate complexity</li> </ul> <p><b>Or</b></p> <p><b>99245</b> – Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination; and</li> <li>• Medical decision making of high complexity</li> </ul> | <p><b>With</b></p> <p><b>92551</b> – Screening test, pure tone, air only</p> <p><b>Or</b></p> <p><b>92552</b> – Pure tone audiometry (threshold); air only</p> <p><b>92552 can be billed with</b></p> <p style="padding-left: 20px;"><b>92555</b> – Speech audiometry threshold</p> <p><b>Or</b></p> <p><b>92553</b> – Pure tone audiometry (threshold); air and bone</p> <p><b>92553 can be billed with</b></p> <p style="padding-left: 20px;"><b>92555</b> – Speech audiometry threshold</p> <p><b>Or</b></p> <p><b>92557</b> – Comprehensive audiometry threshold evaluation and speech recognition (codes 92553 and 92556 combined)</p> <p><b>Or</b></p> <p><b>92579</b> – Visual reinforcement audiometry</p> <p><b>Or</b></p> <p><b>92582</b> – Conditioning play audiometry</p> <p><b>92582 can be billed with</b></p> <p style="padding-left: 20px;"><b>92555</b> – Speech audiometry threshold</p> <p style="padding-left: 20px;"><b>or</b></p> <p style="padding-left: 20px;"><b>92556</b> – Speech audiometry threshold; with speech recognition</p> <p style="padding-left: 20px;"><b>or</b></p> <p style="padding-left: 20px;"><b>92583</b> – Select picture audiometry</p> | <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |

| Local Code – Description  | National Revenue Code – Description    | National Procedure Code – Description   |  | Modifier – Description  |
|---|--|---|--|---|
| <p><b>Z5900</b> – EPSDT<br/>Services: Initial audiology evaluation, &lt; 2 years of age</p> <p><b>Z5902</b> – EPSDT<br/>Services: Initial audiology evaluation, 2-5 years of age</p> <p><b>Z5906</b> – EPSDT<br/>Services: Subsequent audiology evaluation, &lt; 2 years of age</p> <p><b>Z5908</b> – EPSDT<br/>Services: Subsequent audiology evaluation, 2-5 years of age</p> | <p><b>0470</b> – General audiology</p> | <p><b>99242</b> – Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• An expanded problem focused history;</li> <li>• An expanded problem focused examination; and</li> <li>• Straightforward medical decision making</li> </ul> <p><b>Or</b></p> <p><b>99243</b> – Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A detailed history</li> <li>• A detailed examination; and</li> <li>• Medical decision making of low complexity</li> </ul> | <p><b>With</b></p> <p><b>92551</b> – Screening test, pure tone, air only</p> <p><b>Or</b></p> <p><b>92552</b> – Pure tone audiometry (threshold); air only</p> <p><b>92552 can be billed with</b></p> <p style="padding-left: 20px;"><b>92555</b> – Speech audiometry threshold</p> <p><b>Or</b></p> <p><b>92553</b> – Pure tone audiometry (threshold); air and bone</p> <p><b>92553 can be billed with</b></p> <p style="padding-left: 20px;"><b>92555</b> – Speech audiometry threshold</p> <p><b>Or</b></p> <p><b>92557</b> – Comprehensive audiometry threshold evaluation and speech recognition (codes 92553 and 92556 combined)</p> <p><b>Or</b></p> <p><b>92579</b> – Visual reinforcement audiometry</p> <p><b>Or</b></p> <p><b>92582</b> – Conditioning play audiometry</p> <p><b>92582 can be billed with</b></p> <p style="padding-left: 20px;"><b>92555</b> – Speech audiometry threshold</p> <p style="padding-left: 20px;"><b>or</b></p> <p style="padding-left: 20px;"><b>92556</b> – Speech audiometry threshold; with speech recognition</p> <p style="padding-left: 20px;"><b>or</b></p> <p style="padding-left: 20px;"><b>92583</b> – Select picture audiometry</p> | <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |

| Local Code – Description   | National Revenue Code – Description            | National Procedure Code – Description  |   | Modifier – Description   |
|--|--|--|---|--|
| <p><b>Z5904</b> – EPSDT Services: Initial audiology evaluation, 6-20 years of age</p> <p><b>Z5910</b> – EPSDT Services: Subsequent audiology evaluation, 6-20 years of age</p> | <p><b>0470</b> – General audiology</p>         | <p><b>99242</b> – Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• An expanded problem focused history;</li> <li>• An expanded problem focused examination; and</li> <li>• Straightforward medical decision making</li> </ul> <p><b>Or</b></p> <p><b>99243</b> – Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A detailed history;</li> <li>• A detailed examination; and</li> <li>• Medical decision making of low complexity</li> </ul> | <p><b>With</b></p> <p><b>92557</b> – Comprehensive audiometry threshold evaluation and speech recognition</p> | <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p>  |
| <p><b>Z5930</b> – EPSDT Services: Real ear measurements, monaural</p> <p><b>Z5932</b> – EPSDT Services – Real ear measurements, binaural</p>                                   | <p><b>0470</b> – General audiology</p>         | <p><b>92700</b> – Unlisted otorhinolaryngological service or procedure</p>   |   | <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p>  |
| <p><b>Z5914</b> – EPSDT Services: Auditory brainstem response, tone burst</p>  | <p><b>0920</b> – Other diagnostic services</p> | <p><b>92585</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive</p> <p><b>And</b> (allowable)</p> <p>Modifier <b>26</b>: The professional component of the service being billed was ‘interpretation only’</p> <p><b>or</b></p> <p>Modifier <b>TC</b>: Technical component</p> <p><b>Or</b></p> <p><b>92586</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited</p>   |   | <p>(See code <b>92585</b> for allowable modifiers)</p> <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |

| Local Code – Description   | National Revenue Code – Description      | National Procedure Code – Description   | Modifier – Description  |
|--|--|---|---|
| <p><b>Z5940</b> – EPSDT Services – Aural rehabilitation related to use of a conventional hearing aid, 30 minutes</p> <p><b>Z5942</b> – EPSDT Services – Aural rehabilitation following cochlear implantation, 30 minutes</p> <p><b>Z5944</b> – EPSDT Services – Aural rehabilitation related to the use of an alternative hearing device, 30 minutes</p> | <p><b>0472</b> – Audiology treatment</p> | <p><b>92626</b> – Evaluation of auditory rehabilitation; first hour</p> <p><b>And</b></p> <p><b>92627</b> – Evaluation of auditory rehabilitation; each additional 15 minutes (List separately in addition to code for primary procedure)</p> | <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |

| Local Code – Description  | National Revenue Code – Description            | National Procedure Code – Description   | Modifier – Description   |
|---|--|---|--|
| <p><b>Z9725</b> – Initial infant hearing screening</p> <p><b>Z9726</b> – Initial infant hearing screening, outpatient</p> | <p><b>0920</b> – Other diagnostic services</p> | <p><b>92558</b> – Evoked optoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked optoacoustic emissions), automated analysis</p> <p><b>Or</b></p> <p><b>92585</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive</p> <p><b>AND</b> (allowable)</p> <p>Modifier <b>26</b>: The professional component of the service being billed was ‘interpretation only’</p> <p><b>or</b></p> <p>Modifier <b>TC</b>: Technical component</p> <p><b>Or</b></p> <p><b>92586</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited</p> <p><b>Or</b></p> <p><b>92587</b> – 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</p> <p><b>AND</b> (allowable)</p> <p>Modifier <b>26</b>: The professional component of the service being billed was ‘interpretation only’</p> <p><b>or</b></p> <p>Modifier <b>TC</b>: Technical component</p> <p><b>Or</b></p> <p><b>92588</b> – 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</p> <p><b>AND</b> (allowable)</p> <p>Modifier <b>26</b>: The professional component of the service being billed was ‘interpretation only’</p> <p><b>or</b></p> <p>Modifier <b>TC</b>: Technical component</p> | <p>(See code <b>92585</b> for allowable modifiers)</p> <p>(See code <b>92587</b> for allowable modifiers)</p> <p>(See code <b>92588</b> for allowable modifiers)</p> <p><b>And</b></p> <p><b>32</b> – Mandated service</p> <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |



| Local Code – Description                                  | National Revenue Code – Description            | National Procedure Code – Description   | Modifier – Description  |
|---|--|---|---|
| <p><b>Z9727</b> – Infant hearing rescreen, outpatient</p> | <p><b>0920</b> – Other diagnostic services</p> | <p><b>92558</b> – Evoked optoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked optoacoustic emissions), automated analysis</p> <p><b>Or</b></p> <p><b>92585</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive</p> <p><b>AND</b> (allowable)</p> <p>Modifier <b>26</b>: The professional component of the service being billed was ‘interpretation only’</p> <p><b>or</b></p> <p>Modifier <b>TC</b>: Technical component</p> <p><b>Or</b></p> <p><b>92586</b> – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited</p> <p><b>Or</b></p> <p><b>92587</b> – 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</p> <p><b>AND</b> (allowable)</p> <p>Modifier <b>26</b>: The professional component of the service being billed was ‘interpretation only’</p> <p><b>or</b></p> <p>Modifier <b>TC</b>: Technical component</p> <p><b>Or</b></p> <p><b>92588</b> – 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</p> <p><b>AND</b> (allowable)</p> <p>Modifier <b>26</b>: The professional component of the service being billed was ‘interpretation only’</p> <p><b>or</b></p> <p>Modifier <b>TC</b>: Technical component</p> | <p>(See code <b>92585</b> for allowable modifiers)</p> <p>(See code <b>92587</b> for allowable modifiers)</p> <p>(See code <b>92588</b> for allowable modifiers)</p> <p><b>And</b></p> <p><b>32</b> – Mandated service</p> <p><b>And</b></p> <p><b>TS</b> – Follow-up service</p> <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |

| <b>Local Code – Description</b>  | <b>National Revenue Code – Description</b> | <b>National Procedure Code – Description</b>  | <b>Modifier – Description</b>  |
|--|--|---|--|
| <b>Z5822</b> – EPSDT Services: Hearing Aid Batteries   | <b>0920</b> – Other diagnostic services    | <b>V5266</b> – Battery for use in hearing device  | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>Z5916</b> – EPSDT Services: Behavioral audiometric testing, including visual reinforcement, condition play, traditional audiometry and/or behavioral observation audiometry | <b>0470</b> – General audiology            | <b>92553</b> – Pure tone audiometry (threshold); air and bone<br><b>Or</b><br><b>92579</b> – Visual reinforcement audiometry<br><b>Or</b><br><b>92582</b> – Conditioning play audiometry  | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>Z5918</b> – EPSDT Services: Speech reception/detection/recognition threshold test   | <b>0470</b> – General audiology            | <b>92555</b> – Speech audiometry threshold<br><b>Or</b><br><b>92583</b> – Select picture audiometry   | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>Z5920</b> – EPSDT Services: Speech discrimination/word recognition test   | <b>0470</b> – General audiology            | <b>92556</b> – Speech audiometry threshold; with speech recognition<br><b>Or</b><br><b>92583</b> – Select picture audiometry  | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>Z5922</b> – EPSDT Services: Acoustic immittance testing, monaural, including tympanometry and acoustic reflex testing   | <b>0470</b> – General audiology            | <b>92550</b> – Tympanometry and reflex threshold measurements<br><b>Or</b><br><b>92570</b> – Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |

| Local Code – Description   | National Revenue Code – Description | National Procedure Code – Description  | Modifier – Description  |
|--|-------------------------------------|--|---|
| <b>Z5924</b> – EPSDT Services: Acoustic immittance testing, binaural, including tympanometry and acoustic reflex testing   | <b>0470</b> – General audiology     | <b>92550</b> – Tympanometry and reflex threshold measurements<br><b>Or</b><br><b>92570</b> – Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing  | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT  |
| <b>Z5928</b> – EPSDT Services: Functional gain testing   | <b>0470</b> – General audiology     | <b>V5020</b> – Conformity evaluation   | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT  |
| <b>Z5934</b> – EPSDT Services: Evoked otoacoustic emissions, limited (single stimulus level, either transient or distortion products)  | <b>0470</b> – General audiology     | <b>92587</b> – 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<br><b>AND</b> (allowable)<br>Modifier <b>26</b> : The professional component of the service being billed was ‘interpretation only’<br><b>or</b><br>Modifier <b>TC</b> : Technical component | (See code <b>92587</b> for allowable modifiers)<br><br>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>Z5936</b> – EPSDT Services: Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies) | <b>0470</b> – General audiology     | <b>92588</b> – 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<br><b>AND</b> (allowable)<br>Modifier <b>26</b> : The professional component of the service being billed was ‘interpretation only’<br><b>or</b><br>Modifier <b>TC</b> : Technical component | (See code <b>92588</b> for allowable modifiers)<br><br>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |

| Local Code – Description                            | National Revenue Code – Description | National Procedure Code – Description  | Modifier – Description   |
|---|-------------------------------------|--|--|
| <b>Z5946</b> – EPSDT Services: Hi-tech hearing aids | <b>0470</b> – General audiology     | <p><b>Analog:</b></p> <p><b>V5050</b> – Hearing aid, monaural, in the ear</p> <p><b>V5060</b> – Hearing aid, monaural, behind the ear</p> <p><b>V5242</b> – Hearing aid, analog, monaural, CIC (completely in the ear canal)</p> <p><b>V5243</b> – Hearing aid, analog, monaural, ITC (in the canal)</p> <p><b>V5130</b> – Binaural, in the ear</p> <p><b>V5140</b> – Binaural, behind the ear</p> <p><b>V5248</b> – Hearing aid, analog, binaural, CIC</p> <p><b>V5249</b> – Hearing aid, analog, binaural, ITC</p> <p>or</p> <p><b>Programmable Analog:</b></p> <p><b>V5244</b> – Hearing aid, digitally programmable analog, monaural, CIC</p> <p><b>V5245</b> – Hearing aid, digitally programmable analog, monaural, ITC</p> <p><b>V5246</b> – Hearing aid, digitally programmable analog, monaural, ITE (in the ear)</p> <p><b>V5247</b> – Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)</p> <p><b>V5250</b> – Hearing aid, digitally programmable analog, binaural, CIC</p> <p><b>V5251</b> – Hearing aid, digitally programmable analog, binaural, ITC</p> <p><b>V5252</b> – Hearing aid, digitally programmable, binaural, ITE</p> <p><b>V5253</b> – Hearing aid, digitally programmable, binaural, BTE</p> <p>or</p> <p><b>Digital:</b></p> <p><b>V5254</b> – Hearing aid, digital, monaural, CIC</p> <p><b>V5255</b> – Hearing aid, digital, monaural, ITC</p> <p><b>V5256</b> – Hearing aid, digital, monaural, ITE</p> <p><b>V5257</b> – Hearing aid, digital, monaural, BTE</p> <p><b>V5258</b> – Hearing aid, digital, binaural, CIC</p> <p><b>V5259</b> – Hearing aid, digital, binaural, ITC</p> <p><b>V5260</b> – Hearing aid, digital, binaural, ITE</p> <p><b>V5261</b> – Hearing aid, digital, binaural, BTE</p> | <p>And</p> <p><b>NU</b> – New equipment</p> <p>And</p> <p><b>RR</b> – Rental (use the ‘RR’ when DME is to be rented)</p> <p>And</p> <p><b>RB</b> – Replacement as part of a DME, orthotic or prosthetic item furnished as part of a repair</p> <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |

| Local Code – Description  | National Revenue Code – Description | National Procedure Code – Description  | Modifier – Description   |
|---|-------------------------------------|--|--|
| <b>Z5946</b> – EPSDT Services: Hi-tech hearing aids<br><i>(continued)</i> | <b>0470</b> – General audiology     | <p><b>Assistive Listening Device:</b><br/> <b>V5273</b> – Assistive listening device, for use with cochlear implant<br/> <b>V5274</b> – Assistive listening device, not otherwise specified<br/> <b>or</b><br/> <b>Bone Anchored Hearing Aids (BAHA):</b><br/> <b>L8690</b> – Auditory osseointegrated device, includes all internal and external components<br/> <b>L8691</b> – Auditory osseointegrated device, external sound processor, excludes transduces/actuator, replacement only, each<br/> <b>L8692</b> – Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment<br/> <b>L8693</b> – Auditory osseointegrated device abutment, any length, replacement only<br/> <b>or</b><br/> <b>Miscellaneous:</b><br/> <b>V5281</b> – Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type<br/> <b>V5282</b> – Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type<br/> <b>V5298</b> – Hearing aid, not otherwise classified</p> | <p>And<br/> <b>NU</b> – New equipment</p> <p>And<br/> <b>RR</b> – Rental (use the ‘RR’ when DME is to be rented)</p> <p>And<br/> <b>RB</b> – Replacement as part of a DME, orthotic or prosthetic item furnished as part of a repair</p> <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |

| Local Code – Description   | National Revenue Code – Description    | National Procedure Code – Description  | Modifier – Description  |
|--|--|--|---|
| <p><b>Z5950</b> – EPSDT<br/>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</p> <p><b>Z5966</b> – EPSDT<br/>Services: Patient and caregiver cochlear implant orientation, per hour</p> | <p><b>0470</b> – General audiology</p> | <p><b>99244</b> – Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination; and</li> <li>• Medical decision making of moderate complexity</li> </ul> <p><b>Or</b></p> <p><b>99245</b> – Office consultation for a new or established patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination; and</li> <li>• Medical decision making of high complexity</li> </ul> | <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p>   |
| <p><b>Z5952</b> – EPSDT<br/>Services: Assisting at pre-cochlear implant audiological evaluation by second audiologist</p>  | <p><b>0470</b> – General audiology</p> | <p><b>92557</b> – Comprehensive audiometry threshold evaluation and speech recognition</p>   | <p><b>And</b></p> <p><b>XP</b> – Separate practitioner, a service that is distinct because it was performed by a different practitioner</p> <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p> |
| <p><b>Z5954</b> – EPSDT<br/>Services: Pre-cochlear implantation oral motor evaluation by audiologist or speech-language pathologist</p>  | <p><b>0470</b> – General audiology</p> | <p><b>92523</b> – Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</p>  | <p>For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT</p>   |

| <b>Local Code – Description</b>   | <b>National Revenue Code – Description</b> | <b>National Procedure Code – Description</b>   | <b>Modifier – Description</b>  |
|---|--|--|--|
| <b>Z5956</b> – EPSDT Services: Speech perception testing, pre- or post-cochlear implantation  | <b>0470</b> – General audiology            | <b>92556</b> – Speech audiometry threshold; with speech recognition<br><b>Or</b><br><b>92583</b> – Select picture audiometry   | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>Z5958</b> – EPSDT Services: Programming and mapping of the cochlear implant by audiologist, per hour   | <b>0470</b> – General audiology            | <b>92601</b> – Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming<br><b>Or</b><br><b>92603</b> – Diagnostic analysis of cochlear implant, age 7 years or older; with programming               | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |
| <b>Z5964</b> – EPSDT Services: Cochlear implant recheck and/or troubleshooting<br><br><b>Z5968</b> – EPSDT Services – Post-cochlear implant sound field testing, per 30 minutes | <b>0470</b> – General audiology            | <b>92602</b> – Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent programming<br><b>Or</b><br><b>92604</b> – Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming | For expanded EPSDT services, use modifier <b>EP</b> – Service provided as part of Medicaid EPSDT |

| <b>Local Modifier – Description</b>                | <b>National Modifier – Description</b> |
|--|--|
| <b>YW</b> – Required Professional Experience (RPE) | <b>HL</b> – Intern                     |

| <b>Local Code – Description</b>                       | <b>Action</b>      |
|---|--------------------|
| <b>X4526</b> – Hearing therapy (individual), per hour | Code is terminated |

The Speech Therapy code conversion effective June 1, 2019, is as follows:

| Local Code – Description   | National Revenue Code – Description   | National Procedure Code – Description  | Modifier – Description  | Billing Considerations/ Clarifications            |
|--|---|--|---|---|
| <p><b>X4300</b> – Language evaluation</p> <p><b>X4301</b> – Speech evaluation</p>  | <p><b>0444</b> – Speech therapy-language pathology, evaluation or re-evaluation</p> | <p><b>92521</b> – Evaluation of speech fluency (eg, stuttering, cluttering)</p> <p><b>Or</b></p> <p><b>92522</b> –Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)</p> <p><b>Or</b></p> <p><b>92523</b> – Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</p> <p><b>Or</b></p> <p><b>92524</b> – Behavioral and qualitative analysis of voice and resonance</p> | <p><b>And</b></p> <p><b>GN</b> – Outpatient speech language service</p> | <p>Do not report with CPT codes 99500 – 99602</p> |
| <p><b>X4302</b> – Speech-language therapy (group), each patient</p>  | <p><b>0440</b> – Speech therapy-language pathology treatments, general</p>          | <p><b>92508</b> – Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</p>   | <p><b>And</b></p> <p><b>GN</b> – Outpatient speech language service</p> | <p>Do not report with CPT codes 99500 – 99602</p> |
| <p><b>X4303</b> – Speech-language therapy, individual, per hour (following procedure X4300 or X4301)</p> <p><b>X4304</b> – Speech-language therapy, individual, ½ hour</p> | <p><b>0440</b> – Speech therapy-language pathology treatments, general</p>          | <p><b>92507</b> – Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</p>   | <p><b>And</b></p> <p><b>GN</b> – Outpatient speech language service</p> |   |
| <p><b>X4310</b> – Speech Generating Device (SGD) – related bundled speech therapy services, per visit</p>  | <p><b>0440</b> – Speech Therapy-Language Pathology Treatments, general</p>          | <p><b>92609</b> – Therapeutic services for the use of speech-generating device, including programming and modification</p>   | <p><b>And</b></p> <p><b>GN</b> – Outpatient Speech Language Service</p> |   |



| Local Code – Description   | National Revenue Code – Description                                 | National Procedure Code – Description   |  | Modifier – Description                                       | Billing Considerations/ Clarifications |
|--|---|---|--|--|--|
| <b>X4312</b> – Speech Generating Device (SGD) recipient assessment | <b>0440</b> – Speech therapy language pathology treatments, general | <b>92607</b> – Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour   | <b>With</b><br><b>92608</b> – 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) | <b>And</b><br><b>GN</b> – Outpatient speech language service |  |
| <b>X4320</b> – Unlisted Speech Therapy Services                    | <b>0440</b> – Speech therapy language pathology treatments, general | <b>92526</b> – Treatment of swallowing dysfunction and/or oral function for feeding<br><b>Or</b><br><b>92700</b> – Unlisted otorhinolaryngological service or procedure<br><b>Or</b><br><b>G0515</b> – Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes |  | <b>And</b><br><b>GN</b> – Outpatient speech language service |  |

| Local Modifier – Description                       | National Modifier – Description |
|--|---------------------------------|
| <b>YW</b> – Required Professional Experience (RPE) | <b>HL</b> – Intern              |

| Local Code – Description   | Action             |
|--|--------------------|
| <b>X4306</b> – Out-of-office call  | Code is terminated |
| <b>X4308</b> – Speech therapy preliminary evaluation, rehabilitation, SNF, ICF | Code is terminated |