

Medicine: Otorhinolaryngologic Services

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This section contains information to assist providers in billing for medicine procedures related to otorhinolaryngologic services.

Rhinomanometry

Claims submitted for nasal function studies (CPT® code 92512 [nasal function studies, for example, rhinomanometry]) will suspend for medical review. Claims for this service must clearly include documentation of the medical need for its performance since this procedure does not represent usual medical practice.

Auditory Evoked Potentials

«Codes Not Billable for Routine Newborn Hearing Screening Services»

«CPT Code»	Description»
«92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis»
«92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report»
«92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report»
«92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report»

«CPT codes 92650, 92651, 92652, 92653 may not be used to bill for routine newborn hearing screening services. Reimbursement for CPT codes 92650 and 92651 are limited to once every six months per calendar month, same provider, same recipient. No modifier is required when billing for these codes.»

Billing Requirements

«To bill evoked response testing, providers must use the CPT codes 92652 and 92653.»

Electronystagmography

Electronystagmography (ENG) may be billed by a physician or a licensed audiologist (upon written physician referral). Medical justification for ENG must be entered in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim or on an attachment. (For audiologist billing, refer to the *Medi-Cal Allied Health Provider Manual*.)

Physician Services: No TAR Required

Physicians billing for ENGs performed by themselves or by another person under their direct personal supervision may use CPT codes 92540 through 92542 and 92544 through 92547, which do not require authorization.

Report Required for Caloric Vestibular Tests

A report documenting specific findings that cannot be satisfied with a regular chair is required when billing for CPT codes 92537 (caloric vestibular test with recording, bilateral; bithermal) and 92538 (caloric vestibular test with recording monothermal).

Split-Billing Procedures

When billing CPT codes 92537, 92538, 92540 through 92542 and 92544 through 92547 for otorhinolaryngologic services, providers must follow split-billing procedures. When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.

The following chart lists reimbursement percentages for the split-bill modifiers used to bill ENG and other vestibular function tests.

Reimbursement Rates for Vestibular Function Tests

CPT Code	No Modifier (Professional and Technical Components)	Modifier 26 (Professional Component)	Modifier TC (Technical Component)
92537, 92538, 92540 thru 92542, 92544 thru 92547	100%	40%	60%

Note: Do not report code 92540 in conjunction with codes 92541, 92542, 92544 and 92545.

Do not bill modifier 99 with modifiers 26 and TC. The claim will be denied.

Swallowing Evaluation (CPT Code 92610)

Reimbursement for CPT code 92610 (evaluation of oral and pharyngeal swallowing function) requires an attached report documenting all of the following:

- A history of the patient, including a history of pneumonia, cerebral vascular accident, traumatic brain injury, closed head injury, the patient's current diet, gastrointestinal issues, structural impediments, previous surgical incidents, the current diagnosis, the current method of feeding and/or a description of the patient's difficulty with swallowing and the indication for the swallowing evaluation.
- A description of the patient's behavioral characteristics, including comments regarding overall cognition, alertness, lethargy, level of consciousness, patient's awareness of swallowing difficulty, patient's ability to follow directions and whether or not the patient is cooperative.
- A description of the type of bolus (material to be swallowed and size of presentation), including liquids (thick, honey, nectar, and/or thin) and/or solids (puree, soft mechanical and/or regular) and a description of the size of the presentation (typically in ½ through 1 teaspoon increments).
- A description of the oral phase of testing, including sensory testing (lips, cheeks, tongue, soft palate), description of lip function, tongue function, formation of the bolus, comments regarding muscles of mastication, bolus transport time, laryngeal elevation and/or an indication if the patient can voluntarily cough.
- A description of the pharyngeal phase of testing, including nasal regurgitation, time of swallow, length of swallow delay, number of swallows per bolus, cough during and/or after swallow, management of oral secretions and/or vocal quality after swallow.
- Clinician recommendations, including recommending a modified barium swallow (videofluoroscopic examination), gastrointestinal referral, dietician/nutritionist referral, short/long term goals, oral intake recommendation (NPO, puree and thick liquids only, no dietary restrictions videofluoroscopic examination), and/or any swallowing strategies to assist the patient. Therapeutic services may also be recommended for direct swallowing therapy, as well as patient/caregiver education. If the patient has no difficulties with the bolus there may be no recommendations.

Flexible Endoscopic Evaluation

Recipients are limited to one complete flexible endoscopic evaluation per day. Codes used to bill flexible endoscopic evaluations for swallowing and/or laryngeal sensory testing (CPT codes 92612, 92614 and 92616) and codes used by physicians to bill interpretations and reports for the evaluations (CPT codes 92613, 92615 and 92617) are separately reimbursable.

Billing Limitations

Billing limitations for the preceding codes are as follows:

A provider may be reimbursed for only the first swallowing and/or laryngeal sensory testing evaluation service billed, and for the first corresponding interpretation and report billed by the same provider, for the same recipient and date of service.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.