

Welch Allyn Tympanometry

2010 REIMBURSEMENT INFORMATION



CPT® CODING OPTIONS FOR TYMPANOMETRY PROCEDURES AND MEDICARE FEE SCHEDULE

There are a variety of procedures that may be performed using Welch Allyn tympanometry products. Coding options include the following:

Code	Description	National Average ¹	Alabama	San Francisco
92567	Tympanometry (impedance testing)	\$13.35 Facility**	\$12.19 Facility	\$16.11 Facility
		\$15.52 Non-Facility***	\$14.04 Non-Facility	\$19.23 Non-Facility
92568	Acoustic reflex testing; threshold	\$16.60 Facility	\$15.38 Facility	\$19.55 Facility
		\$16.60 Non-Facility	\$15.38 Non-Facility	\$19.55 Non-Facility

Fee schedule as of 1/1/2010.

For reference only. Information does not constitute a guarantee of coverage or payment.

¹ National Average Medicare Physician Fee Schedule Amounts: 70 Fed. Reg. 68132-68215 (2005) (to be codified at 42 CFR § 484).

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**Facility: Includes hospitals (inpatient, outpatient, and emergency department), ambulatory surgical centers (ASCs), and skilled nursing facilities (SNFs).

***Non Facility: Includes all other settings.

MEDICARE Tympanometry is generally covered by Medicare when additional evaluation is required to determine appropriate medical or surgical treatment for patients with a hearing deficiency or related problem.

- Medicare does not provide coverage for diagnostic audiometry and tympanometry services when these are conducted only to determine the appropriate type of hearing aid or the need for a hearing aid.
- Documentation in the patient record should indicate the presence of a hearing problem which required further testing to determine the appropriate medical or surgical treatment.

Specific indications for coverage may vary by Medicare Carrier. Providers should refer to their Medicare Carrier's Local Medical Review Policy for specific coverage and billing guidelines or may call the Customer Care Line for assistance.

PRIVATE PAYERS Private payers typically provide coverage for tympanometry as part of a standard battery of tests for evaluation of a hearing impairment. Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment for the use of Welch Allyn tympanometry products.

MEDICAID

Medicaid programs typically provide coverage for tympanometry as part of a standard battery of tests for evaluation of a hearing impairment. Coverage guidelines and payment levels vary by state. Providers should contact their local Medicaid program to determine coverage and payment for the use of Welch Allyn tympanometry products or may call the Customer Care Line for assistance.

OTHER CONSIDERATIONS

- Include documentation in the patient's records to indicate medical necessity for a separate service, including:
 - Reason for patient encounter
 - Patient symptoms
 - Who performs the service
 - Time and effort spent in performing procedure
 - Results of the tympanometry services provided
- Confirm that proper ICD-9-CM diagnosis codes are reported to justify medical necessity of tympanometry procedure(s).
- Since hearing tests are typically considered bilateral procedures, providers do not need to attach modifier -50 to the CPT® procedure code. If only one side is tested, modifier -52 should be indicated and support documentation should be provided with the claim.
- When tympanometry is billed with an E/M code, modifier -25 may be indicated to identify the E/M as a significant, separately identifiable service in medically appropriate cases.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses, or specialty provider types.

Be sure to confirm the requirements and specific coding, coverage, medical necessity, and reimbursement guidelines of the payer you are billing before submitting claims by reviewing your managed care contracts, consulting the *Physicians' Current Procedural Terminology, Fourth Edition (CPT-4)* or *The Federal Register*, or contacting provider services.