

## Audiologist - 119

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
92550	Tympanometry & reflex threshold measurements	N/A
92551	Screening test, pure tone, air only	N/A
92552	Pure tone audiometry (threshold) air only	N/A
92553	Pure tone audiometry (threshold) air & bone	N/A
92555	Speech audiometry threshold	N/A
92556	Speech audiometry w/speech recognition	N/A
92557	Comp aid threshold eval & speech rec	N/A
92558	Evoked auditory test qual	N/A
92567	Tympanometry Test	N/A
92568	Acoustic reflex testing; threshold	N/A
92582	Conditioning Play Audiometry	N/A
92594	Electro Hearing Aid Test One	N/A
92595	Electro Hearing Aid Test Both	N/A
<b>MET</b>		
92552:HT	MET - Pure tone audiometry (threshold) air only	N/A
92553:HT	MET - Pure tone audiometry (threshold) air & bone	N/A
92557:HT	MET - Comp aid threshold eval & speech rec	N/A
92567:HT	MET - Tympanometry Test	N/A
92582:HT	MET - Conditioning Play Audiometry	N/A
<b>REED</b>		
92552:TL	REED - Pure tone audiometry (threshold) air only	N/A
92553:TL	REED - Pure tone audiometry (threshold) air & bone	N/A
92557:TL	REED - Comp aid threshold eval & speech rec	N/A
92567:TL	REED- Tympanometry Test	N/A
92582:TL	REED - Conditioning Play Audiometry	N/A
<b>IEP</b>		
92552:TM	IEP - Pure tone audiometry (threshold) air only	N/A
92553:TM	IEP - Pure tone audiometry (threshold) air & bone	N/A
92557:TM	IEP - Comp aid threshold eval & speech rec	N/A
92567:TM	IEP - Tympanometry Test	N/A
92582:TM	IEP - Conditioning Play Audiometry	N/A
<b>Therapy/Treatments</b>		
92507	Speech/Hearing Therapy - Individual	N/A
92508	Speech/Hearing Therapy – Goup (2-8 students)	N/A
92630	Aud Rehab Pre-ling Hear Loss	N/A
92633	Aud Rehab Postling Hear Loss	N/A
<b>Non-Billable</b>	<p><b>Consult Only</b> – Use for logging students with consult only services listed in the Program &amp; Services section of their IEP</p> <p><b>Monitoring</b> – Use for logging students with monitoring service listed in the Accommodation section of their IEP</p> <p><b>Behavior Plan Meeting</b> – use to log for students with a behavior plan</p> <p><b>Communications</b> – Use to log communications with parent, other providers, staff,</p> <p><b>Attendance</b> - Use to log when a student is missing therapy(ies) due to absences</p> <p><b>No School Day</b> – Use to document snow days or other no school day</p> <p><b>Record Keeping</b> – Use for any student record keeping purposes you want to track</p> <p><b>Student Observation</b> – Use to document time observing students for evaluation purposes</p>	N/A

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### SERVICE DETAIL (DAILY):

1. Describe what actually occurred on the date of service. Ensure that the Service Detail Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. Indicate the result of the therapy session (student's response).

**Example of Service Note Detail:** 92594 – SREM and POP Verification of right school FM.

### MONTHLY SUMMARY (PROGRESS) NOTES:

1. Summarize (evaluate) the student's monthly progress toward your medical/health related goal.
2. Include any changes in medical/mental status and changes in treatment with rationale for change.
3. Service Detail (Daily) Notes and Monthly (Progress) Summary Notes must not match.

**Example of Summary Note:** Verified student's school FM to ensure optimal audibility in the classroom.

**RECORD KEEPING:** Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of change in ownership or termination of participation in Medicaid.