

Audiologist - 119

Procedure Code	Description	Time Requirement
NON MET/IEP Evaluations		
92550	Tympanometry & Reflex (threshold) measurements	No Requirement
92551	Screening test, pure tone, air only	No Requirement
92552	Pure tone audiometry (threshold) air only	No Requirement
92553	Pure tone audiometry (threshold) air & bone	No Requirement
92555	Speech audiometry (threshold) - Test for ability to detect/repeat spoken words	No Requirement
92556	Speech audiometry (threshold) - Test for ability to detect/repeat spoken words w/speech recognition	No Requirement
92557	Comprehensive audiometry (threshold) evaluation & speech recognition	No Requirement
92558	Evoked Auditory Test Qualitative	No Requirement
92567	Tympanometry Test - middle ear function	No Requirement
92568	Acoustic Reflex Testing (threshold) - Test for middle ear muscle reflex	No Requirement
92582	Conditioning Play Audiometry - Test for hearing sensitivity using activity-related feedback	No Requirement
92594	Electroacoustic Hearing Aid Test - One Ear	No Requirement
92595	Electroacoustic Hearing Aid Test - Both Ears	No Requirement
Evaluations for the MET		
92552:HT	Pure tone audiometry (threshold) air only	No Requirement
92553:HT	Pure tone audiometry (threshold) air & bone	No Requirement
92557:HT	Comprehensive hearing (threshold) evaluation & speech recognition	No Requirement
92567:HT	Tympanometry Test to assess middle ear function	No Requirement
92582:HT	Conditioning Play Audiometry	No Requirement
Evaluations for the REED		
92552:TL	Pure tone audiometry (threshold) air only	No Requirement
92553:TL	Pure tone audiometry (threshold) air & bone	No Requirement
92557:TL	Comprehensive hearing (threshold) evaluation & speech recognition	No Requirement
92567:TL	Tympanometry Test to assess middle ear function	No Requirement
92582:TL	Conditioning Play Audiometry	No Requirement
Evaluations for the IEP		
92552:TM	Pure tone audiometry (threshold) air only	No Requirement
92553:TM	Pure tone audiometry (threshold) air & bone	No Requirement
92557:TM	Comprehensive hearing (threshold) evaluation & speech recognition	No Requirement
92567:TM	Tympanometry Test to assess middle ear function	No Requirement
92582:TM	Conditioning Play Audiometry	No Requirement

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HABILITATIVE VERSUS REHABILITATIVE SERVICES

- **Habilitative** services help a student keep, learn or improve skills and functions that have not developed for daily living. The student is learning a **NEW SKILL** that they never possessed.
- **Rehabilitative** services help a student keep, restore or improve skills for daily living that have been lost or impaired after an illness or injury. The student is **REGAINING** a skill that they lost.

Therapy/Treatments		
92630	Auditory Rehabilitation Pre-Linguistics Hearing Loss	Minimum 5 mins
92633	Auditory Rehabilitation Post-Linguistics Hearing Loss	Minimum 5 mins
92507:96	Individual Therapy Speech/Language/Hearing (habilitative)	Minimum 5 mins
92507:97	Individual Therapy Speech/Language/Hearing (rehabilitative)	Minimum 5 mins
92508	Group Therapy Speech/Language/Hearing (2-8 students)	Minimum 5 mins

Assistive Technology Device

- **Assistive Technology Device Services** – Selecting or providing for the acquisition of an ATD, designing, fitting, customizing, adapting, applying, retaining, or replacing the ATD. Coordinating and using other therapies, interventions, or services with the ATD. Training or technical assistance for the individual or, if appropriate, the individual's parent/guardian. Training or technical assistance for professionals providing other education or rehabilitation services to the individual receiving ATD services.
- **ATD** – Any device that helps a person with hearing loss or a voice, speech, or language disorder to communicate. These terms often refer to devices that help a person to hear and understand what is being said more clearly or to express thoughts more easily.

Assistive Technology		
97535:96	Self-Care/Home Management/ADL Training (habilitative)	Each 15 mins
97535:97	Self-Care/Home Management/ADL Training (rehabilitative)	Each 15 mins

Non-Billable Code

- **Consult Only** – Use for logging students with consult-only services listed in the Program & Services section of their IEP
- **Monitoring** – Use for logging students with monitoring service listed in the Accommodation section of their IEP
- **Behavior Plan Meeting** – use to log students with a behavior plan
- **Communications** – Use to log communications with parents, other providers, staff,
- **Attendance** - Use to log when a student is missing therapy(ies) due to absences
- **No School Day** – Use to document snow days or other no school day
- **Record-Keeping** – Use for any student record-keeping purposes you want to track
- **Student Observation** – Use to document time observing students for evaluation purposes

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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. Describe the “medical” goal of the service.
3. Indicate the result of the therapy session (student’s response).
4. Avoid discussing academic goals/issues or attendance

Example of Service Note Detail: The student’s left processor was green then blinked orange. We changed the cable coils out, was not the issue. Then we swapped batteries and the implant worked. After half day, the Teacher reported it started not working again, and replied that the family will need to contact or see their managing audiologist.

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: Services are provided to progress auditory development, maintain classroom audibility and rule out middle ear disease. Good progress is being made toward auditory goals.

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