

Increase Your Coding Specificity with New ICD-10-CM Codes

By Kristiina K. Huckabay and Kristen M. O'Connor

On October 1, 2016, new ICD-10-CM codes were released that increase the specificity of hearing loss codes, applying specifically to coding the type of hearing loss when it differs between ears. Previously, when the types of hearing loss differed between ears, audiologists were required to code an unspecified type of hearing loss for each ear and could not specify right versus left ears in this scenario (i.e. sensorineural hearing loss, unspecified; conductive hearing loss, unspecified; mixed hearing loss, unspecified). With the new codes, audiologists should code a specific type of hearing loss for each ear when bilateral hearing loss is present. The new codes include the type of hearing loss with the designator “restricted hearing in the contralateral ear.” Monaural codes should still be used when hearing is normal in the other ear. These codes have a designator of “unrestricted hearing in the contralateral ear.”


What about asymmetric sensorineural hearing loss? Unfortunately, there is not a code specific for asymmetry and sensorineural hearing loss, bilateral (H90.3) should be used in this scenario.

Other relevant additions include pulsatile tinnitus codes with the ability to code right ear, left ear, bilateral, or unspecified.

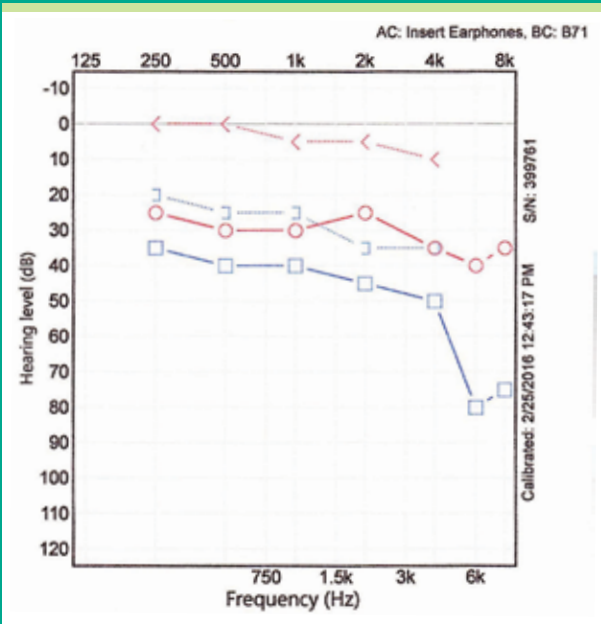
Below is a listing of the new codes impacting audiology:

- **H90.A11** Conductive hearing loss, unilateral, right ear with restricted hearing in the contralateral ear
- **H90.A12** Conductive hearing loss, unilateral, left ear with restricted hearing in the contralateral ear
- **H90.A21** Sensorineural hearing loss, unilateral, right ear with restricted hearing in the contralateral ear
- **H90.A22** Sensorineural hearing loss, unilateral, left ear with restricted hearing in the contralateral ear
- **H90.A31** Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing in the contralateral ear
- **H90.A32** Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing in the contralateral ear
- **H93.A1** Pulsatile tinnitus, right ear
- **H93.A2** Pulsatile tinnitus, left ear
- **H93.A3** Pulsatile tinnitus, bilateral
- **H93.A9** Pulsatile tinnitus, unspecified ear

The audiograms (GRAPHIC ON PAGE 71) demonstrate appropriate use of the new hearing loss codes. Additional questions regarding coding and reimbursement may be directed to the Academy at reimbursement@audiology.org.

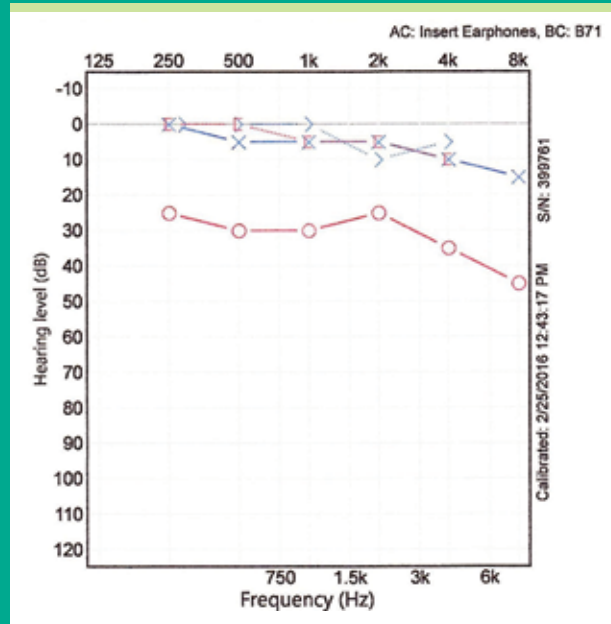
The Academy’s Coding and Reimbursement Committee (CRC) will continue to monitor ICD-10 related coding changes and inform Academy members regarding these changes. Visit the Academy’s Web site and search keyword “ICD-10” for more information on ICD-10 coding including a listing of codes pertinent to audiologists, an editable superbill template with updated ICD-10 codes, and other coding resources. 

Kristiina K. Huckabay, AuD, is a clinical audiologist at the Swedish Medical Center and a lecturer at the University of Washington in Seattle, Washington. Kristen M. O'Connor, AuD, is the clinical coordinator at the UMASS Memorial Hearing Improvement Center in Worcester, Massachusetts. They are both members of the Coding and Reimbursement Committee.

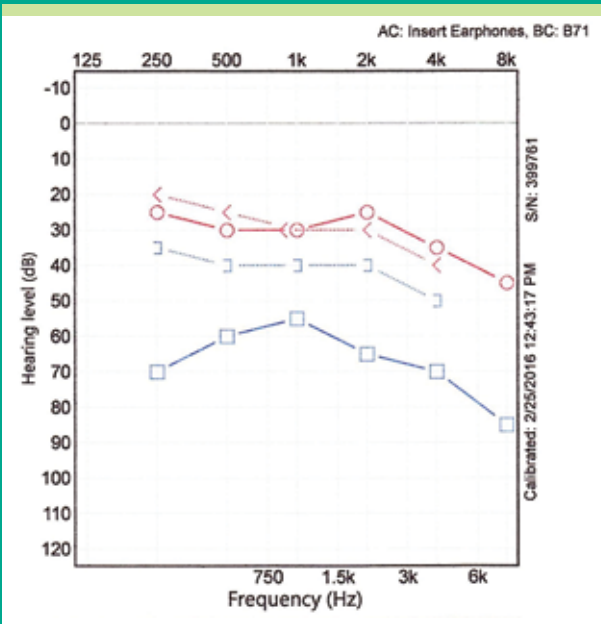


H90.A11 Conductive hearing loss, unilateral, right ear with restricted hearing in the contralateral ear.

H90.A32 Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing in the contralateral ear.

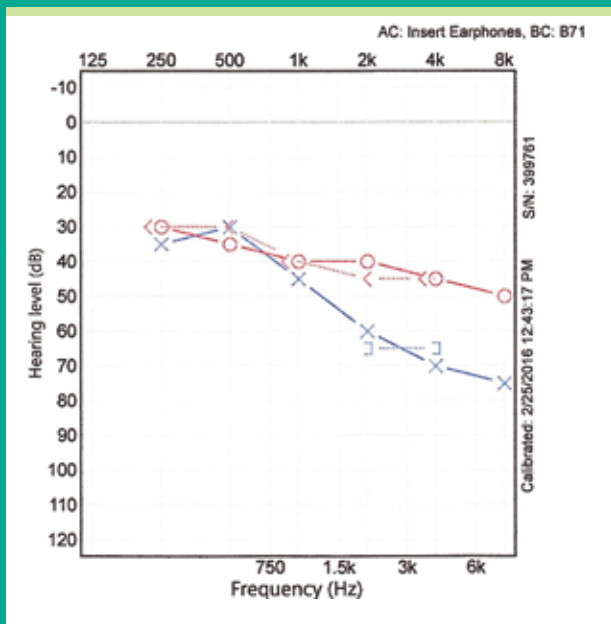


H90.11 Conductive hearing loss, unilateral, right ear with unrestricted hearing in the contralateral ear.



H90.A21 Sensorineural hearing loss, unilateral, right ear with restricted hearing in the contralateral ear.

H90.A32 Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing in the contralateral ear.



H90.3 Bilateral sensorineural loss.