PATIENT NAME DATE OF BIRTH DATE OF SERVICE

PRIMARY INSURANCE SECONDARY INSURANCE AUDIOLOGIST

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**AUDIOLOGY PROCEDURES**

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| **DIAGNOSTIC PROCEDURES**  **92550** Tymp and reflex threshold measurements  **92551** Screening, PT air only  **92552** PT audio, threshold, air only  **92553** Air and bone  **92555** Speech audiometry, threshold  **92556** Speech audiometry threshold with speech/word recognition  **92557** Comp audiology evaluation (92553 and 92556 combined)  **92558** Evoked OAEs, screening  **92565** Stenger test, puretone  **92567** Tympanometry  **92568** Acoustic reflex testing, threshold  **92570** Acoustic immittance testing (tymps, ART, ARD)  **92572** Staggered spondaic word test  **92576** Synthetic sentence identification test  **92577** Stenger test, speech  **92579** Visual reinforcement audiometry  **92582** Conditioned play audiometry  **92584** Electrocochleography  **92587** OAEs, limited  **92588** OAEs, comprehensive  **92620** Eval of central auditory function, with report, initial 60 min  **92621** Each additional 15 minutes (must bill with 92620)  **92625** Assessment of tinnitus (pitch, loudness matching, masking)  **92650** Auditory evoked potentials (AEPs); screening with broadband  stimuli, automated analysis  **92651** AEPs; hearing status determination with broadband stimuli  **92652** AEPs; for threshold estimation at multiple frequencies  **92653** AEPs; neurodiagnostic | **HEARING AID PROCEDURES**  **92590** Hearing aid exam and selection, monaural  **92591** Hearing aid exam and selection, binaural  **92592** Hearing aid check, monaural  **92593** Hearing aid check, binaural  **92594** Electroacoustic eval for hearing aid, monaural  **92595** Electroacoustic eval for hearing aid, binaural  **92596** Ear protector attenuation measurements  **92626** Eval of auditory function for implant candidacy or postoperative  status of implanted device, first hour  **92627** Each additional 15 minutes (must bill with 92626)  **92630** Auditory rehab, prelingual HL  **92633** Auditory rehab, postlingual HL  **92700** Unlisted otorhinolaryngological service or procedure  **COCHELAR IMPLANT AND BAHA PROCEDURES**  **92603** Diagnostic analysis of CI (7y+), with programming  **92604** Diagnostic analysis of CI (7y+), subsequent reprogramming  **92601** Diagnostic analysis of CI (<7y), with programming  **92602** Diagnostic analysis of CI (<7y), subsequent reprogramming  **L8690** Osseointegrated device, internal and external components  **L8691** Osseointegrated device, external processor replacement  **L8692** Osseointegrated device, external processor (softband)  **OTHER PROCEDURES**  **69209** Cerumen removal, unilateral (irrigation)  **69210** Cerumen removal, unilateral (instrumentation)  **G0268** Cerumen removal by physician on same date as audiology testing |

**VESTIBULAR TESTS AND REHABILITATION**

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| **92517** Vestibular evoked myogenic potentials, cervical (cVEMP)  **92518** Vestibular evoked myogenic potentials, ocular (oVEMP)  **92519** Vestibular evoked myogenic potentials, cVEMP and oVEMP  **92537** Caloric vestibular test, w/ recording, bilateral; bithermal  **92538** Caloric vestibular test, w/ recording, bilateral, monothermal  **92540** Basic vestibular evaluation  **92541** Spontaneous nystagmus test, gaze & fixation, w/ recording | **92542** Positional nystagmus test, w/ recording  **92544** OPK nystagmus, bidirectional, foveal, peripheral stim, w/ rec  **92545** Oscillating tracking test, w/ recording  **92546** Sinusoidal vertical axis rotational testing  **92547** Use of vertical electrodes  **92548** Computerized dynamic posturography  **92549** Computerized dynamic posturography, with MCT and ADT  **95992** Canalith Repositioning Procedure |

**COMMON MODIFIERS**

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| **22** Increased procedural service  **26** Professional Component, If only *interpreting* 92540–92546, 92548, 92585, 92587, 92588  **33** Preventative service  **52** Reduced services  **53** Discontinued procedure | **59** Distinct procedural service (Use for 92541, 92542, 92544 or  92545), if reporting 1–3 of these codes individually  **76** Procedure performed more than once on same DOS  **TC** If only *performing* 92540–92546, 92548, 92585, 92587 92588  **RT** Right side of body  **LT** Left side of body |

**MEDICARE MODIFIERS**

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| **GA** Waiver of Liability Statement Issued as Required by Payer  Policy, Individual Case (Mandatory ABN)  **GX** Notice of Liability Issued, Voluntary Under Payer Policy  (Voluntary ABN; may be used with GY) | **GY** Item or Service Statutorily Excluded, Does Not Meet the Definition of Any Medicare Benefit (May be used with GX)  **GZ** Item or service expected to be denied as not reasonable and necessary (No ABN was issued) |

**Commonly Reported ICD-10 Codes (Disease/Diagnosis Codes)**

**H90 Conductive and Sensorineural Hearing Loss**

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| **H90.0** Conductive hearing loss, bilateral  **H90.1** Conductive hearing loss, unilateral, with unrestricted  hearing on the contralateral side  **H90.11** CHL, unilateral, right ear, with unrestricted hearing  on the contralateral side  **H90.12** CHL, unilateral, left ear, with unrestricted hearing  on the contralateral side  **H90.2** CHL, unspecified  **H90.3** SNHL, bilateral  **H90.4** SNHL, unilateral with unrestricted hearing on the contralateral side  **H90.41** SNHL, unilateral, right ear, with unrestricted hearing  on the contralateral side  **H90.42** SNHL, unilateral, left ear, with unrestricted hearing  on the contralateral side  **H90.5** Unspecified SNHL  **H90.6** Mixed conductive and SNHL, bilateral  **H90.7** Mixed CHL and SNHL, unilateral with unrestricted  hearing on the contralateral side  **H90.71** Mixed conductive and sensorineural hearing loss,  unilateral, right ear, with unrestricted hearing on the contralateral side  **H90.72** Mixed conductive and sensorineural hearing  loss, unilateral, left ear, with unrestricted hearing on the contralateral side  **H90.8** Mixed conductive and SNHL, unspecified | **H90.A** Conductive and sensorineural hearing loss with  restricted hearing on the contralateral side  **H90.A1** Conductive hearing loss, unilateral, with  restricted hearing on the contralateral side  **H90.A11** Conductive hearing loss, unilateral, right ear  with restricted hearing on contralateral side  **H90.A12** Conductive hearing loss, unilateral, left ear  with restricted hearing on contralateral side  **H90.A2** SNHL, unilateral, with restricted hearing on the  contralateral side  **H90.A21** SNHL, unilateral, right ear, w/ restricted  hearing on the contralateral side  **H90.A22** SNHL, unilateral, left ear, with restricted  hearing on the contralateral side  **H90.A3** Mixed conductive and SNHL, unilateral with  restricted hearing on the contralateral side  **H90.A31** Mixed conductive and SNHL, unilateral, right  ear with restricted hearing on contra side  **H90.A32** Mixed conductive and SNHL, unilateral, left  ear with restricted hearing on contra side  **H91.8** Other specified hearing loss  **H91.8X** Other specified hearing loss  **H91.8X1** Other specified hearing loss, right ear  **H91.8X2** Other specified hearing loss, left ear  **H91.8X3** Other specified hearing loss, bilateral  **H91.8X9** Other specified hearing loss, unspecified ear |

**H91 Other and unspecified hearing loss**

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| **H91.0** Ototoxic hearing loss (code the hearing loss first and  the poisoning due to drug or toxin, if applicable with  T36-T65 with fifth or sixth character 1-4 or 6) second.  (Use additional code for adverse effect, if applicable,  to identify drug, with fifth or sixth character 5)  **H91.01** Ototoxic hearing loss, right ear  **H91.02** Ototoxic hearing loss, left ear  **H91.03** Ototoxic hearing loss, bilateral  **H91.09** Ototoxic hearing loss, unspecified ear | **H91.1** Presbycusis  **H91.10** Presbycusis, unspecified ear  **H91.11** Presbycusis, right ear  **H91.12** Presbycusis, left ear  **H91.13** Presbycusis, bilateral  **H91.2** Sudden idiopathic hearing loss  **H91.20** Sudden idiopathic hearing loss, unspecified ear  **H91.21** Sudden idiopathic hearing loss, right ear  **H91.22** Sudden idiopathic hearing loss, left ear  **H91.23** Sudden idiopathic hearing loss, bilateral |

**Tinnitus**

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| **H93.1** Tinnitus  **H93.11** Tinnitus, right ear  **H93.12** Tinnitus, left ear  **H93.13** Tinnitus, bilateral  **H93.19** Tinnitus, unspecified ear | **H93.A** Pulsatile tinnitus  **H93.A1** Pulsatile tinnitus, right ear  **H93.A2** Pulsatile tinnitus, left ear  **H93.A3** Pulsatile tinnitus, bilateral  **H93.A9** Pulsatile tinnitus, unspecified ear |

**Other abnormal auditory perceptions**

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| **H93.2** Other abnormal auditory perceptions  **H93.21** Auditory recruitment  **H93.211** Auditory recruitment, right ear  **H93.212** Auditory recruitment, left ear  **H93.213** Auditory recruitment, bilateral  **H93.219** Auditory recruitment, unspecified ear  **H93.22** Diplacusis  **H93.221** Diplacusis, right ear  **H93.222** Diplacusis, left ear  **H93.223** Diplacusis, bilateral  **H93.229** Diplacusis, unspecified ear | **H93.23** Hyperacusis  **H93.231** Hyperacusis, right ear  **H93.232** Hyperacusis, left ear  **H93.233** Hyperacusis, bilateral  **H93.239** Hyperacusis, unspecified ear  **H93.24** Temporary auditory threshold shift  **H93.25** Central auditory processing disorder  **H93.29** Other abnormal auditory perceptions  **H93.291** Other abnormal auditory perceptions, right ear  **H93.292** Other abnormal auditory perceptions, left ear  **H93.293** Other abnormal auditory perceptions, bilateral  **H93.299** Other abnormal auditory perceptions, unspecified ear |

**Other diseases of inner ear**

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| **H83.3** Noise effects on inner ear  **H83.3X** Noise effects on inner ear  **H83.3X1** Noise effects on right inner ear | **H83.3X2** Noise effects on left inner ear  **H83.3X3** Noise effects on inner ear, bilateral  **H83.3X9** Noise effects on inner ear, unspecified ear |

**Cerumen**

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| **H61.2** Impacted cerumen  **H61.20** Impacted cerumen, unspecified ear  **H61.21** Impacted cerumen, right ear  **H61.22** Impacted cerumen, left ear  **H61.23** Impacted cerumen, bilateral |

**Otitis Media**

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| **Acute**  **H65.01** Acute serous otitis media, right ear  **H65.02** Acute serous otitis media, left ear  **H65.03** Acute serous otitis media, bilateral  **H65.04** Acute serous otitis media, recurrent, right ear  **H65.05** Acute serous otitis media, recurrent, left ear  **H65.06** Acute serous otitis media, recurrent, bilateral | **Chronic**  **H65.20** Chronic serous otitis media, unspecified ear  **H65.21** Chronic serous otitis media, right ear  **H65.22** Chronic serous otitis media, left ear  **H65.23** Chronic serous otitis media, bilateral |

**Disorders of vestibular function**

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| **H81** Disorders of vestibular dysfunction  **H81.0** Ménière’s disease  **H81.01** Ménière’s disease, right ear  **H81.02** Ménière’s disease, left ear  **H81.03** Ménière’s disease, bilateral  **H81.09** Ménière’s disease, unspecified ear  **H81.1**  Benign paroxysmal vertigo  **H81.10** Benign paroxysmal vertigo, unspecified ear  **H81.11** Benign paroxysmal vertigo, right ear  **H81.12** Benign paroxysmal vertigo, left ear  **H81.13** Benign paroxysmal vertigo, bilateral  **H81.2** Vestibular neuronitis  **H81.20** Vestibular neuronitis, unspecified ear  **H81.21** Vestibular neuronitis, right ear  **H81.22** Vestibular neuronitis, left ear  **H81.23** Vestibular neuronitis, bilateral | **H81.4** Vertigo of central origin  **H81.49** Vertigo of central origin, unspecified ear  **H81.8** Other disorders of vestibular function  **H81.8X** Other disorders of vestibular function  **H81.8X1** Other disorders of vestibular function, right ear  **H81.8X2** Other disorders of vestibular function, left ear  **H81.8X3** Other disorders of vestibular function, bilateral  **H81.8X9** Other disorders of vestibular function, unspecified ear  **H82** Vertiginous syndromes classified elsewhere  **H83.0** Labyrinthine Dysfunction  **H83.2X1** Labyrinthine dysfunction, right ear  **H83.2X2** Labyrinthine dysfunction, left ear  **H83.2X3** Labyrinthine dysfunction, bilateral  **H83.1** Labyrinthine fistula |

**Dizziness, auditory hallucinations and abnormal results**

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| **R42** Dizziness and giddiness  **R44.0** Auditory hallucinations  **R62.0** Delayed milestone in childhood.  **R94.12** Abnormal results of function studies of ear and other special senses  **R94.120** Abnormal auditory function study  **R94.121** Abnormal vestibular function study  **R94.122** Abnormal results of other function studies of the ear and other special senses |

**Factors influencing health status and contact with health services:**

Z codes are supplemental codes and represent reasons for an encounter and must be reported *with* a procedure, if performed.

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| **Z01.1** Encounter for examination of ears and hearing  **Z01.10** Encounter for examination of ears and hearing without abnormal findings  **Z01.11** Encounter for examination of ears and hearing with abnormal findings  **Z01.110** Encounter for hearing examination following failed hearing screening  **Z01.118** Encounter for examination of ears and hearing with other abnormal findings (use additional code to identify abnormal findings)  **Z01.12** Encounter for hearing conservation and treatment  **Z02** Encounter for administrative examination  **Z02.1** Encounter for examination for admission to educational institution  **Z02.2** Encounter for pre-employment examination  **Z02.3** Encounter for exam for recruitment to armed services  **Z02.71** Encounter for disability determination  **Z03** Encounter for screening for other diseases and disorders  **Z13.5** Encounter for screening for eye and ear disorders  **Z13.850** Encounter for screening for traumatic brain injury | **Z45** Encounter for adjustment and management of implanted device  **Z45.320** Encounter for adjustment and management of bone conduction device  **Z45.321** Encounter for adjustment and management of cochlear device  **Z45.328** Encounter for adjustment and management of other implanted hearing device  **Z46.1** Encounter for fitting and adjustment of hearing aid  **Z57.0** Occupational exposure to noise  **Z71.2** Person consulting for explanation of examination or  test findings  **Z76.5** Malingerer (personal feigning illness with obvious motivation)  **Z77.122** Contact with and (suspected) exposure to noise  **Z83.52** Family history of ear disorders  **Z96.2** Presence of ontological and audiological implants  **Z96.20** Presence of otological and audiological implants, unspecified  **Z96.21** Cochlear implant status  **Z96.22** Myringotomy tube(s) status  **Z96.29** Presence of other otological and audiological implants |

**Commonly Reported HCPCS Codes (Hearing aids/supplies/several procedures)**

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| **S0618** Audiometry for HAE to determine the level and degree of HL  **S1001** Deluxe item, patient aware (list in addition to basic item)  **V5008** Hearing screening  **V5010** Assessment for hearing aid  **V5011** Fitting/orientation/checking of hearing aid  **V5014** Repair/modification of a hearing aid  **V5020** Conformity evaluation  **V5090** Dispensing fee, unspecified hearing aid  **V5095** Semi-implantable middle ear hearing prosthesis  **V5110** Dispensing fee, bilateral  **V5120** Binaural, body  **V5130** Binaural, in the ear  **V5140** Binaural, behind the ear  **V5160** Dispensing fee, binaural  **V5171** Hearing aid, contralateral routing device, monaural, ITE  **V5172** Hearing aid, contralateral routing device, monaural, ITC  **V5181** Hearing aid, contralateral routing device, monaural, BTE  **V5190** Hearing aid, contralateral routing device, monaural, glasses  **V5200** Dispensing fee, contralateral, monaural  **V5211** Hearing aid, contralateral routing device, binaural, ITE/ITE  **V5212** Hearing aid, contralateral routing device, binaural, ITE/ITC  **V5213** Hearing aid, contralateral routing device, binaural, ITE/BTE  **V5214** Hearing aid, contralateral routing device, binaural, ITC/ITC  **V5215** Hearing aid, contralateral routing device, binaural, ITC/BTE  **V5221** Hearing aid, contralateral routing device, binaural, BTE/BTE  **V5230** Hearing aid, contralateral routing system, binaural, glasses  **V5240** Dispensing fee, contralateral routing system, binaural  **V5241** Dispensing fee, monaural hearing aid, any type  **V5244** Hearing aid, digitally programmable analog, monaural, CIC  **V5245** Hearing aid, digitally programmable analog, monaural, ITC  **V5246** Hearing aid, digitally programmable analog, monaural, ITE  **V5247** Hearing aid, digitally programmable analog, monaural, BTE  **V5250** Hearing aid, digitally programmable analog, binaural, CIC  **V5251** Hearing aid, digitally programmable analog, binaural, ITC  **V5252** Hearing aid, digitally programmable, binaural, ITE  **V5253** Hearing aid, digitally programmable, binaural, BTE | **V5254** Hearing aid, digital, monaural, CIC  **V5255** Hearing aid, digital, monaural, ITC  **V5256** Hearing aid, digital, monaural, ITE  **V5257** Hearing aid, digital, monaural, BTE  **V5258** Hearing aid, digital, binaural, CIC  **V5259** Hearing aid, digital, binaural, ITC  **V5260** Hearing aid, digital, binaural, ITE  **V5261** Hearing aid, digital, binaural, BTE  **V5262** Hearing aid, disposable, any type, monaural  **V5263** Hearing aid, disposable, any type, binaural  **V5264** Ear mold/insert, not disposable, any type  **V5265** Ear mold/insert, disposable, any type  **V5266** Battery for use in hearing device  **V5267** Hearing aid supplies/accessories  **V5268** Assistive listening device, telephone amplifier, any type  **V5269** Assistive listening device, alerting, any type  **V5270** Assistive listening device, television amplifier, any type  **V5271** Assistive listening device, television caption decoder  **V5272** Assistive listening device, TDD  **V5273** Assistive listening device, for use with cochlear implant  **V5274** Assistive listening device, not otherwise specified  **V5275** Ear impression, each  **V5281** Assistive Listening Device, Personal FM/DM system, monaural  (one receiver, transmitter and microphone), any type  **V5282** Assistive Listening Device, Personal FM/DM system, binaural  (two receivers, transmitter and microphone), any type  **V5283** Assistive Listening Device, Personal FM/DM neck, loop  induction receiver  **V5284** Assistive Listening Device, Personal FM/DM, ear level receiver  **V5285** Assistive Listening Device, Personal FM/DM, direct audio input  receiver  **V5286** Assistive Listening Device, Personal blue tooth FM/DM receiver  **V5287** Assistive Listening Device, Personal FM/DM receiver, not  otherwise specified  **V5288** Assistive Listening Device, Personal FM/DM transmitter  assistive listening device  **V5289** Assistive Listening Device, Personal FM/DM adapter/boot  coupling device for receiver, any type  **V5290** Assistive Listening Device, Transmitter microphone, any type  **V5298** Hearing aid, not otherwise classified  **V5299** Hearing service, miscellaneous |

**Codes for Merit-based Incentive Payment System (MIPS) Quality Measures Reporting**

\* Performance Not Met (use of this code will not count for successful reporting of quaity measures as required by MIPS)

**Measure #130: Documentation and Verification of Current Medications in the Medical Record**

**CPT Codes:** 92537, 92538, 92540,92541, 92542,, 92544, 92545, , 92548, 92550, 92557, 92567, 92568, 92570, , 92588, 92626; **ICD-10:** No specific codes are included for this measure.

**G8427** List of current medications documented by provider, including drug name, dosage, frequency, and route

**G8430** Provider documentation that patient is not eligible for medication assessment

**G8428\*** Current medications with drug name, dosage, frequency, and route not documented by provider, reason not specified

**Measure #134: Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan**

**CPT Codes:** 92625; **ICD-10:** No specific codes are included for this measure. Applies to patients 12 years and older.

**G9717** Documentation stating patient has active diagnosis of depression or has diagnosed bipolar disorder, screening not required

**G8431** Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented

**G8510** Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required

**G8433** Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/ refuses to participate

**G8432\*** No documentation of clinical depression screening using an age appropriate standardized tool

**G8511\*** Positive screen for clinical depression using an age appropriate standardized tool documented, follow-up plan not documented,

reason not specified

**Measure #154: Falls: Risk Assessment**

**CPT Codes:** 92540, 92541, 92542, 92548; **ICD-10:** No specific codes are included for this measure.

**1100F & 3288F** Documentation of ≥ 2 falls in the past year or one fall with injury; falls risk assessment is documented

**1100F & 3288F-1P** Documentation of ≥ 2 falls in the past year or one fall with injury, and falls risk assessment was not performed because of

medical reasons (patient not ambulatory, bedridden, immobile, wheelchair bound)

**1100F & 3288F-8P\*** Documentation of ≥ 2 falls in the past year or one fall with injury, and no documentation of falls risk assessment. No medical reason given for the lack of performance of the screening.

1101F-8P Falls status not documented, patient not eligible

**1101F** Documentation of < 2 falls or no fall with injury; patient not eligible for falls risk assessment

**Measure #155: Falls: Plan of Care**

**CPT Codes:** 92540, 92541, 92542, 92548; **ICD-10:** No specific codes are included for this measure.

**0518F** Falls plan of care documented

**0518F-1P** Falls plan of care not documented for medical reasons (patient not ambulatory, bedridden, immobile, wheelchair bound)

**0518F-8P** \* Falls plan of care not documented but no medical reason given for the lack of completion of a plan of care

**Measure #181: Elder Maltreatment Screen and Follow-Up Plan** (patients ages 65 and over on date of service)

**CPT Codes:** 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92548, 92550, 92557, 92567, 92568, 92570, 92588; **ICD-10:** No specific codes are included for this measure.

**G8733** Elder maltreatment screen documented as positive AND a follow-up plan is documented

**G8734** Elder maltreatment screen documented as negative; follow-up is not required

**G8535** Elder maltreatment screen not documented; documentation that patient is not eligible for elder maltreatment screen at time of the encounter

**G8941** Elder maltreatment screen documented as positive, followup plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter

**G8536\*** No documentation of an elder maltreatment screen, reason not given

**G8735\*** Elder maltreatment screen documented as positive, followup plan not documented, and reason not given

**Measure #182: Functional Outcomes Assessment**

**CPT Codes: 92537,** 92540, 92541, 92542; 92546, 92548 **ICD-10:** No specific coddes are included for this measure.

**G8539** Functional outcome assessment documented as positive using a standardized tool AND a care plan based on identified deficiencies on the date of the functional outcome assessment, is documented

**G8542** Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required

**G8942** Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan based on identified deficiencies on the date of the functional outcome assessment, is documented

**G8540** Functional outcome assessment NOT documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter

**G9227** Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter

**G8541\*** Functional outcome assessment using a standardized tool not documented, reason not given

**G8543\*** Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given

**Measure #226: Preventative Care and Screening: Tobacco Use: Screening and Cessation – must meet all submission criteria that apply**

**CPT Codes:** 92540, 92557, 92625; **ICD-10:** No specific codes are included in this measure.

**Submission Criteria 1: Patients screened for tobacco use at least once within 12 months**

**G9902** Patient screened for tobacco use AND identified as a tobacco user

**G9903** Patient screened for tobacco use AND identified as a tobacco non-user

**G9904** Documentation of medical reasons for not screening for tobacco use

**G9905\*** Patient not screened for tobacco use, reason not given

**Submission Criteria 2: All patients identified as a tobacco user and who received tobacco cessation intervention – report with G9902**

**G9906** Patient identified as tobacco user and received cessation intervention

**G9907** Documentation of medical reasons for not providing cessation intervention

**G9908\*** Patient identified as tobacco user and did not receive cessation intervention, reason not given

**Submission Criteria 3: All patients who were screened for tobacco use, if identified as tobacco user received cessation intervention, or identified as a tobacco non-user**

**4004F** Patient screened for tobacco use and received tobacco cessation intervention, if identified as tobacco user

**4004F-1P Tobacco Screening not performed for Medical Reasons** (e.g., limited life expectancy, other medical reasons)

**4004F-8P\* Tobacco Screening or Tobacco Cessation Intervention not performed, reason not specified**

**1036F** Current tobacco non-user

**Measure #261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness**

**CPT Codes:** 92540, 92541, 92542, , 92544, 92545, 92546, , 92548, 92550, 92557, 92567, 92568, 92570, 92575

**ICD-10 Codes:** R42, H81.10, H81.11, H81.12, H81.13

**G8856** Referral to a physician for otologic evaluation performed

**G8857** Patient is not eligible for referral for otologic evaluation measure

**G8858\*** Referral to a physician for an otologic evaluation not performed, reason not specified

**Measure #318: Falls Screening for Future Fall Risk**

This measure is reported through an electronic health record or registry and is not claims-based.

 COPAY  INSURANCE  CASH  CREDIT CARD  CHECK #

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CURRENT FEES: PAYMENT AMOUNT:

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BALANCE: NEXT APPOINTMENT:

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