Coding and Reimbursement: Options for the Present and the Future

Michigan Audiology Coalition
Debbie Abel, AuD
Manager, Coding and Contracting
October 26, 2018
Agenda

• Identify current and future Medicare payment initiatives
• Identify billing opportunities in the dynamic and future landscape in the provision of audiology services
• Identify ICD-10-CM codes to provide audiologic services
New Card! New Number!

Current Medicare Card

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4225)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
FEMALE

IS ENTITLED TO
HOSPITAL (PART A) 07-01-2016
MEDICAL (PART B) 07-01-2016

SIGN HERE: Jane Doe

NEW Medicare Card

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A) 03-01-2016
MEDICAL (PART B) 03-01-2016

Coverage starts/Cobertura empieza
New Medicare Cards for Michigan Beneficiaries Began in September (Wave 7)
MBI Format

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Where:

- **C**  – Numeric 1 thru 9
- **A**  – Alphabetic Character (A...Z); Excluding (S, L, O, I, B, Z)
- **N**  – Numeric 0 thru 9
- **AN** – Either A or N

***NOTE: Alphabetic characters are Upper Case ONLY

Position 1 – numeric values 1 thru 9
Position 2 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 3 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
Position 4 – numeric values 0 thru 9
Position 5 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 6 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
Position 7 – numeric values 0 thru 9
Position 8 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 9 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 10 – numeric values 0 thru 9
Position 11 – numeric values 0 thru 9
Resources:

• For additional information on the Social Security Number Removal Initiative (SSNRI) home page click here: https://www.cms.gov/Medicare/SSNRI/Index.html
• **Other helpful links:**
  • SSNRI MBI format link: https://www.cms.gov/Medicare/SSNRI/MBI-Format-PDF.PDF
  • SSNRI States: https://www.cms.gov/Medicare/SSNRI/States/States.html
  • SSNRI Partners /Employers: https://www.cms.gov/Medicare/SSNRI/Partners-and-Employers/Partners-and-employers.html
Changing Landscape

• Outcome measures à la Medicare’s PQRS
  – Methodology for Medicare reimbursement for audiologists is still questionable for 2019
  – The Medicare Physician Fee Schedule final rule is released on or around November 1st and should address our participation requirements (or not) for 2019 and 2020
  – Audiologists were not eligible for Alternative Payment Model participation until 2019 after PQRS sunsetsed (12/31/16)
  – May be reporting on same measures and potentially others
    • Some state licensure laws are including elder abuse
  – Best practices will prevail in payment paradigms
New Medicare Initiatives

• For audiology, we are not eligible until payment year 2021
  – No current reporting requirements

  BUT… EXPECT

• To report on measures such as tobacco, body mass index, blood pressure to meet the 6 measure requirement
• Electronic health care records seems to be looming closer, so it if you don’t already have the capability, need to budget this line item
Changing Landscape

- Outcome measures
- Best practices
  - Profession (Audiology Practice Standards Org)
  - Facility (ADA)
- Online hearing aids
- Over-The-Counter hearing aids
- NASEM recommended that the FDA create an OTC category
  - The promulgation of the FDA Reauthorization Act of 2017 directs the FDA to create this within 3 years
    - They have until August 18, 2020 to complete the guidelines, followed by a comment period, then the rule is to be finalized 180 days after the comment period (March 2021)
Federal Drug Administration (FDA)

- Class I  Hearing aids
- Class II  Tinnitus devices/auditory trainers
- Class III  Cochlear implants
The marriage of a hearing aid company and a third party payer
  – hiHealth Innovations and United Health Care

Big box retail
  – Costco
  – Sam’s
  – Walmart

Online
  – Hearing Planet
  – Hearing aids

Over the counter devices
  – PSAPs
  – Hearables
  – AI
The Present

- More than 37.5 million people in the U.S. have some degree of hearing loss
- Low market penetration due to accessibility and affordability
  - Julia Andrews, AuD, Hearing Journal, July 2018
- Hearing Loss Association of America (HLAA) has promoted itemization for transparency in costs and service since 2012
- Itemization and transparency is supported by:
  - National Academies of Sciences, Engineering and Medicine (NASEM)
  - President’s Council of Advisors on Science and Technology (PCAST)
FOR IMMEDIATE RELEASE:
August 20, 2012

CONTACT:
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Director of Events and Marketing
nmacklin@hearingloss.org

BETHESDA, MD: In an unprecedented joint communiqué the Academy of Doctors of Audiology (ADA), the American Academy of Audiology (the Academy) and the American Speech-Language-Hearing Association (ASHA) delivered a statement focusing on consumer needs in the delivery models of hearing health care and recognizing the changing face of the hearing health care environment.

HLAA applauds ADA, the Academy, and ASHA for joining HLAA in supporting consumer needs and setting a path for audiologists to evaluate how their practices will respond to and work in a new hearing health care delivery system.

The statement echoes and reinforces HLAA’s long-standing campaign for accessible and affordable hearing health care through itemization, price transparency, and audiology services beyond the sale of hearing aids, including aural rehabilitation counseling and information about assistive listening and alerting devices. HLAA also supports consumer options in designing hearing health care to include family participation and education, measuring consumer satisfaction, and providing options for serving consumers who bought their hearing aids from another source such as the Internet. In addition, HLAA encourages audiologists to enlist the support of trained peer mentors.

Brenda Battat, executive director of the Hearing Loss Association of America said, “This is a watershed event for consumers. It validates HLAA’s policy on accessible and affordable hearing health care. Now it’s up to individual audiologists to show they are part of the shift to consumer-driven hearing health care.” Diana Bender, president of HLAA’s Board of Trustees added, “We are thrilled to see that the three national professional organizations for audiologists are working together to ensure their members get the news that hearing health care needs to be accessible, affordable and available to a far wider number of consumers. This joint letter is a tremendous first step. HLAA looks forward to collaborating with audiologists, audiology organizations and hearing aid manufacturers to provide consumers more hearing health care options.

About Hearing Loss Association of America (HLAA)
The Hearing Loss Association of America (HLAA), founded in 1979 by Rocky Stone, opens the world of communication to people with hearing loss through information, education, advocacy, and support. HLAA publishes the bimonthly Hearing Loss Magazine, holds annual conventions (HLAA Convention 2013 is in Portland, Oregon, June 27-30), produces Walk-A-Hearing® events, hosts online learning, and more. HLAA has an extensive network of chapters and state organizations. Further information can be found at www.hearingloss.org. The national headquarters is located at 7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814. Phone: 301-857-2248.
Recent Federal affordability and accessibility recommendations are likely to impact the future of hearing aid dispensing:

- President’s Council of Advisors on Science and Technology (PCAST)
- National Academies of Sciences, Engineering and Medicine (NASEM)
- Federal Drug Administration (FDA)
- Federal Trade Commission (FTC)
- Hearing Loss Association of America (HLAA)
Guiding Principles Developed by the Committee

- Prioritize the needs of individuals with hearing loss
- Emphasize hearing as a public health concern with societal responsibilities and effects
- Move toward equity and transparency
- Recognize that hearing loss may require a range of solutions
- Improve outcomes with a focus on value, quality, and safety
- Work toward an integrated approach that provides options
On August 8, 2017 H.R. 2430, the FDA Reauthorization Act of 2017, was passed. This regulates over-the-counter hearing aids for adults with self perceived mild to moderate hearing loss. The FDA is to provide regulations regarding safety/labeling and update the draft guidance on Personal Sound Amplification Products (PSAPs). They have 3 years in which to complete these regulations (August 2020).
FDA News Release

FDA takes steps to improve hearing aid accessibility

For Immediate Release December 7, 2016

The U.S. Food and Drug Administration today announced important steps to better support consumer access to hearing aids. The agency issued a guidance document explaining that it does not intend to enforce the requirement that individuals 18 and up receive a medical evaluation or sign a waiver prior to purchasing most hearing aids. This guidance is effective immediately. Today, the FDA is also announcing its commitment to consider creating a category of over-the-counter (OTC) hearing aids that could deliver new, innovative and lower-cost products to millions of consumers.

"Today's actions are an example of the FDA considering flexible approaches to regulation that encourage innovation in areas of rapid scientific progress," said FDA Commissioner Robert Califf, M.D. "The guidance will support consumer access to most hearing aids while the FDA takes the steps necessary to propose to modify our regulations to create a category of OTC hearing aids that could help many Americans improve their quality of life through better hearing."

The FDA has cited that hearing loss affects some 30 million people in the United States and can have a significant impact on communication, social participation and overall health and quality of life. Despite the high prevalence and public health impact of hearing loss, only about one-fifth of people who could benefit from a hearing aid seek intervention.

In October 2016, the President's Council of Advisors on Science and Technology (PCAST) issued recommendations intended to facilitate hearing aid device innovation, and improve affordability and patient access. Additionally, the FDA and other federal agencies and a consumer advocacy group sponsored a study published by the National Academies of Sciences, Engineering and Medicine (NAS) in June 2016:

Both PCAST and NAS cited FDA regulations regarding conditions for sale as a potential barrier to availability and accessibility of hearing aids, and concluded that the regulation was providing little to no meaningful benefit to patients. PCAST noted that, at present, hearing aids often cost more than $2,000 each, and such
FDA removed the required hearing aid waiver for those over age 18 **BUT:**

- Check with your state licensure law(s) as some still require it
- Need to abide by state licensure law requirements
Considerations

- Provide services to patients who purchased online or for those who will be purchasing an OTC (and it could be from you)
  - Office policy for devices not purchased in your office
    - Specify services/fees for devices purchased from an audiologist or hearing aid dispenser
    - Specify services/fees for online/OTC purchased devices
    - Address this in your policy and procedures manual
Considerations

- Can my practice offer OTCs and have it be financially feasible?
- Can my practice offer OTCs and have it be beneficial to my practice?
  - Will OTCs attract other patients to my office for other services?
  - Will OTCs attract patients who have been TNTs in the past?
- Do OTCs fit into my practice's vision/mission statement?
- Will OTCs appeal to my demographic base?
- Will OTCs derail or enhance opportunities for more advanced hearing aids?
- Should I consider providing other services in my practice to continue to be relevant?
- Will a separate corporate structure for OTCs be advantageous?
- What say your state licensure laws?
- What if someone with a greater than a self perceived mild to moderate hearing loss comes in for an OTC and you offer a hearing aid option as that is not appropriate, would the consumer consider that to be bait and switch?
- Provide community seminars educating consumers on both the OTC and hearing aid options?
Considerations (cont.)

– You may be in violation of existing contracts if you refuse to service these patients with devices purchased through insurance plans

– Itemizing for third party payers/administrators
  • Charge for the individual services you are providing

– And what about audiology aides or assistants?
Other Considerations

• Will third party payers no longer offer a hearing aid option other than for those mandated pediatric patients, those who have greater than mild-moderate self perceived hearing loss, and other exceptions (e.g., SSD, surgically altered ears, etc.)?

• How will OTCs impact your current insurance contracts and fee schedules?
  – What services will be included in your contract? What will be missing?
  – Will these policies separate OTCs vs. non-OTC hearing aids?
    • Will self-fitting reimbursement exist? Bonuses for patients who don’t see a professional?
  – Will there be two separate fee schedules, one for OTCs and one for non-OTCs?
  – Can you carve out hearing aids from the hearing aid plan if OTCs are offered?
  – Will need to create policies and fee schedules for OTC patients
  – What services will you provide for these devices and for other services?
  – Will you have to be credentialed for non-hearing aid devices if there is a separate contract?
Other Considerations (cont.)

• How and will this impact your private pay patients?
  – Will they seriously consider these OTC options vs. non-OTC options?
  – Will this vary with new patients vs. established patients?
  – If someone opts to begin with OTCs and then later choose a non-OTC option, is there is a timeline policy with associated fees to make this transition?
  – Will you see generational differences between baby boomers and millennials in this new marketplace?
    • Will you be able to address their needs and wants?
Considerations (cont.)

- Will a separate corporate structure for OTCs be advantageous?
- What say your state licensure laws?
  - Can ask for an opinion from the Board
- What if someone with a greater than a self perceived mild to moderate hearing loss comes in for an OTC and you offer a hearing aid option as that is not appropriate, would the consumer consider that to be bait and switch?
- Provide community seminars educating consumers on both the OTC and hearing aid options?
Toolkit for OTCs in Your Office

• Itemize

• Be paid for the services you provide based on your hourly rate + desired profit

• Create an office policy for devices not purchased in your office (OTCs, PSAPs and online)
  – Patient journey and/or one and done?
  – Specify services/fees for devices purchased from a different audiologist or hearing aid dispenser
  – Specify services/fees for online/OTC purchased devices
  – These may not be mutually exclusive
Toolkit: Procedure Codes for OTCs/Online

- **Choose one of these four options:**
  - V5010 Assessment for hearing aid  OR
  - S0618 Audiometry for an HAE to determine the level and degree of hearing loss  OR
  - CPT® 92590 Hearing aid examination and selection, monaural  OR
  - CPT® 92591 Hearing aid examination and selection, binaural

- V5011 Fitting/orientation/checking of hearing aid
- V5014 Repair/modification of hearing aid
- V5020 Conformity evaluation (also use for PSAPs)
- V5090 Dispensing fee, unspecified hearing aid  OR
- V5160 Dispensing fee, binaural  OR
- V5241 Dispensing fee, monaural hearing aid, any type
- V5299 Hearing service, miscellaneous
Codes for OTC Opportunities (cont.)

Other CPT®s:
- **92557** Comprehensive Audiometry
- **92594/5** Electroacoustic evaluation for hearing aid, monaural/binaural
- **92700** QuickSIN™ Speech-in-Noise Test
On April 18, 2017, FTC hosted “a workshop to examine competition, innovation, and consumer protection issues raised by hearing health and technology, especially hearing aids.”


✓No report issued as of yet
Other Practice Considerations

• Operations
• Marketing
• Professional Development
• Financial impact
• Human Resources
• Contract review

Practice management companies such as Audigy can assist you with these components
Audiology Aides (Assistants)

- Check with state licensure laws as to their allowed functions
  - Can they do electroacoustic checks upon arrival before a fitting and repair?
  - Demonstrate the care and feeding of a hearing aid?
  - Discuss OTC options and limitations?

- Can improve productivity and profit to allow you to practice audiology efficiently and profitably
Areas of interest and potential in offering hearing and balance services in this dynamic environment for audiologists

“It’s not about the widget…”
There will always be someone who says that they can do it cheaper
Changing Landscape (cont.)

• “There’s an app for that”
  – iPhone applications for testing and for the dispensing of hearing aids and other h(w)earables
    • Starkey’s Halo, Muse, SoundLens, AI
    • Soundhawk
    • Eargo
    • Audicus
    • Others
Toolkit for Audiology Relevancy

- Tinnitus
- Central Auditory Processing Disorders
- Vestibular evaluation/treatment
- Cochlear implant services
- Intraoperative monitoring (IONM)
- Auditory rehabilitation
- Cerumen management
- Hearing aid services (itemization)
- Assistive listening devices
- Looping services
- Support staff
  - Audiology aides/assistance, if recognized by state licensure
  - Audiologists cannot bill “incident to” for another professional
Codes for Tinnitus Evaluation and Treatment

- CPT code: 92625 Assessment of tinnitus (includes pitch, loudness and masking)
- Other tests performed

- ICD-10 codes: H93.1
  - 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
Codes for Central Auditory Processing Disorders

- CPT codes:
  - 92620 Evaluation of central auditory function, with report; initial 60 minutes
  - 92621 Evaluation of central auditory function, with report; each additional 15 minutes
CAPD (cont.)

- ICD-10 codes:
  - **H93.2** Other abnormal auditory perceptions
    - **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
Codes for Vestibular Evaluation

- **92540** Basic vestibular evaluation
- **92541** Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
- **92542** Positional nystagmus test, minimum of 4 positions, with recording
- **92543** Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
Codes for Vestibular Evaluation (cont.)

- **92544** Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
- **92545** Oscillating tracking test, with recording
- **92546** Sinusoidal vertical axis rotational testing
- **92547** Use of vertical electrodes (list separately in addition to code for primary procedure)
- **92548** Computerized dynamic posturography
Codes for Vestibular Treatment

• CPT codes:
  – 95992 Canalith Repositioning Procedure
    • Check with individual payers; Medicare and others will not recognize audiologists for this procedure

• ICD-10 codes:
  – R42 Dizziness and giddiness
  – H81.1-H81.13 BPPV
  – H81.0-H83.2X3 Disorders of vestibular function, vertiginous syndromes in diseases classified elsewhere
Codes for Cochlear Implant Services

- **CPT codes:**
- `92601` Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
- `92602` Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming
- `92603` Diagnostic analysis of cochlear implant, age 7 years or older with programming
- `92604` Diagnostic analysis of cochlear implant, age 7 years or older with reprogramming
- `92626/7` Evaluation of auditory rehabilitation status, first hour/each additional 15 minutes
Codes for Cochlear Implant Services (cont.)

- ICD-10 codes:
  - H90.3 SNHL, bilateral
  - H90.41 SNHL, right ear
  - H90.42 SNHL, left ear
  - H90.5 Unspecified HL (several listed as NOS, not otherwise specified)
IONM and Nerve Conduction Study CPT Codes

- **CPT code 95940:**
  - Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes
    - Must bill with 92585
- **CPT code 95941:**
  - Continuous intraoperative neurophysiology monitoring from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour
    - Must bill with 92585
    - Can’t bill outside of OR to Medicare
• **G0453** Continuous IONM from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes
  - List with **92585**
  - Billed in units of 15 minutes
IONM and Nerve Conduction Study CPT Codes (cont.)

- **CPT codes 95905-95913**
- **CPT code 95905**
  - Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
- Code chosen is dependent on the number of completed studies:
  - **CPT code 95905**: Report only once per limb studied
  - **CPT code 95907**: Nerve conduction studies 1-2 studies
  - **CPT code 95908**: 3-4 studies
  - **CPT code 95909**: 5-6 studies
  - **CPT code 95910**: 7-8 studies
  - **CPT code 95911**: 9-10 studies
  - **CPT code 95912**: 11-12 studies
  - **CPT code 92913**: 13 or more studies
Code for the reason for the test, type of hearing loss and/or other audiologic/pre-diagnosed findings
Codes for Auditory Rehabilitation

- CPT codes:
- **92626** Assessment of auditory rehabilitation status; first hour
- **92627** each additional 15 minutes
- **92630** Auditory rehabilitation; prelingual hearing loss
- **92633** Auditory rehabilitation; postlingual hearing loss
CPT 92626 and 92627 (AMA’s *CPT Assistant*, July 2014)

- Evaluation of auditory rehabilitation status, first hour/each additional 15 minutes
- Utilize when evaluating patient’s function prior or post fitting of unilateral or bilateral (and to identify acoustic characteristics of sounds):
  - Hearing aids *(don’t bill to Medicare)*
  - Osseo-integrated devices
  - Cochlear implants
  - Brainstem implants
- Confirm with payer
- 92626 must be for procedures greater than 31 minutes
  - Document start and end time in chart with time based codes
Codes for Auditory Rehabilitation (cont.)

- ICD-10 codes:
  - **H93.299** Other abnormal auditory perceptions, unspecified ear
  - **H90.3** SNHL, bilateral
  - **H90.41** SNHL, unilateral, right ear, with unrestricted hearing contralateral side
  - **H90.42** SNHL, unilateral, left ear, with unrestricted hearing contralateral side
  - **H90.3** SNHL, bilateral
  - **H90.8, H90.71, H90.72, H90.6** Mixed hearing loss family
  - **H90.5** Unspecified SNHL
  - **R94.120** Abnormal auditory function study
Cerumen Management

- Is in the scope of practice of audiology
- Your state licensure law determines scope of practice, so follow their guidelines.
  - If silent, can request an opinion
- Some state licensure laws do not allow CM to be performed by an audiologist
  - Removal restrictions may apply
• **69209**  Removal impacted cerumen using irrigation/lavage, unilateral

  OR

• **69210**  Removal impacted cerumen requiring instrumentation, unilateral

• Impaction defined as “cerumen impairs exam of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear condition” and “obstructive, copious cerumen that cannot be removed without magnification and multiple instrumentations requiring physician skills.”

• If bilateral, use -50 modifier, likely won’t be recognized

  -AMA CPT Assistant, January 2016
Cerumen Management (cont.)

- Can offer a voluntary ABN
- Any patient can pay for cerumen removal by an audiologist, if allowed by state licensure law
LITTLE STEPHEN KING READS HIS FIRST STORY IN CLASS
ICD-10-CM Codes Pertinent to Audiologists
Minor Addition (effective date 10/1/18):

No Change  - hearing Z01.10
Add        - infant or child (over 28 days old) Z00.129
Add        - with abnormal findings Z00.121
ICD-10 Composition

• Organized in 21 chapters
  – Each chapter is uniquely identified by letter
  – Letter does not indicate content
  – 1st digit—always alphabetic (HL is H90-H95)
  – 2nd and 3rd digits—always numeric
• There is always a decimal after the first three digits, like ICD-9’s
• First 3 digits—*define the code category*
• Second three digits—*etiology, anatomical site, or severity*
• 4-6 digits—may be letters or numbers, or may be a placeholder (x)
  – 4th- etiology
  – 5th- body part
  – 6th- severity
Basics of ICD-10’s

• Laterality
  – Adds to the volume of the number of codes (76%)

• There are a few exceptions to the rules
  – Bilateral codes end in “3”
  – Exceptions:
    • Bilateral CHL (H90.0)
    • Bilateral Mixed (H90.6)
To understand the ICD-10 Code Structure, the Centers for Medicare and Medicaid Services offers this:

ICD-10 diagnosis codes have between 3 and 7 characters:

- Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of any or all of the 4th, 5th, and 6th characters. Digits 4-6 provide greater detail of etiology, anatomical site, and severity. A code using only the first three digits is to be used only if it is not further subdivided.

- A code is invalid if it has not been coded to the full number of characters required. This does not mean that all ICD-10 codes must have 7 characters. The 7th character is only used in certain chapters to provide data about the characteristic of the encounter.
Legend for this map

• 1\textsuperscript{st} digit is alphanumeric
  – For audiologists, predominantly will be F, H, Q, R, T, and/or Z
ICD-10’s (cont.)

- Seventh digit—"extension" describes the encounter type (initial, subsequent, sequela). Used predominantly by audiologists for those codes beginning with “T.”
  - A is initial encounter (active treatment)
  - D is subsequent encounter (post active tx, routine care)
  - S is sequela for complications or conditions that arise from a direct result of a condition not specifically under treatment
    - Ototoxicity monitoring
- A dash (-) indicates additional specificity in the 5th and 6th digit positions (H91.0-)
- “x” indicates a placeholder
  - Used as a 5th character placeholder for certain 6 digit codes
Rules

• Hearing loss codes begin with “H”
  – Not for “hearing”
  – It is Chapter 8, “Diseases of the Ear and Mastoid Process” of 21 chapters

• You’ll need other codes for certain situations or processes
  – There’s plenty of room on the CMS 1500 claim form
    • 12 lines instead of 4
    • May need 7th character, code dependent
Rules (cont.)

– Be aware of the codes in other chapters:
  • **F**: Mental, Behavioral and Neurodevelopmental Disorders
  • **Q**: Congenital malformations, deformations and Chromosomal Abnormalities
  • **R**: Symptoms, Signs and Abnormal Clinical and Laboratory Findings
  • **T**: Injury, Poisoning, and Certain Other Consequences of External Causes
  • **Z**: Factors Influencing Health Status and Contact with Health Services
Sample Codes-CHL

- **H90.0** Bilateral conductive hearing loss
- **H90.11** Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
  - CHL right ear, no hearing loss in the left
- **H90.12** Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
  - CHL left ear, no hearing loss in the right
Sample Codes-SNHL

- **H90.3** Sensorineural hearing loss, bilateral
- **H90.41** Sensorineural unilateral hearing loss with unrestricted hearing on opposite side, right ear
  - SNHL right ear, no hearing loss left ear
- **H90.42** Sensorineural unilateral hearing loss with unrestricted hearing on opposite side, left ear
  - SNHL left ear, no hearing loss right ear
Additions

• Laterality is addressed with code indicator
• Threshold shift codes
  – H93.24-
• Ototoxicity code
  – H91.0-
    • H91.3 Ototoxic HL, bilateral
    • T36.5X5 Adverse effects of aminoglycosides
• Intra-operative and post procedural complications
  – H95
• **Not otherwise specified (NOS). Should be avoided.** Codes titled “unspecified” are for use when the information in the medical record is insufficient to assign a more specific code.

• **Not elsewhere classified (NEC).** Codes titled “other” or “other specified” are for use when the information in the medical record provides detail for which a specific code does not exist. These represent specific disease entities for which no specific code exists so the term is included within an “other” code.
Coding and Laterality

- 1 = Right
- 2 = Left
- 3 = Bilateral
- 0 or 9 = Unspecified

**EXCEPTIONS:**
- H90.0 Conductive HL, bilateral
- H90.6 MHL, bilateral
Code Sections

- **H60-H62**: Diseases of external ear
  - Includes acquired deformity of pinna, stenosis, exostoses, cerumen, and hematomas
- **H65-H75**: Diseases of middle ear and mastoid
  - Includes Eustachian Tube disorders, perforations
- **H80-H83**: Diseases of inner ear
  - Includes otosclerosis, vestibular/balance disorders, and noise effects (HL)
- **H90-H95**: Other disorders of ear
  - Includes otalgia, otorrhea, deafness, hearing loss, transient ischemic deafness, tinnitus, recruitment, diplacusis, hyperacusis, temporary threshold shift, neuritis, intraoperative and postprocedural complications of ear and mastoid, NEC
Diseases of Inner Ear (H80-H83)

- (H80) Otosclerosis
- (H81) Disorders of vestibular function
  - (H81.0) Ménière's disease
  - (H81.1) Benign paroxysmal vertigo
  - (H81.2) Vestibular neuronitis
  - (H81.3) Other peripheral vertigo
  - (H81.4) Vertigo of central origin
    - Central positional nystagmus
- (H82) Vertiginous syndromes in diseases classified elsewhere
- (H83) Other diseases of inner ear
  - (H83.0) Labyrinthitis
  - (H83.1) Labyrinthine fistula
  - (H83.2) Labyrinthine dysfunction
  - (H83.3) Noise effects on inner ear
ICD-10 codes (not an exhaustive list)
Diseases of inner ear: H80-H83

• H81 Disorders of vestibular function
  Excludes: vertigo: NOS (R42), epidemic (A88.1)
  – H81.0 Ménière’s disease
    Labyrinthine hydrops
    Ménière’s syndrome or vertigo
  – H81.1 Benign Paroxysmal vertigo
  – H81.2 Vestibular neuronitis
  – H81.3 Other peripheral vertigo
    Lermoyez’ syndrome
Vertigo:
  – Aural
  – Otogenic
  – Peripheral NOS (not otherwise specified)
ICD-10 codes (cont.)

- **H81.4** Vertigo of central origin
  Central positional nystagmus
- **H81.8** Other disorders of vestibular function
- **H81.9** Disorder of vestibular function, unspecified
  Vertiginous syndrome NOS
ICD-10 codes (cont.)

- **H82** Vertiginous syndromes in diseases classified elsewhere
- **H83** Other diseases of inner ear
  - **H83.0** Labyrinthitis
  - **H83.1** Labyrinthine fistula
  - **H83.2** Labyrinthine dysfunction
    - Hypersensitivity
    - Hypofunction
    - Loss of function
ICD-10 codes (cont.)

• **H83.3** Noise effects on inner ear
  Acoustic trauma
  Noise-induced hearing loss
• **H83.8** Other specified diseases of inner ear
• **H83.9** Disease of inner ear, unspecified
ICD-10 codes (cont.)

Other disorders of ear (H90-H95)

• H90 Conductive and sensorineural hearing loss

  *Includes*: congenital deafness

  *Excludes*: deaf mutism NEC (H91.3) (not elsewhere classified)

  deafness NOS (H91.9)

  hearing loss:

  » NOS (H91.9)

  » Noise-induced (H83.3)

  » Ototoxic (H91.0)

  » Sudden (idiopathic) (H91.2)
ICD-10 Codes-CHL

- **H90.0** Bilateral conductive hearing loss
- **H90.11** Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
  - CHL right ear, no hearing loss in the left
- **H90.12** Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
  - CHL left ear, no hearing loss in the right
- **H90.2** CHL, unspecified
ICD-10-CM Codes-CHL

- **H90.A11** Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
- **H90.A12** Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side
ICD-10 Codes-SNHL

- **H90.3** Sensorineural hearing loss, bilateral
- **H90.41** SNHL, unilateral, right ear, with unrestricted hearing on contralateral side
- **H90.42** SNHL, unilateral, left ear, with unrestricted hearing on contralateral side
ICD-10 Codes-SNHL

- **H90.A21** Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
- **H90.A22** Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
ICD-10 codes (cont.)

- **H90.5** Sensorineural hearing loss, unspecified
  - Congenital deafness NOS
  - Hearing loss:
    - Central
    - Neural
    - Perceptive
    - Sensory
  - Sensorineural deafness NOS
ICD-10 Codes-Mixed HL

- **H90.6** Mixed conductive and SNHL, bilateral
- **H90.7** Mixed CHL and SNHL, unilateral with unrestricted hearing on the contralateral side
- **H90.71** Mixed CHL and SNHL, unilateral, right ear, with unrestricted hearing on the contralateral side
- **H90.72** Mixed CHL and SNHL, unilateral, left ear, with unrestricted hearing on the contralateral side
- **H90.8** Mixed CHL and SNHL, unspecified
ICD-10 Codes-Mixed HL

- **H90.A31** Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
- **H90.A32** Mixed conductive and sensorineural hearing, unilateral, left ear with restricted hearing on the contralateral side
ICD-10 codes (cont.)

• **H91** Other hearing loss
  
  *Excludes:* abnormal auditory perception (H93.2)
  
  hearing loss as classified in H90.
  
  impacted cerumen (H61.2)
  
  noise-induced hearing loss (H83.3)
  
  psychogenic deafness (F44.6)
  
  transient ischaemic deafness (H93.0)

• **H91.0** Ototoxic hearing loss
  
  Use additional external cause code, if desired, to identify toxic agent.
ICD-10 codes (cont.)

- **H91.8** Other specified HL
- **H91.8X** Other specified HL
  - **H91.8X1** Other specified HL, right ear
  - **H91.8X2** Other specified HL, left ear
  - **H91.8X3** Other specified HL, bilateral
  - **H91.8X9** Other specified HL, unspecified ear
- Can use these for different ears, different types of hearing loss
ICD-10 (cont.)

- **H91.9** Hearing loss, unspecified
  Deafness:
  - NOS
  - High frequency
  - Low frequency

- **H92** Otalgia and effusion of ear
ICD-10 codes (cont.)

- **H93** Other disorders of ear, not elsewhere classified
- **H93.0** Degenerative and vascular disorders of ear
  - Transient ischaemic deafness
ICD-10 Codes - Tinnitus

• **H93.1** Tinnitus
  – **H93.11** Tinnitus, right ear
  – **H93.12** Tinnitus, left ear
  – **H93.13** Tinnitus, bilateral
  – **H93.19** Tinnitus, unspecified ear
ICD-10 Codes for Tinnitus (cont.)

- **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
ICD-10 codes (cont.)

- **H93.2 Other abnormal auditory perceptions**
  - Auditory recruitment
  - Diplacusis
  - Hyperacusis
  - Temporary auditory threshold shift

*Excludes:* auditory hallucinations (R44.0)

(H93.2-H93.299)
ICD-10 Codes (cont.)

- **H93.3** Disorders of acoustic nerve
  Disorder of 8th cranial nerve
- **H93.8** Other specified disorders of ear
- **H93.9** Disorder of ear, unspecified
F: Mental, Behavioral and Neurodevelopmental Disorders

- F01-F03.91 Dementia
- F04-F19.99 Amnesia; other mental, personality and mood disorders; alcohol, opioid, cannabis, sedatives, cocaine, other stimulants, hallucinogens, nicotine, inhalants, other psychoactives use/abuse
- F20-F48.9 Schizophrenia, manic episodes, bipolar disorder, major depressive disorder, phobic, panic, obsessive-compulsive, PTSD, dissociative/conversion, hypochondriacal, non-psychotic, and other anxiety disorders
- F50-F59 Eating/sleeping/sexual disorders, behavior syndromes associated with non-psychoactive substance abuse
- F60-69 Disorders of adult personality and behavior
- F70-F79 Intellectual disabilities
- F80-F89 Pervasive and specific developmental disorders
  - F80.0-F80.2 Phonological, expressive, mixed receptive-expressive disorder
- F80.4 speech delay due to hearing loss (code also type of HL)
- F80.8-F89 Other developmental disorders of speech and language, scholastic skills
- F90-F98.9 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- F99 Mental disorder, NOS
Q: Congenital malformations, deformations and Chromosomal Abnormalities

• Examples:
  – **Q16** Congenital malformations of ear causing impairment of hearing
  – **Q16.0** Congenital absence of (ear) auricle
  – **Q16.1** Congenital absence, atresia and stricture of auditory can (external)
  – **Q16.3** Congenital malformation of ear ossicles
  – **Q16.4** Other congenital malformations of middle ear
  – **Q16.9** Congenital malformation of ear causing impairment of hearing, unspecified
  – **Q17.1** Macrotia
  – **Q17.4** Misplaced ear (low-set ears)
The codebook states the R chapter includes signs, symptoms, abnormal results and “ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.”

May need to use when there is no H code
- R42, dizziness and giddiness, is a great example
- R62.0 delayed milestones in childhood
Auditory Symptoms

- **R42** Dizziness and giddiness
  - Light-headedness
  - Vertigo NOS
    - Excludes vertiginous syndromes (H81.-)
- **R62.0** Delayed milestones 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 ear and other special senses
T: Injury, Poisoning, and Certain Other Consequences of External Causes

- Includes barotrauma, foreign bodies, burns, frostbite, medications, gases, solvents, heavy metals, snake venom, etc.
  - Potential for ototoxicity utilization

- Includes complications with devices
T Codes

- **T36.3** Poisoning by, adverse effect of and underdosing of macrolides
- **T36.3X** Poisoning by, adverse effect of and underdosing of macrolides
- **T36.3X5** Adverse effects of macrolides
- **T36.5** Poisoning by, adverse effect of and underdosing of aminoglycosides
- **T36.5X** Poisoning by, adverse effect of and underdosing of aminoglycosides
T Codes (cont.)

- **T36.5X4** Poisoning by aminoglycosides, undetermined
- **T36.5X5** Adverse effect of aminoglycosides
- **T39.0** Poisoning by, adverse effect of and underdosing of salicylates
- **T39.01** Poisoning by, adverse effect of and underdosing of aspirin
- **T39.015** Adverse effect of aspirin
- **T39.09** Poisoning by, adverse effect of and underdosing of other salicylates
- **T39.095** Adverse effect of salicylates
T Codes (cont.)

- **T39.3** Poisoning by, adverse effect of and underdosing of other non-steroidal anti-inflammatory drugs (NSAID)
- **T39.31** Poisoning by, adverse effect of and underdosing of propionic acid derivatives (includes fenoprofen, flurbiprofen, ibuprofen, ketoprofen, naproxen oxaprozin)
- **T39.315** Adverse effect of propionic acid derivatives
- **T39.39** Poisoning by, adverse effect of and underdosing of other non-steroidal anti-inflammatory drugs (NSAID)
- **T39.395** Adverse effect of other non-steroidal anti-inflammatory drugs (NSAID)
- **T40.3** Poisoning by, adverse effect of and underdosing of methadone
- **T40.3X** Poisoning by, adverse effect of and underdosing of methadone
- **T40.3X5** Adverse effect of methadone
T Codes (cont.)

- **T45.1** Poisoning by, adverse effect of and underdosing of anti-neoplastic and immunosuppressive drugs
- **T45.1X** Poisoning by, adverse effect of and underdosing of anti-neoplastic and immunosuppressive drugs
- **T45.1X5** Adverse effect of anti-neoplastic and immunosuppressive drugs
- **T46.7X5** Adverse effect of peripheral vasolidators
- **T50.1X** Poisoning by, adverse effect of and underdosing of loop (high ceiling) diuretics
- **T50.1X5** Adverse effect of loop (high ceiling) diuretics
T Codes (cont.)

- **T52** Toxic effect or organic solvents
- **T52.1** Toxic effect of benzene
- **T52.1X** Toxic effects of benzene
- **T52.1X1** Toxic effect of benzene, accidental (unintentional)
- **T52.1X2** Toxic effect of benzene, intentional self-harm
- **T52.1X3** Toxic effect of benzene, assault
- **T52.1X4** Toxic effect of benzene, undetermined
- **T52.2** Toxic effects of homologues of benzene (toluene and xylene)
- **T52.2X** Toxic effect of homologues of benzene
- **T52.2X1** Toxic effect of homologues of benzene, accidental (unintentional)
- **T52.2X2** Toxic effect of homologues of benzene, intentional self-harm
- **T52.2X3** Toxic effect of homologues of benzene, assault
- **T52.2X4** Toxic effect of homologues of benzene, undetermined
T codes (cont.)

- **T52.8** Toxic effects of other organic solvents
- **T52.8X** Toxic effects of other organic solvents
- **T52.8X1** Toxic effect of other organic solvents, accidental (unintentional)
- **T52.8X2** Toxic effect of other organic solvents, intentional self-harm
- **T52.8X3** Toxic effect of other organic solvents, assault
- **T52.8X4** Toxic effect of other organic solvents, undetermined
- **T52.9** Toxic effects of unspecified organic solvent
- **T52.91** Toxic effect of unspecified organic solvent, accidental (unintentional)
- **T52.92** Toxic effect of unspecified organic solvent, intentional self-harm
- **T52.93** Toxic effect of unspecified organic solvent, assault
- **T52.94** Toxic effect of unspecified organic solvent, undetermined
T Codes (cont.)

- **T56** Toxic effect of metals
- **T56.0** Toxic effects of lead and its compounds
- **T56.0X** Toxic effects of lead and its compounds
- **T56.0X1** Toxic effects of lead and its compounds, accidental (unintentional)
- **T56.0X2** Toxic effects of lead and its compounds intentional self-harm
- **T56.0X3** Toxic effects of lead and its compounds, assault
- **T56.0X4** Toxic effects of lead and its compounds, undetermined
- **T56.1** Toxic effects of mercury and its compounds
- **T56.1X** Toxic effects of mercury and its compounds
- **T56.1X1** Toxic effects of mercury and its compounds, accidental (unintentional)
- **T56.1X2** Toxic effects of mercury and its compounds, intentional self-harm
- **T56.1X3** Toxic effect of mercury and its compounds, assault
- **T56.1X4** Toxic effect of mercury and its compounds, undetermined
T Codes (cont.)

- T56.8 Toxic effects of other metals
- T56.89 Toxic effects of other metals
- T56.891 Toxic effect of other metals, accidental (unintentional)
- T56.892 Toxic effect of other metals, intentional self-harm
- T56.893 Toxic effect of other metals, assault
- T56.894 Toxic effect of other metals, undetermined
- T56.9 Toxic effects of unspecified metal
- T56.91 Toxic effect of unspecified metal, accidental (unintentional)
- T56.92 Toxic effect of unspecified metal, intentional self-harm
- T56.93 Toxic effect of unspecified metal, assault
- T56.94 Toxic effects of unspecified metal, undetermined
- T57.0 Toxic effect of arsenic and its compounds
- T57.0X Toxic effect of arsenic and its compounds
- T57.0X1 Toxic effect of arsenic and its compounds, accidental (unintentional)
- T57.0X2 Toxic effect of arsenic and its compounds, intentional self-harm
- T57.0X3 Toxic effect of arsenic and its compounds, assault
- T57.0X4 Toxic effect of arsenic and its compounds, undetermined
T Codes (cont.)

- **T57.2X** Toxic effect of manganese and its compounds
- **T57.2X1** Toxic effect of manganese and its compounds, accidental (unintentional)
- **T57.2X2** Toxic effect of manganese and its compounds, intentional self-harm
- **T57.2X3** Toxic effect of manganese and its compounds, assault
- **T57.2X4** Toxic effect of manganese and its compounds, undetermined
- **T58** Toxic effect of carbon monoxide
- **T58.0** Toxic effect of carbon monoxide from motor vehicle exhaust
- **T58.01** Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional)
- **T58.02** Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm
- **T58.03** Toxic effect of carbon monoxide from motor vehicle exhaust, assault
- **T58.04** Toxic effect of carbon monoxide from motor vehicle exhaust, undetermined
- **T58.1** Toxic effect of carbon monoxide from utility gas
- **T58.11** Toxic effect of carbon monoxide from utility gas, accidental (unintentional)
- **T58.12** Toxic effect of carbon monoxide from utility gas, intentional self-harm
- **T58.13** Toxic effect of carbon monoxide from utility gas, assault
- **T58.14** Toxic effect of carbon monoxide from utility gas, undetermined
- **T58.2** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels
T Codes (cont.)

- **T58.2X** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels
- **T58.2X1** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, accidental (unintentional)
- **T58.2X2** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm
- **T58.2X3** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, assault
- **T58.2X4** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined
- **T58.8** Toxic effect of carbon monoxide from other source
- **T58.8X** Toxic effect of carbon monoxide from other source
- **T58.8X1** Toxic effect of carbon monoxide from other source, accidental (unintentional)
- **T58.8X2** Toxic effect of carbon monoxide from other source, intentional self-harm
- **T58.8X3** Toxic effect of carbon monoxide from other source, assault
- **T58.8X4** Toxic effect of carbon monoxide from other source, undetermined
- **T58.9** Toxic effect of carbon monoxide from unspecified source
- **T58.91** Toxic effect of carbon monoxide from unspecified source, accidental (unintentional)
- **T58.92** Toxic effect of carbon monoxide from unspecified source, intentional self-harm
- **T58.93** Toxic effect of carbon monoxide from unspecified source, assault
- **T58.94** Toxic effect of carbon monoxide from unspecified source, undetermined
- **T59** Toxic effect of other gases, fumes and vapors (includes aerosol propellants)
T Codes (cont.)

- **T70.0XXA** Otic barotrauma, initial encounter
- **T70.0XXD** Otic barotrauma, subsequent encounter
- **T70.0XXS** Otic barotrauma, sequela
Other Codes To Be Used With the H and T codes, If Applicable

- **A00-A09** Intestinal Infections Diseases
  - **A04.7** Clostridium difficile (C-diff)
- **A40-A41.9** Streptococcal and other sepsis
- **A49-A49.9** Bacterial infection of unspecified site
- **B50-B54** Plasmodium falciparum malaria and other malaria codes
- **B95-B95.8** Streptococcus, Staphlococcus, and Enterococcus as the cause of diseases classified elsewhere. Includes staphylococcus aureus and MRSA
- **B99-B99.9** Other and unspecified infectious diseases
Other Codes (cont.)

- **C00-C14.8** Malignant neoplasms
- **C30-C39** Malignant neoplasms of respiratory and intrathoracic organs, including head and neck and lung
- **C34-C34.92** Malignant neoplasms of bronchus and lung
- **C43.2-C43.4** Melanoma and other malignant neoplasms of skin
- **C4A.2-C4A.4** Merkel cell carcinoma of eye, external auricular canal, parts of face, scalp and neck
- **C44.2-C44.49** Other and unspecified malignant neoplasm of skin of ear and external auricular canal, face, scalp and neck
- **C47.0** Malignant neoplasm of head, face and neck
- **C49.0** Malignant neoplasm of connective and soft tissue of head, face and neck
- **C50-C50.929** Malignant neoplasm of breast
- **C51-C58** Malignant neoplasms of female genital organs
- **C60-C63.9** Malignant neoplasms of male genital organs
- **C64-C68.9** Malignant neoplasms of urinary tract
- **C71-C71.9** Malignant neoplasms of brain and other parts of central nervous system
- **C72.4-C72.59** Malignant neoplasm of acoustic nerve and unspecified cranial nerves
- **C79-C79.89** Secondary Malignant neoplasm of other and unspecified sites
Other Codes (cont.)

- **D00-D00.1** Carcinoma in situ of oral cavity, esophagus and stomach
- **D02-D02.4** Carcinoma in situ of middle ear and respiratory system
- **D03-D03.4** Melanoma in situ of lip, eyelid, external ear canal and scalp and neck
- **D03.52** Melanoma in situ of breast (skin) (soft tissue)
- **D04.2-D04.22** Carcinoma in situ of skin of ear and external auricular canal
- **D05-D09.9** Carcinoma in situ of breast
- **D10-D11.9** Benign neoplasm of mouth and pharynx
- **D14-D14.4** Benign neoplasm of middle ear and respiratory system
- **D17-D17.0** Benign lipomatous neoplasm and of head, face and neck
- **D37.0-D37.09** Neoplasm of uncertain behavior of oral cavity and pharynx
- **D38-D38.0** Neoplasm of uncertain behavior of middle ear and respiratory and intrathoracic organs
- **D39-D41.9** Neoplasm of uncertain behavior of female genital organs, male organs and urinary organs
- **D42-D42.9** Neoplasm of uncertain behavior of meninges
- **D43-D43.9** Neoplasm of uncertain behavior of brain and central nervous system
- **D48.6-D48.62** Neoplasm of uncertain behavior of breast
- **D49.3-D49.6** Neoplasm of unspecified behavior of breast, bladder, outer genitourinary organs and brain
Supplemental codes

Likely to be denied when utilized as the primary code (replaces the ICD-9 V codes)

Encounter for other special examination without complaint, suspected or reported diagnosis; the reason for the encounter
Supplemental Codes

- **Z01.10** Encounter for examination of ears and hearing without abnormal findings
  - **Z00.129** infant or child (over 28 days old)
  - **Z00.121** with 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
  - **Z0.58** Observation and evaluation of newborn for other specified suspected condition ruled out
Supplemental Codes

- **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 (Person feigning illness with obvious motivation)
- **Z77.122** Contact with and (suspected) exposure to noise
Supplemental Codes

Z83.52 Family history of ear disorders
Z86.69 Personal history of other diseases of the nervous system and sense organs
Z96.20 Presence of otological and audiological implant, unspecified
Z96.21 Cochlear implant status
Z96.22 Myringotomy tube(s) status
Z96.29 Presence of other otological and audiological implants
Z97.4 Presence of external hearing-aid
A few others…

- **G51.0** Bell’s Palsy
- **M95.11** Cauliflower ear, right
- **M95.12** Cauliflower ear, left
References

http://www.audiology.org/practice/coding/ICD-10-CM/Pages/default.aspx

http://www.cdc.gov/nchs/icd/icd10cm.htm


Essential Resources

- ICD-10-CM codebook for non-hospital based audiologists
- ICD-10-PCS codebook for hospital based audiologists
Essential Resources (cont.)

https://www.optum360coding.com/NonProd/5132
References

http://www.audiology.org/practice/coding/ICD-10-CM/Pages/default.aspx

http://www.cdc.gov/nchs/icd/icd10cm.htm


http://www.who.int/classifications/icd/en/
“The new release includes around 55,000 codes unique codes for injuries, diseases, and causes of death. According to a news release from the WHO, it will be presented at the World Health Assembly in May 2019 for adoption by member states, and will come into effect on January 1, 2022.”

Resource (with caution)

- [http://www.icd10data.com/Convert](http://www.icd10data.com/Convert)
There’s an app for that...
I DON'T ALWAYS GET SUCKED INTO A JET ENGINE.

BUT WHEN I DO, I USE ICD 10 CODE V97.33XD.
Thank you!

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