

Audiologist Tip Sheet

Service Type/Description	Procedure Code	Start/End Time	Medical Areas
MET/Eval (Initial and 3-Year)			
Encompasses all meetings, reports and evaluations. The evaluation should be reported only once, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP mtg.). <u>Note:</u> An evaluation must be completed to use this service type.			
• MET/Eval – Pure Tone Audiometry; Air Only	92552 HT	No	Yes
• MET/Eval – Pure Tone Audiometry; Air and Bone	92553 HT	No	Yes
• MET/Eval – Comprehensive Audiometry Eval & Speech Recognition	92557 HT	No	Yes
• MET/Eval – Tympanometry (impedance testing)	92567 HT	No	Yes
• MET/Eval – Conditioning Play Audiometry	92582 HT	No	Yes
IEP (Annual and Initial)			
Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. The date of service is the date of the IEP meeting.			
• IEP – Pure Tone Audiometry, Air Only	92552 TM	No	Yes
• IEP – Pure Tone Audiometry; Air and Bone	92553 TM	No	Yes
• IEP – Comprehensive Audiometry Eval & Speech Recognition	92557 TM	No	Yes
• IEP – Tympanometry (impedance testing)	92567 TM	No	Yes
• IEP – Conditioning Play Audiometry	92582 TM	No	Yes
Reed (Effective 10/1/2013)			
Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.			
• REED – Pure Tone Audiometry, Air Only	92552 TL	No	Yes
• REED – Pure Tone Audiometry; Air and Bone	92553 TL	No	Yes
• REED – Comprehensive Audiometry Eval & Speech Recognition	92557 TL	No	Yes
• REED – Tympanometry (impedance testing)	92567 TL	No	Yes
• REED – Conditioning Play Audiometry	92582 TL	No	Yes
Evals/Testing not related to MET or IEP			
Evaluations completed for purposes other than the IDEA Assessment. The date of service is the date the test is completed.			
• Non-MET/Eval – Tympanometry/Reflex Threshold Measurement	92550	No	Yes
• Non-MET/Eval – Screening Test, Pure Tone, Air Only	92551	No	Yes
• Non-MET/Eval – Pure Tone Audiometry, Air Only	92522	No	Yes
• Non-MET/Eval – Pure Tone Audiometry; Air and Bone	92553	No	Yes
• Non-MET/Eval – Speech Audiometry Threshold	92555	No	Yes
• Non-MET/Eval – Speech Audiometry Threshold w/Speech Recognition	92556	No	Yes
• Non-MET/Eval – Comprehensive Audiometry Eval & Speech Recognition	92557	No	Yes
• Non-MET/Eval – Evoked Otoacoustic Emissions, Screening	92558	No	Yes
• Non-MET/Eval – Tympanometry (impedance testing)	92567	No	Yes
• Non-MET/Eval – Acoustic Reflex Testing; Threshold	92568	No	Yes
• Non-MET/Eval – Conditioning Play Audiometry	92582	No	Yes
• Non-MET/Eval – Electroacoustic Eval for Hearing Aid; Monaural	92594	No	Yes
• Non-MET/Eval – Electroacoustic Eval for Hearing Aid; Binaural	92595	No	Yes
Treatment/Therapy			
• Individual Therapy: Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab).	92507	Optional	Yes
• Group Therapy: Therapeutic procedure(s), group (2 or more individuals).	92508	Optional	Yes
• Auditory Rehab: Pre-Lingual Hearing Loss	92630	No	Yes
• Auditory Rehab: Post-Lingual Hearing Loss	92633	No	Yes
ATD			
• ATD Self-care/Home Mgmt. Training: Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1.	97535	Yes	Yes

<ul style="list-style-type: none"> • Assistive Technology Assessment: To restore, augment, or compensate for existing function and/or maximize environmental accessibility: direct 1:1 provider contact required. <ul style="list-style-type: none"> ○ If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to. ○ Do not use if assessments for DME are billed by a Medicaid medical supplier. 	97755	Yes	Yes
Record Keeping Only			
• Monthly Progress Note	-	-	No
• Student Absent/Unavailable	-	-	No
• Provider Absent/Unavailable	-	-	No
• Non-billable Entry	-	-	No

Medical Areas	
<ul style="list-style-type: none"> • Evaluation/Testing • IEP Development/Review • Hearing Aid Fitting • Hearing Aid Testing • Speech Perception 	<ul style="list-style-type: none"> • Aural Rehab • ATD Services • ATD Coordinating • ATD Training

General Service Information
<ul style="list-style-type: none"> • Consult services are an integral part or an extension of a direct medical service and are not separately reimbursable. • Billing is due on the 5th of each month. • Group therapy must be provided in groups of 2-8 students – not billable if more than 8 • Service comments must include enough detail to allow reconstruction of what transpired for each service. • Monthly progress notes are REQUIRED for all months for which services are reported: <ul style="list-style-type: none"> ○ Must include evaluation of progress and summarize the services reported during the month ○ Must be dated in the month the services were provided - <i>using the last school day of the month is recommended</i> • If you have any questions, please contact the Medicaid department: <ul style="list-style-type: none"> ○ Heidi Cuthbert at 269-471-7725, ext. 1143 or Heidi.Cuthbert@berrienresa.org