The primary codes typically needed for billing and reimbursement purposes related to OAE screening are:

**Procedure code (CPT)**
- 92587 OAE Limited
- 92567 Tympanometry

**Diagnosis Codes (ICD-9)**
- V72.1 Pass OAE Hearing Screening
- 389.9 Refer on OAE screening*

*Children who refer on OAE screening will typically be coded as 389.9—unspecified hearing loss—based on the following description:

“If the diagnosis documented at the time is qualified as ‘probable,’ ‘suspected,’ ‘likely,’ ‘questionable,’ ‘possible,’ or ‘still to be ruled out,’ code the condition as if it existed or was established. The bases for these guidelines are the diagnostic work up, arrangements for further work up or observation, and initial therapeutic approach that correspond most closely with the established diagnosis.”

—ICD-9-CM Official Guidelines for Coding and Reporting, p. 48
Children with high-risk factors can be coded on that basis. In these cases, the signs and symptoms, chief complaint, or reason(s) for the encounter should be reported as the primary diagnosis. The provider can also use additional codes that describe any coexisting or chronic conditions. Do not code conditions previously treated that no longer exist—although history codes may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.

Additional diagnostic codes that providers may commonly need to use related to early childhood hearing disorders—based on a hearing-specific patient complaint—include:

- 315.31 Delayed Speech and Language Development
- 315.39 Articulation Errors
- 783.42 Unintelligible Speech
- 384.20 History of Tympanic Membrane Perforation, Perforation of the Tympanic Membrane, Unspecified
- 388.11 Noise Effects, Unspecified
- 388.12 Noise-Induced Hearing Loss
- 388.6 Discharging Ear Otorrhea, Unspecified
- 388.7 Ear Pain Otalgia, Unspecified
- 388.8 Aural Fullness, Other Disorders of the Ear
- 389.9 Unspecified Hearing Loss
- 783.42 Expressive Language Disorder or Late Talker