

Billing and Reimbursement Codes for Early Childhood Periodic Hearing Screening

The primary codes most often needed for billing and reimbursement purposes related to OAE and tympanometry screening are:

Procedure code (CPT)	92587 OAE Limited 92567 Tympanometry
Commonly Used Diagnosis Codes (ICD-9)	315.31 Delayed Speech and Language Development 315.34 Speech and Language Developmental Delay due to Hearing Loss 315.39 Articulation Errors 382.9 Unspecified otitis media 384.20 History of Tympanic Membrane Perforation, Perforation of the Tympanic Membrane, Unspecified 388.6 Discharging Ear Otorrhea, Unspecified 388.7 Ear Pain Otolgia, Unspecified 388.8 Aural Fullness, Other Disorders of the Ear 389.9 Unspecified Hearing Loss 783.42 Delayed Milestones, Late Talker V72.11 Encounter for hearing examination following a previously failed hearing screening V72.19 Examination of ears and hearing

Examples of Diagnosis Codes Used for Hearing Screening

Reason for Screening	Screening Outcome	Coding Example
Child receives OAE rescreen due to refer on previous screening	Refer on OAE	389.9
	Pass OAE	389.9 V72.11
Child receives OAE screen in response to specific concern(s)	Refer on OAE	389.9
	Pass OAE	389.9
Child receives OAE screen as a routine part of well-child checkup; no specific concern(s)	Refer on OAE	389.9
	Pass OAE	V72.19

Children who **refer** on OAE screening can typically be coded as 389.9—unspecified hearing loss—based on the following: “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.”

ICD-9-CM Official Guidelines for
Coding and Reporting, p. 48.

As shown above, whenever possible, other ear, hearing and communication disorder diagnosis codes should be used before using a V code. 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.) Medicaid and most private insurance providers will cover one hearing screening annually.