

## A Practical Guide to Coding for Audiologists in 2017

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## Course Objectives

- Review types of codes used in clinical audiology
- Outline current updated ICD-10-CM diagnostic codes relevant to clinical audiologists
- Practice appropriate use of updated ICD-10-CM codes
- Practice appropriate use of documentation required with new ICD-10-CM codes



## Accuracy Counts

### Coding Identifies:

- Procedures performed
- Diagnoses identified
- Certain devices/equipment/supplies acquired for patient

### Coding accuracy affects:

- Hospital payments
- Provider reimbursement
- Medical data collection
- Quality review
  - Formerly Physician Quality Reporting System (PQRS)
  - Merit-Based Incentive Payment System (MIPS) in future

## Update: PQRS

- Physician Quality Reporting System (PQRS)
  - Centers for Medicare and Medicaid Services (CMS) designed to improve quality of care to Medicare beneficiaries
    - Tracking of practice patterns
  - Retired December 31, 2016
    - No longer need to report on 50 % of traditional Medicare eligible patients to avoid penalty
- Replacement : Merit-Based Incentive Payment System (MIPS)

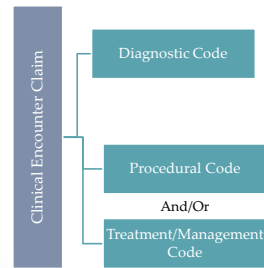
## Merit-Based Incentive Payment System (MIPS)

- Performance-based payment adjustment of up to 4%
  - *Does NOT currently include audiologists as qualifying providers (expected January 2019)*
- Focus: moving payment system to reward high value, patient-centered care
- Eligible to participate if you bill more than \$30,000 to Medicare and provide care to more than 100 Medicare patients per year
- MIPS Overview Guide:
  - [https://app.cms.gov/docs/Quality\\_Payment\\_Program\\_Overview\\_Fact\\_Sheet.pdf](https://app.cms.gov/docs/Quality_Payment_Program_Overview_Fact_Sheet.pdf)

## Who Submits Codes I Enter?

- **Smaller practices and clinics**
  - May not have dedicated coder
  - Practice management software often employed
    - Can integrate all practice operations: scheduling, reporting, coding, and billing
  - Coding outsourced
    - Hire independent medical coding provider with certification
      - American Academy of Professional Coders
      - ICD-10 proficiency testing
- **Larger practices and hospitals**
  - Dedicated in-house group or department of coders responsible for submissions and claims
  - May also outsource coding to handle large volume of patient records
    - Can be provided by network or system affiliation

## Review: Types of Codes



## Review: Types of Codes

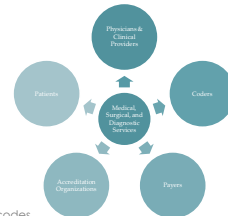
Current Procedural Terminology (CPT)

Health Common Procedural Coding System (HCPCS)

International Statistical Classification of Diseases and Related Health Problems (ICD-10-CM)

## Review: Types of Codes

- **Current Procedural Terminology (CPT)**
  - Set maintained by American Medical Association



- Procedure codes
  - E.g. 92557 for comprehensive audiometry
- No changes to HCPCS relevant to audiologists for 2017

## Review: Types of Codes

- **Health Common Procedure Coding System (HCPCS)**
  - Standardized system
  - Established for submitting claims to insurance companies for coverage of supplies and services
    - Products, supplies, and services not included in CPT codes
      - E.g. ambulance services, durable medical equipment such as prosthetics or orthotics
      - "V" codes for hearing aids and other devices
        - E.g. V5270 for television amplifier
- No changes to HCPCS relevant to audiologists for 2017



## Review: Types of Codes

- **International Statistical Classification of Diseases and Related Health Problems, 10<sup>th</sup> Revision, Clinical Modification (ICD-10-CM)**
  - "Common language"
    - Diagnostic codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, & external causes of injury or diseases
  - Used to document diagnosis resulting from procedures (CPT) billed
    - E.g. H90.0 conductive hearing loss, bilateral



## ICD-10-CM

- ICD-10 used in World Health Organization member states starting in 1994
  - Not implemented in United States until 2015
- Fee for service medicine:
  - Healthcare services are paid based on fee associated with CPT or HCPCS code submitted
  - ICD-10-CM diagnosis code supports medical necessity for service
    - Illustrates why service was performed
    - Can be source of denial
- Providers do not code for reimbursement!
  - Patient history
  - What is measured
  - What is visualized on examination

## ICD-10-CM



- Updated annually
  - Current revision implemented October 1, 2016
- Updates affect documentation, coding and billing, and E-records in all health care settings

## Benefits of ICD-10-CM

- Center for Medicare and Medicaid Services Stated updated ICD-10-CM will provide better data to:

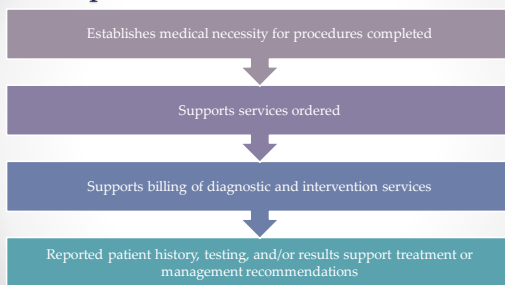


Medicare Learning Network, ICD 903187 August 2016

## Updates: ICD-10-CM

- ICD-10-CM updates should be applied to:
  - Superbill
  - Documentation
  - Billing software
  - Report forms
  - Payer contracts
  - Patient contracts/communication
  - Practice management systems

## Importance of Documentation

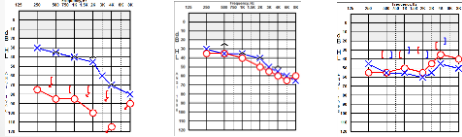


## Guidelines for use of ICD-10-CM

- Specific diagnostic codes should be reported when supported by available medical record documentation & clinical knowledge of patient's health condition
- Each health care encounter should be coded to level of certainty known for that encounter
- It is not appropriate to use a specific code not supported by documentation in patient's medical record
- It is not appropriate to conduct medically unnecessary diagnostic testing to determine a more specific code

## Same HL Both Ears

- Same type of hearing loss in both ears:
  - Use bilateral codes
  - Symmetry or asymmetry does not matter
    - H90.0 Conductive hearing loss, bilateral
    - H90.3 Sensorineural hearing loss, bilateral
    - H90.6 Mixed conductive and sensorineural hearing loss, bilateral



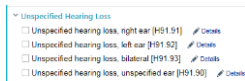
## “Unrestricted”

Code with “unrestricted” = Normal

- If patient has hearing loss in one ear but normal hearing in other ear, must use:
  - H90.11 Conductive hearing loss, unilateral, right ear, with unrestricted hearing on contralateral side
  - H90.12 Conductive hearing loss, unilateral, left ear, with unrestricted hearing on contralateral side
  - H90.41 Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on contralateral side
  - H90.42 Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on contralateral side
  - H90.71 Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on contralateral side
  - H90.72 Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on contralateral side

## “Unspecified” HL

- Indicates there is insufficient information in medical record or from patient reported history to assign more specific code
  - Limit use of “unspecified” types of codes
    - Only use in cases where type of hearing loss has not yet been determined
      - E.g. newborn hearing screenings
    - If ear with issue/ailment not indicated in medical record, assign code for unspecified

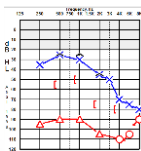


## Ear Specificity

- Unlike ICD-9 codes, ICD-10-CM has unilateral codes that have implied meaning for the other ear
  - Still no codes that list only one ear without implied meaning for other ear
- Each complaint must have one of the following codes:
  - Ear specific
    - If patient has a different type of hearing loss in each ear
      - Must choose 2 codes, one for each ear
  - “Bilateral”
  - “Unspecified”

## Ear Specificity

- New 90.A series ear specific codes
  - Indicate different type of hearing loss in each ear by reporting 2 codes
    - Code both types of hearing loss (one for each ear)
  - No longer use “unspecified hearing loss” if patient has different types of HL in each ear
    - This may lead to issues with reimbursement



## Ear Specificity

- Sensorineural Hearing Loss in one ear
  - If other ear has normal hearing:
    - H90.41 Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on contralateral side
    - H90.42 Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on contralateral side
  - If other ear has different type of hearing loss:
    - 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

## Ear Specificity

- Conductive Hearing Loss in one ear
  - If other ear has normal hearing:
    - H90.11 Conductive hearing loss, unilateral, right ear, with unrestricted hearing on contralateral side
    - H90.12 Conductive hearing loss, unilateral, left ear, with unrestricted hearing on contralateral side
  - If other ear has different type of hearing loss:
    - 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

## Ear Specificity

- Mixed Hearing Loss in one ear
  - If other ear has normal hearing:
    - H90.71 Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on contralateral side
    - H90.72 Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on contralateral side
  - If other ear has different type of hearing loss:
    - H90.A31 Mixed conductive and sensorineural hearing loss, unilateral, right ear, with restricted hearing on contralateral side
    - H90.A32 Mixed conductive and sensorineural hearing loss, unilateral, left ear, with restricted hearing on contralateral side

## Recurring or Longstanding HL of Same Type

- "Each unique ICD-10-CM diagnosis code may be reported only once for an encounter. This applies to bilateral conditions when there are no distinct codes identifying laterality or two different conditions classified to the same ICD-10-CM diagnosis code." (ICD-10-CM Official Guidelines for Coding and Reporting, FY 2016)

## Recurring or Longstanding HL of Same Type

The following are only covered for **initial** evaluation of hearing problem:

- H90.3 Sensorineural hearing loss, bilateral
- H90.41 Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
- H90.42 Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
- 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
- H90.5 Sensorineural hearing loss, unspecified
- H90.6 Mixed conductive and sensorineural hearing loss, bilateral
- 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.A31 Mixed hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
- H90.A32 Mixed hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
- H91.21 Sudden idiopathic hearing loss, right ear
- H91.22 Sudden idiopathic hearing loss, left ear
- H91.23 Sudden idiopathic hearing loss, bilateral

**All subsequent evaluations require clear documentation in patient record that patient reports a change in hearing**

## Recurring or Longstanding HL of Same Type

- Evaluation
- ▼ Chief Complaint
    - Hearing Loss / Details
    - Change in Hearing / Details
    - Dizziness / Details
    - Tinnitus / Details
    - Decreased Sound Tolerance / Details
    - Otagia / Details
    - Ear Fullness / Details
    - Trigeminal Neuralgia / Details
    - Hemifacial Spasm / Details
    - Acoustic Neuroma / Details
    - Other (Click Edit to Document in Comments) / Details

## Normal Hearing

Patient reports hearing loss but testing reveals hearing WNL...

### 1. Can code chief complaint or symptom that prompted evaluation

- **MUST** also report reason for test/procedure and explain that results were normal in documentation
  - Code condition to highest degree of certainty for encounter
    - Signs/symptoms, abnormal test results, other reason for visit
- "Do not code diagnoses documented as 'probable,' 'suspected,' 'questionable,' 'rule out,' or 'working diagnosis' or other similar terms indicating uncertainty." (ICD-10-CM Official Guidelines for Coding and Reporting, FY 2016)

## Normal Hearing

- 2. H93.29 Abnormal auditory perception
  - o H93.291 Other abnormal auditory perception, right ear
  - o H93.292 Other abnormal auditory perception, left ear
  - o H93.293 Other abnormal auditory perception, bilateral
  - o H93.299 Other abnormal auditory perception, unspecified ear
- 3. H69.9 Eustachian Tube Dysfunction
  - o If physician notes eustachian tube dysfunction when ordering audiogram, but no hearing loss present, can use ETD as Dx
    - H69.91 Unspecified eustachian tube disorder, right ear
    - H69.92 Unspecified eustachian tube disorder, left ear
    - H69.93 Unspecified eustachian tube disorder, bilateral

## Normal Hearing

- Avoid use of Z codes:
  - o Z codes represent reasons for encounters
    - Person may or may not be sick but enters health services for specific purpose
      - o i.e. Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
        - Z01.10 Encounter for ears and hearing without abnormal findings, Encounter for ears and hearing NOS
    - o Should be verified with the payer or facility

## “Exclude” Codes

Codes that indicate certain rules to abide by when coding:

- Excludes 1
  - o “Not coded here”
  - o These codes should not be used at the same time as the code above it in the listing
    - Occurs when 2 conditions cannot occur simultaneously
      - o E.g. congenital form of hearing loss co-occurring with an acquired form of hearing loss
        - H90 Conductive and sensorineural hearing loss
    - Excludes 1: deaf nonspeaking NOS (H91.3), deafness NOS (H91.9-), noise-induced hearing loss (H83.3-), sudden (idiopathic) hearing loss (H91.2-), ototoxic hearing loss (H91.0-)

## “Exclude” Codes

- Excludes 2
  - o “Not included here”
  - o The listed condition excluded is not part of the condition that the code represents
    - Patient MAY have both conditions simultaneously
    - Can use both code and excluded codes together when exclusion 2 code appears under a code
      - o E.g. H93.2 Other abnormal auditory perceptions
        - Excludes 2: auditory hallucinations (R44.0)

## Central Auditory Processing Disorder

ICD-10-CM has code for CAPD

- H93.25 Central Auditory Processing Disorder
  - Central auditory processing disorder
  - Congenital auditory imperception
  - Word deafness
  - Excludes 1: mixed receptive-expressive language disorder (F80.2)

## Vestibular Issues

If completing comprehensive audiogram (CPT 92557) on patient with type of dizziness not yet diagnosed

- o Can use:
  - H81.91 Unspecified disorder of vestibular function, right ear
  - H81.92 Unspecified disorder of vestibular function, left ear
  - H81.93 Unspecified disorder of vestibular function, bilateral

## Vestibular Issues

If the patient has been diagnosed with BPPV, when billing comprehensive audiometry (CPT 92557)

- o Can use:
  - H81.11 Benign paroxysmal vertigo, right ear
  - H81.12 Benign paroxysmal vertigo, left ear
  - H81.13 Benign paroxysmal vertigo, bilateral

## Tinnitus

- New codes indicating laterality available
  - o Tinnitus
    - H93.11 Tinnitus, right ear
    - H93.12 Tinnitus, left ear
    - H93.13 Tinnitus, bilateral
    - H93.19 Tinnitus, unspecified
  - o Pulsatile Tinnitus
    - H93.A1 Pulsatile Tinnitus, right ear
    - H93.A2 Pulsatile Tinnitus, left ear
    - H93.A3 Pulsatile Tinnitus, bilateral
    - H93.A9 Pulsatile Tinnitus, unspecified

## Additional Diagnoses

- Can have up to 12 ICD-10-CM codes per claim

- ▼ Related Diagnoses (Choose in addition to one or more above)
- Benign neoplasm of cranial nerves/Notable Code) [D33.3] [Details](#)
  - Trigeminal neuralgia [G50.0] [Details](#)
  - Facial nerve disorder [S51.9] [Details](#)
  - Glossopharyngeal neuralgia [G52.1] [Details](#)
  - Torticollis [M43.6] [Details](#)
  - Nerve root and plexus disorder [S54.9] [Details](#)
  - Migraine variant [G43.809] [Details](#)
  - Bell's palsy [S51.0] [Details](#)
  - Encounter for antineoplastic chemotherapy [Z51.11] [Details](#)
  - Long term (current) use of antibiotics [Z79.2] [Details](#)

## Codes Without Coverage

- The following are not on list of diagnosis codes which have coverage for audiometric testing:



- Can and should list as chief complaint in encounter, but cannot be used as sole diagnostic codes submitted with procedural codes

## Future of International Classification of Diseases

- ICD-11 is currently in revision process
  - o Most recent conference October 2016 to revise and finalize ICD-11
  - o Not yet complete
  - o Goal of committee is to launch ICD-11 for implementation in 2018

## Impending Update

2018 release of ICD-10-CM replaces 2017 update

- o Codes to be used from October 1, 2017 through September 30, 2018.
- o **Note:** The 2018 General Equivalence Mappings (GEMs) will be posted in August 2017. The 2018 ICD-10-CM guidelines, and POA Exempt Codes will be posted at a later date
- o No significant changes to audiology related codes evident at this time

## Resources

- ASHA
  - Coding Guidance
  - Most current coding requirements, audiology-relevant code lists
    - "Coding and Billing for Audiology and Speech-Language Pathology" guide can be purchased
    - <http://www.asha.org/practice/reimbursement/coding/>
- Centers for Medicare and Medicaid Services (CMS)
  - Guidelines for use of codes
  - Code look-up
  - Updates to MIPS
  - [https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/03\\_ICD-10andVersion5010ComplianceTimelines.asp](https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/03_ICD-10andVersion5010ComplianceTimelines.asp)

## Resources

- AAA
  - Guidelines for use of codes
  - FAQ's regarding coding
  - [https://audiology.org/practice\\_management/coding/coding?Token=AD038A4D-A4B6-439E-B8CB-11BBB6B607E7](https://audiology.org/practice_management/coding/coding?Token=AD038A4D-A4B6-439E-B8CB-11BBB6B607E7)
    - Need academy ID to access page
- Centers for Disease Control and Prevention (CDC)
  - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- World Health Organization (WHO)
  - <http://www.who.int/classifications/icd/en>

## Questions?