



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

# MODEL SUPERBILL for AUDIOLOGY

The following is a model of a superbill which could be used by an audiology practice when billing private health plans. This sample is not meant to dictate which services should or should not be listed on the bill. Most billable codes are from the American Medical Association (AMA) *Current Procedural Terminology* (CPT)<sup>®</sup> 2009. Prosthetic and durable medical equipment codes, such as hearing aid codes, are published by the Centers for Medicare and Medicaid Services (CMS) as the *Healthcare Common Procedure Code System* (HCPCS).

The superbill is a standard form which health plans use to process claims. For the professional rendering services, it provides a time efficient means to document services, fees, codes, and other information required by insurance companies, (i.e., certification and licensure). The patient uses this form to file for health plan payment.

**NOTE: This is only a model, therefore some procedures, codes, or other pertinent information may not be found on the following model. For a complete list of CPT and ICD-9 codes, the *ASHA Health Plan Coding & Claims Guide* is available through ASHA's [Online Store](#) or by calling ASHA's Product Sales at 1-888-498-6699.**

## MODEL AUDIOLOGY SUPERBILL

PATIENT:	INSURED:
REFERRING PHYSICIAN:	ADDRESS:
FILE:	INSURANCE PLAN:
DATE:	INSURANCE PLAN #:
DATE INITIAL SYMPTOM:	DATE FIRST CONSULTATION:

PLACE OF SERVICE:     HOME         OFFICE         OTHER: \_\_\_\_\_

**DIAGNOSIS:**

PRIMARY (Audiology):	ICD-9 CODE:
SECONDARY (Medical):	ICD-9 CODE:
HEARING AID/EARMOLD DEFECT:	

**SERVICES:**

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE	<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
<b><i>Audiological Assessment Procedures</i></b>					
<input type="checkbox"/> Tympanometry and reflex threshold measurements	92550	_____	<input type="checkbox"/> Auditory evoked potentials, comprehensive	92585	_____
<input type="checkbox"/> Screening test, pure tone, air only	92551	_____	<input type="checkbox"/> Auditory evoked potentials, limited	92586	_____
<input type="checkbox"/> Pure tone audiometry (threshold); air only	92552	_____	<input type="checkbox"/> Evoked otoacoustics emissions, limited	92587	_____
<input type="checkbox"/> Pure tone audiometry (threshold); air and bone	92553	_____	<input type="checkbox"/> Evoked otoacoustics emissions, comprehensive	92588	_____
<input type="checkbox"/> Speech audiometry threshold	92555	_____	<input type="checkbox"/> Evaluation of central auditory function, with report; initial 60 minutes	92620	_____
<input type="checkbox"/> Speech audiometry threshold; w/speech recognition	92556	_____	<input type="checkbox"/> each additional 15 minutes	92621	_____
<input type="checkbox"/> Comprehensive audiometry threshold evaluation and speech recognition	92557	_____	<input type="checkbox"/> Assessment of tinnitus (includes pitch, loudness matching, and masking)	92625	_____
<input type="checkbox"/> Audiometric testing of groups	92559	_____	<b><i>Hearing Aid Assessment and Fitting Procedures</i></b>		
<input type="checkbox"/> Bekesy audiometry; screening	92560	_____	<input type="checkbox"/> Hearing aid exam and selection; monaural	92590	_____
<input type="checkbox"/> Bekesy audiometry; diagnostic	92561	_____	<input type="checkbox"/> Hearing aid exam and selection; binaural	92591	_____
<input type="checkbox"/> Loudness balance test, alternate binaural or monaural	92562	_____	<input type="checkbox"/> Hearing aid check; monaural	92592	_____
<input type="checkbox"/> Tone decay test	92563	_____	<input type="checkbox"/> Hearing aid check; binaural	92593	_____
<input type="checkbox"/> Short increment sensitivity index (SISI)	92564	_____	<input type="checkbox"/> Electroacoustic evaluation for hearing aid; monaural	92594	_____
<input type="checkbox"/> Stenger test, pure tone	92565	_____	<input type="checkbox"/> binaural	92595	_____
<input type="checkbox"/> Tympanometry (impedance testing)	92567	_____	<input type="checkbox"/> Ear protector attenuation measurements	92596	_____
<input type="checkbox"/> Acoustic reflex testing, threshold	92568	_____	<input type="checkbox"/> Intraop nerve test add-on	95920	_____
<input type="checkbox"/> Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	92570	_____	<input type="checkbox"/> Somatosensory testing	95925	_____
<input type="checkbox"/> Filtered speech test	92571	_____	<input type="checkbox"/> Visual evoked potential test	95930	_____
<input type="checkbox"/> Staggered spondaic word test	92572	_____	<input type="checkbox"/> H-reflex test, amplitude and latency study	95934	_____
<input type="checkbox"/> Sensorineural acuity level test	92575	_____	<input type="checkbox"/> H-reflex test, not g/s muscle	95936	_____
<input type="checkbox"/> Synthetic sentence identification test	92576	_____	<input type="checkbox"/> Neuromuscular junction test	95937	_____
<input type="checkbox"/> Stenger test, speech	92577	_____	<b><i>Vestibular and Balance System Assessment Procedures</i></b>		
<input type="checkbox"/> Visual reinforcement audiometry (VRA)	92579	_____	<input type="checkbox"/> Spontaneous nystagmus, including gaze	92531	_____
<input type="checkbox"/> Conditioning play audiometry	92582	_____	<input type="checkbox"/> Positional nystagmus test	92532	_____
<input type="checkbox"/> Select picture audiometry	92583	_____	<input type="checkbox"/> Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	92533	_____
<input type="checkbox"/> Electrocochleography	92584	_____	<input type="checkbox"/> Optokinetic nystagmus test	92534	_____

<input checked="" type="checkbox"/>	PROCEDURE	CPT	CHARGE
<input type="checkbox"/>	Basic vestibular evaluation, incl. spontaneous nystagmus test w/eccentric gaze fixation nystagmus, w/recording, positional nystagmus test, min. of 4 positions, w/recording, optokinetic nystagmus test, bidirectional foveal & peripheral stimulation, w/recording, & oscillating tracking test, w/recording	92540	_____
<input type="checkbox"/>	Spontaneous nystagmus test, incl. gaze and fixation nystagmus, with recording	92541	_____
<input type="checkbox"/>	Positional nystagmus test, minimum of four positions	92542	_____
<input type="checkbox"/>	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	92543	_____
<input type="checkbox"/>	Optokinetic nystagmus test, bi-directional, foveal or peripheral stimulation, w/ recording	92544	_____
<input type="checkbox"/>	Oscillating tracking test, with recording	92545	_____
<input type="checkbox"/>	Sinusoidal vertical axis rotational testing	92546	_____
<input type="checkbox"/>	Use of vertical electrodes in any or all of the above tests	92547	_____
<input type="checkbox"/>	Computerized dynamic posturography	92548	_____
<b>Vestibular and Balance Rehabilitation Services</b>			
<input type="checkbox"/>	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver) per day.	95992	_____
<b>Cerumen Management Services</b>			
<input type="checkbox"/>	Removal of impacted cerumen, one or both ears	69210	_____
<b>Auditory Implant Services</b>			
<input type="checkbox"/>	Cochlear implant follow-up exam <7 years of age	92601	_____
<input type="checkbox"/>	Reprogram cochlear implant <7 years of age	92602	_____
<input type="checkbox"/>	Cochlear implant follow-up exam >7 years of age	92603	_____
<input type="checkbox"/>	Reprogram cochlear implant > 7 years of age	92604	_____
<input type="checkbox"/>	Diagnostic analysis with programming of auditory brainstem implant, per hour	92640	_____
<b>Habilitative and Rehabilitative Services</b>			
<input type="checkbox"/>	Evaluation of speech, language, voice, communication, and/or auditory processing	92506	_____
<input type="checkbox"/>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507	_____
<input type="checkbox"/>	group, two or more individuals	92508	_____
<input type="checkbox"/>	Evaluation of auditory rehabilitation status, 1st hour	92626	_____
<input type="checkbox"/>	each additional 15 minutes	92627	_____
<input type="checkbox"/>	Auditory rehabilitation; pre-lingual hearing loss	92630	_____
<input type="checkbox"/>	Auditory rehabilitation; post-lingual hearing loss	92633	_____
<b>Hearing Aids (HCPCS Level II Codes)</b>			
<input type="checkbox"/>	Assessment for Hearing Aid	V5010	_____
<input type="checkbox"/>	Fitting/Orientation/Checking of Hearing Aid	V5011	_____
<input type="checkbox"/>	Repair/Modification of a Hearing Aid	V5014	_____
<input type="checkbox"/>	Conformity Evaluation	V5020	_____
<input type="checkbox"/>	Hearing aid, Monaural, body worn, air conduction	V5030	_____
<input type="checkbox"/>	bone conduction	V5040	_____
<input type="checkbox"/>	Hearing Aid, Monaural, in the ear (ITE)	V5050	_____

<input checked="" type="checkbox"/>	PROCEDURE	CPT	CHARGE
<input type="checkbox"/>	Hearing Aid, Monaural, behind the ear (BTE)	V5060	_____
<input type="checkbox"/>	Glasses, air conduction	V5070	_____
<input type="checkbox"/>	Glasses, bone conduction	V5080	_____
<input type="checkbox"/>	Dispensing fee, Unspecified Hearing Aid	V5090	_____
<input type="checkbox"/>	Hearing Aid, bilateral, body worn	V5100	_____
<input type="checkbox"/>	Dispensing fee, bilateral	V5110	_____
<input type="checkbox"/>	Binaural, body	V5120	_____
<input type="checkbox"/>	Binaural, ITE	V5130	_____
<input type="checkbox"/>	Binaural, BTE	V5140	_____
<input type="checkbox"/>	Binaural, glasses	V5150	_____
<input type="checkbox"/>	Dispensing fee, binaural	V5160	_____
<input type="checkbox"/>	Hearing Aid, CROS, ITE	V5170	_____
<input type="checkbox"/>	Hearing Aid, CROS, BTE	V5180	_____
<input type="checkbox"/>	Hearing Aid, CROS, glasses	V5190	_____
<input type="checkbox"/>	Dispensing fee, CROS	V5200	_____
<input type="checkbox"/>	Hearing Aid, BICROS, ITE	V5210	_____
<input type="checkbox"/>	Hearing Aid, BICROS, BTE	V5220	_____
<input type="checkbox"/>	Hearing Aid, BICROS, glasses	V5230	_____
<input type="checkbox"/>	Dispensing Fee, BICROS	V5240	_____
<input type="checkbox"/>	Dispensing Fee, Monaural Hearing Aid	V5241	_____
<input type="checkbox"/>	Hearing Aid, Analog, monaural, completely in the ear canal (CIC)	V5242	_____
<input type="checkbox"/>	Hearing aid, analog, monaural, in the canal (ITC)	V5243	_____
<input type="checkbox"/>	Hearing aid, digitally programmable analog, monaural, CIC	V5244	_____
<input type="checkbox"/>	Hearing aid, digitally programmable analog, monaural, ITC	V5245	_____
<input type="checkbox"/>	Hearing aid, digitally programmable analog, monaural, ITE	V5246	_____
<input type="checkbox"/>	Hearing aid, digitally programmable analog, monaural, BTE	V5247	_____
<input type="checkbox"/>	Hearing aid, analog, binaural, CIC	V5248	_____
<input type="checkbox"/>	Hearing aid, analog, binaural, ITC	V5249	_____
<input type="checkbox"/>	Hearing aid, digitally programmable analog, binaural, CIC	V5250	_____
<input type="checkbox"/>	Hearing aid, digitally programmable analog, binaural, ITC	V5251	_____
<input type="checkbox"/>	Hearing aid, digitally programmable, binaural, ITE	V5252	_____
<input type="checkbox"/>	Hearing aid, digitally programmable, binaural, BTE	V5253	_____
<input type="checkbox"/>	Hearing aid, digital, monaural, CIC	V5254	_____
<input type="checkbox"/>	Hearing aid, digital, monaural, ITC	V5255	_____
<input type="checkbox"/>	Hearing aid, digital, monaural, ITE	V5256	_____
<input type="checkbox"/>	Hearing aid, digital, monaural, BTE	V5257	_____
<input type="checkbox"/>	Hearing aid, digital, binaural, CIC	V5258	_____
<input type="checkbox"/>	Hearing aid, digital, binaural, ITC	V5259	_____
<input type="checkbox"/>	Hearing aid, digital, binaural, ITE	V5260	_____
<input type="checkbox"/>	Hearing aid, digital, binaural, BTE	V5261	_____
<input type="checkbox"/>	Hearing aid, disposable, any type, monaural	V5262	_____
<input type="checkbox"/>	Hearing aid, disposable, any type, binaural	V5263	_____
<input type="checkbox"/>	Earmold/insert, not disposable, any type	V5264	_____

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
<input type="checkbox"/> Earmold/insert, disposable, any type	V5265	_____
<input type="checkbox"/> Battery for use in hearing device	V5266	_____
<input type="checkbox"/> Hearing aid supplies/accessories	V5267	_____
<input type="checkbox"/> Assistive listening device, telephone amplifier, any type	V5268	_____
<input type="checkbox"/> Assistive listening device, alerting, any type	V5269	_____
<input type="checkbox"/> Assistive listening device, television amplifier, any type	V5270	_____
<input type="checkbox"/> Assistive listening device, television caption decoder	V5271	_____
<input type="checkbox"/> Assistive listening device, TDD	V5272	_____
<input type="checkbox"/> Assistive listening device, for use with cochlear implant	V5273	_____
<input type="checkbox"/> Assistive learning device not otherwise specified	V5274	_____
<input type="checkbox"/> Ear impression, each	V5275	_____
<input type="checkbox"/> Hearing Service, Miscellaneous	V5299	_____

**Other Procedures**

<input type="checkbox"/> Otorhinolaryngological service or procedure	92700	_____
<input type="checkbox"/> Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	98966	_____

<input checked="" type="checkbox"/> PROCEDURE	CPT	CHARGE
<input type="checkbox"/> 11-20 minutes of medical discussion	98967	_____
<input type="checkbox"/> 21-30 minutes of medical discussion	98968	_____
<input type="checkbox"/> Online assessment & management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment & management service provided within the previous 7 days, using the Internet or similar electronic communications network.	98969	_____
<input type="checkbox"/> Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care professional	99366	_____
<input type="checkbox"/> Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	99368	_____

Total Charges: \$ \_\_\_\_\_

**BILLING INFORMATION**

PREVIOUS BALANCE:	\$ _____
TODAY'S CHARGES:	\$ _____
<b>TOTAL DUE:</b>	<b>\$ _____</b>
PAID TODAY:	\$ _____

PAID BY:  CASH  CREDIT  CHECK  
○ VISA ○ MC ○ OTHER

<b>BALANCE:</b>	<b>\$ _____</b>
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**AUTHORIZATIONS**

I hereby authorize direct payment of benefits to Audiology & Hearing Center, Inc.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I hereby authorize Steven Smith, AuD, CCC-A to release any information acquired in the course of treatment.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Steven Smith, AuD, CCC-A**  
 Audiology & Hearing Center, Inc.  
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 Rockville, MD 00000  
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