

## **Otoacoustic Emissions- Frequently Asked Questions**

The American Academy of Audiology, the Academy of Doctors of Audiology and the American Speech-Language-Hearing Association offer the following Frequently Asked Questions resource to assist members with practice and billing questions for the new otoacoustic emissions screening code, CPT code 92558, as well as the new code descriptors for CPT codes 92587 and 92588. It is recommended that members consult with facility billing departments as well as with third party payors for guidance. Payors may dictate the use of specific diagnosis codes, modifiers, and coverage determinations. Members should also consider consulting with equipment distributors if questions arise regarding specific equipment protocols and capabilities.

The definitions for the otoacoustic emissions (OAE) codes are as follows:

**92558**: Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis

**92587**: Distortion product evoked otoacoustic emissions, limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

**92588**: Comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation of the test, with a report

### **Frequently Asked Questions**

**Q. For CPT code 92588, the new code descriptor says "a minimum of 12 frequencies." Does that mean I need to perform 12 frequencies in total or 12 frequencies per ear?**

A. A "minimum of 12 frequencies" would need to be completed for each ear.

**Q. Who can perform CPT code, 92558, the OAE screening code?**

A. Support personnel, an audiologist or a physician can perform this test.

**Q. When should I use 92558?**

A. If the provider of the service relies only on the equipment determining the pass/fail response, without further clinical assessment and/or interpretation, report 92558.

**Q. What is required with "interpretation and report?"**

A. You are to include the interpretation of the test results in the patient's medical record. A print out from the equipment by itself, is not considered a report.

**Q. Do I need a modifier with any of these codes?**

A. CPT code 92558 may require the -33 modifier, preventive service. It is important that audiologists consult the specific guidance that will be provided by some third party payors, which may dictate the use of this modifier. For more information, see:

<http://www.ama-assn.org/resources/doc/cpt/new-cpt-modifier-for-preventive-services.pdf>.

**Q. For CPT code 92587 and 92588, can a technician perform the test and the audiologist do the interpretation and report?**

A. Yes, as with all the codes that have the technical component (TC)/ professional component (PC) split (92540-92546, 92548 and 92585), if the test is performed by a technician under the direct supervision of a physician or by a physician, the test can be filed with the TC modifier. If an audiologist is performing the interpretation and report, he or she would file the claim with the -26 modifier. Services provided by a technician cannot be filed by an audiologist or with the audiologist's National Provider Identifier (NPI).

**Q. My equipment will allow me to do only 8 frequencies. What code should I report?**

A. For anything less than 12 discrete frequencies, report 92587.

**Q. What if I do both distortion product and transient evoked OAEs?**

A. You may report 92587 with the -22 modifier, increased procedural service, to indicate the additional test.

**Q. Do the frequencies have to be octave and mid-octave?**

A. No, they can be any combination indicated by case history or test results, but the requirement of at least 12 distinct frequencies for both ears must be met in order to file 92588.

**Q. What is the difference between 92587 and the new screening code?**

A. The new screening code is an automated pass/fail test, which may be performed by support personnel. CPT code 92587 requires 3-6 distinct frequencies, interpretation, and a statement of the presence or absence of hearing loss and the frequencies affected.

**Q. What if my equipment does not have the capability to perform 12 distinct frequencies?**

A. Anything less than 12 frequencies will require reporting 92587, with interpretation.

**Q. I repeat 6 frequencies two times/ear for reliability. Can this be considered as the minimum of 12 frequencies for CPT code 92588?**

A. While it is important to prove reliability, this scenario does not constitute the minimum of 12 frequencies for the utilization of CPT code 92588 since it is six frequencies that have been repeated. CPT code 92588 requires 12 discrete frequencies. You may of course, run 12 frequencies twice for reliability, which would constitute appropriate use of 92588.

*CPT codes are the property of the American Medical Association. This guidance is for informational purposes only and was created by the American Academy of Audiology, the Academy of Doctors of Audiology, and the American Speech-Language-Hearing Association.*