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Home (/) > Vestibular Testing

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Q: What is the best way to bill for auto head rotation (VAT) testing? Is 92546 the appropriate code?

A: There is no CPT code for any type of autorotation test whether it be rotary chair or vestibular autorotation tests. In the past, many audiologists have used code 92546, which is actually a sinusoidal harmonic test that could be argued represents the purpose of the test. Some members bill one unit per plane of testing. If horizontal and vertical are tested, two units may be billed.

CMS has not made any statements about either of these issues and audiologists always need to bill prudently and conservatively. Remember that billing patterns can and will be compared to colleagues regionally and nationally.

Q: Can an audiologist bill for a "Dix-Hallpike" and if so, what is the correct procedure code?

A: There is no CPT code to describe "Dix-Hallpike". The Academy suggests that it be included within the "minimum of four positions" that is used when billing CPT 92542, positional nystagmus test, minimum of 4 positions, with recording. The Academy recommends refraining from using CPT code 92700 "Unlisted otorhinolaryngological service or procedure" as the documentation required to bill this code likely will not yield appropriate, if any reimbursement.

Q: I am an audiologist working in an ENT practice. I recently taught a patient the Brandt-Daroff exercise and billed Medicare using diagnosis code 780.4 and CPT code 97535. The claim was denied for the following reason. "These are non-covered services because this is not deemed a 'medical necessity' by the payer." How should this be coded in order to be reimbursed?

A: The ICD-9 code 780.4 is for disequilibrium yet it sounds as if the patient has BPPV, ICD-9 code 386.11. Reference an ICD-9 book to be sure that the diagnosis code is correct. Secondly, there are no treatment codes for patient education payable to ENT or Audiology that the Academy is aware of. Unfortunately no CPT codes presently exist for Canalith Repositioning Procedure for BPPV treatment. Physical Therapists are using an assortment of therapeutic codes and extrapolating them to BPPV. Likewise, audiologists and ENT's may use positional tests with VOG recording that may be paid, but an explanation describing what and why the procedure was performed is required. . For audiologists who are Medicare providers, these services are considered statutorily excluded because audiologists are permitted reimbursement of diagnostic services only. Medicare patients may be expected to pay for these services at

the time they are rendered. Patients may be given an NEMB informing them that this is a statutorily excluded service and they are responsible for payment.

Q: What is the proper payment and coding for an Epley/Semont procedure?

A: Presently, a CPT treatment code specific for BPPV does not exist. In fact, there are no vestibular treatment codes presently in existence. When Physical Therapists "treat" patients for vestibular disorders, not just BPPV, they are using an assortment of treatment codes, for which they are approved. None of these specifically identifies their use for BPPV or any other vestibular disorder. Over the past 15 years or so, this has been a generally accepted practice, but certainly could be open for interpretation. These physical medicine codes are billed based on units of time in 15 minute intervals. Since a CRP, Epley, Semont or whatever BPPV treatment method you select usually takes no longer than 6-10 minutes, the reimbursement would be very low if you only bill the time it takes.

The professional dilemma is that audiologists are not recognized by CMS to be eligible for any evaluation or treatment codes, only for diagnostic procedures. However, there are a number of other third-party payers that recognize our expertise and do reimburse audiologists for physical medicine codes for VRT, including BPPV treatments.

Another option that some members have used is to record the procedure with infrared VNG goggles and bill CPT code 92542, positional nystagmus testing (1 unit) and 1 unit of CPT code 92547 use of vertical electrodes. This is an alternative, but may be slightly gray in interpretation and should be done properly, if chosen as an approach.

For audiologists who are Medicare providers, these services are considered statutorily excluded because audiologists are eligible for reimbursement of diagnostic services only. Medicare patients may be expected to pay for these services at the time they are rendered. In this scenario, it would be appropriate to issue a Notice of Exclusions of Medicare Benefits (NEMB) informing them that this is a statutorily excluded service and that they may be responsible for payment.

Q: A recent "coding alert" was published in an otolaryngology newsletter about procedures for Dix-Hallpike and "particle repositioning" (i.e., the Epley or Semont maneuver). How should audiologists code these procedures when billing under their own provider number?

A: The Academy cannot advise on how to bill. However, for the hospital situation, you may want to look into contracting with the hospital for reimbursement since you cannot bill for the inpatient charge and will likely not get paid if billing for an outpatient, hospital charge. Unfortunately, no codes presently exist for Canalith Repositioning Procedure for BPPV treatment. Physical Therapists are using an assortment of therapeutic codes and extrapolating them to BPPV. Likewise, audiologists and ENT's may use positional tests with VNG recording that could be paid, but may have to provide documentation as to what and why the procedure was performed.

Q: What type of equipment must be used to qualify for billing "computerized dynamic posturography" , CPT code 92548?

A: A dynamic platform posturography system is needed before you can consider billing for the procedure. Computerized dynamic posturography (CPD), should utilize a true dynamic platform. It is the Academy's

understanding that only a few states and/or intermediaries actually reimburse for 92548.

Q: I am a manager of an outpatient clinic conducting vestibular procedures. Are audiologists able to participate in this clinic within their scope and are they able to bill appropriately?

A: The scope of practice is not the issue, the issue is how the facility is classified by CMS. The audiologists are in their scope of practice performing and interpreting all the vestibular codes 92541-92548.

Q: How does an audiologist bill for video ENG testing?

A: It is the Academy's opinion that vestibular CPT descriptors do not reflect changes in technology from an analogue strip chart to computer and video recordings. The CPT codes simply state "with recording". Our interpretation within the CPT descriptor is that this includes paper, hard drive, videotape and CD, which can then be archived, stored, reviewed etc. until such time that the codes are revised to reflect more recent technological advances.

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