

Loma Linda University Health-Access Center Financial Services

Referral Guides provide community physicians and clinic staff with the information needed to refer patients to LLUH for care.

Audiology

AGE DIAGNOSTIC APPTS.	CPT Code	MEDICAL	CCS	CORRELATING DESCRIPTION
0 – 23 months	99203	99203	Z5900	Initial Visit
	99213	99213	Z5906	Subsequent Visit
	92652	X4522	Z5914	BAER/ABR
	92579	X4501	Z5916	Visual Reinforcement Audiometry
	92555	92555	Z5918	Speech Audiometry Threshold
	92567	X4540	Z5924	Tympanometry
	92550	X4540, X4530	Z5924, X4530	Tympanometry + Acoustic Reflexes
	92587	X4535	Z5936	Otoacoustic Emissions
	92628	92628	92628	Evaluation for Hearing Aid Candidacy

AGE - Diagnostic Appointments	CPT CODE	MEDICAL	CCS	CORRELATING DISCRIPTION
2 – 5 years	99203	99203	Z5902	Initial Visit
	99213	99213	Z5908	Subsequent Visit
	92579	X4501*	Z5916	Visual Reinforcement Audiometry
	92582	X4501	Z5916	Conditioned Play Audiometry
	92555	92555	Z5918	Speech Audiometry Threshold
	92556	92556	Z5918, Z5920	SRT and Speech Reception Testing
	92567	X4540*	Z5924	Tympanometry
	92550	X4540, X4530	Z5924, X4530	Tympanometry + Acoustic Reflexes
	92587	X4535	Z5936	Otoacoustic Emissions
	92628	92628	92628	Evaluation for Hearing Aid Candidacy

AGE - Diagnostic Appointments	CPT CODE	MEDICAL	CCS	CORRELATING DISCRIPTION
6+ years	99203	99203	Z5904	Initial Visit
	99213	99213	Z5910	Subsequent Visit
	92557	X4500	X4500	Comprehensive Audiologic Evaluation
	92582	X4501	Z5916	Conditioned Play Audiometry
	92555	92555	Z5918	Speech Audiometry Threshold
	92556	92556	Z5918, Z5920	SRT and Speech Reception Testing
	92567	X4540*	Z5924	Tympanometry
	92550	X4540, X4530	Z5924, X4530	Tympanometry + Acoustic Reflexes
	92587	X4535	Z5936	Otoacoustic Emissions
	92628	92628	92628	Evaluation for Hearing Aid Candidacy
Inpatient	92522	X4501	Z5916	Puretone, Air-conduction only
	92553	X4501	Z5916	Puretone, Air + bone conduction
	92587	X4535	Z5936	Otoacoustic Emissions
Specialty Tests	92565	92565	92565	Stenger – Puretone
	92577	92577	92577	Stenger - Speech
	92575	92575	92575	Sensorineural Acuity Test (SAL)

AGE - Diagnostic Appointments	CPT CODE	MEDICAL	CCS	CORRELATING DISCRIPTION
VNG	92567	X4540	Z5924	Tympanometry
	92540	X4546	X4546	4 Test Combo
	92541	92541	92541	Spontaneous Nystagmus
	92542	92542	92542	Positional Nystagmus
	92544	92544	92544	OPK
	92545	92545	92545	OSC Tracking
	92537	92537	92537	Caloric Irrigation - Bithermal
	92538	92538	92538	Caloric Irrigation - Monothermal
VEMPs	92519	92519	92519	cVEMP + oVEMP
	92518	92518	92518	oVEMP (ocular)
	92517	95217	92517*	cVEMP (cervical)
Cochlear Implant Evaluation (all ages)	99204*	99204*	Z5950	Cochlear Implant Consult (Counseling by an Audiologist, per hour)
	92626	92626	Z5940	Evaluation of Aural Rehab; 1 st Hour
	92627	92627	Z5940	Evaluation of Aural Rehab; Add. 15 Min.
	92641	92641	X4532/ X4542	Hearing device verification (monaural/ binaural)

AGE - Diagnostic Appointments	CPT CODE	MEDICAL	CCS	CORRELATING DISCRIPTION
Cochlear Implant (CI) 0 – 6 years	92601	92601	Z5958	Initial Stimulation
	92633	92633	Z5966	Cochlear Implant Orientation
	92602	92602	Z5958	Subsequent Mapping
	92626	92626	Z5940/ Z5942*	Evaluation of Aural Rehab; 1 st Hour (HA/CI)
	92627	92627	Z5940/ Z5942*	Evaluation of Aural Rehab; Add. 15 Min. (HA/CI)
	92550	92550	X4540&X4530	eSRT
	92552	92552	Z5968	Post Implant Soundfield
	92556	92556	Z5956	Speech Perception Testing
Cochlear Implant (CI) 7+ years	92603	92603	Z5958	Initial Stimulation
	92633	92633	Z5966	Cochlear Implant Orientation
	92604	92604	Z5958	Subsequent Mapping
	92626	92626	Z5940/ Z5942*	Evaluation of Aural Rehab; 1 st Hour (HA/ CI)
	92627	92627	Z5940/ Z5942*	Evaluation of Aural Rehab; Add. 15 Min. (HA/ CI)
	92550	92550	X4540&X4530	eSRT
	92552	92552	Z5968	Post Implant Soundfield
	92556	92556	Z5956	Speech Perception Testing

AGE - Diagnostic Appointments	CPT CODE	MEDICAL	CCS	CORRELATING DISCRIPTION
Cochlear Implant (CI) Check All	L7510, 7520	L7520	Z5964	Prosthetic Device Repair/Repair per 15 Min.
Bone Anchored Hearing Device (BAHD) / Osseointegrated Device (OID)	92622	92622	92622	Diagnostic Analysis, programming & verification of OID, first 60 minutes
	92623	92623	92623	Diagnostic Analysis, programming & verification of OID, each additional 15 minutes
Hearing Aid	92628, 92631	N/A	92628, 92631, V5010	Hearing Aid Evaluation: Candidacy/Selection
	92634	N/A	Z5940; Z5822NU	Hearing Aid Fitting / Orientation; Batteries
	92639	N/A	Z5930/ Z5932	REM (monaural/ binaural)
	92638	N/A	Z5928	Behavioral Verification of amplification
Earmold	V5264	N/A	V5264NU	Earmold

Additional Internal Reference Information from Audiology Quick Reference Guide:

CCS:

- **New and established California Children’s Services (CCS) patients must have authorization prior to being seen by any medical provider.** A Service Authorization Request (SAR) is submitted by the referring provider. Once approved, the appropriate Service Code Groupings (SCGs) are opened.
- **Patients scheduling with Audiology require a SCG 04.** All codes in the CCS column are covered under the SCG 04 excluding the **codes in red**. For example, if VNG testing is requested, additional codes need to be requested and authorized prior to date of appointment.

- Exceptions to SCG 04:
 - CCS patients may be seen under SCG 02 for all diagnostic testing (including VNG).
 - CCS patients may be seen under SCG 06 for audiologic evaluation only. If VNG is required under SCG 06, all VNG-related codes must be separately requested and authorized.
 - CCS patients may be seen under SCG 05 for cochlear implants (see below).

Medi-Cal:

- **Medi-Cal** providers accept CPT codes and X-codes. **When available, X-codes are used preferentially due to improved reimbursement.**
- *X4540 is limited to once every 6 months when billed by the same provider for the same recipient
- *X4530 is limited to once a month when billed by the same provider for the same recipient
- *X4500 includes payment for puretone audiometry x4501; when a claim is submitted for code X4501 in addition to X4500, reimbursement for X4501 is denied
- Intraoperative Monitoring: 95940 (IOM) and 95867 (EMG/Needle/Cranial Nerve Supp) are covered by MediCal, 92584 (NRT) is not covered by MediCal

Medicare:

- Hearing aid services are not included under Medicare
- Intraoperative Monitoring: 95940 (IOM) and 92584 (NRT) are covered by Medicare, 95867 (EMG/Needle/Cranial Nerve Supp) is not covered by Medicare

Non-MediCal HMO coverage require CPT codes; MediCal accepts both CPT and Xcodes, *if mult. Xcodes are required, authorization for only one xcode is needed (use MediCal column); CCS require SCG 04 (all codes excluding the codes in red are covered under a SCG 04. Will also accept SCG 02 & 06. See Limitations on next page.

Intraoperative Monitoring:

- Only one department can bill **95940** for intraoperative monitoring; please check with neurology department before scheduling the appointment to ensure there will not be any billing issues
- 95940 (IOM) and 95867 (EMG/Needle/Cranial Nerve Supp) are covered by MediCal, 92584 (NRT) is not covered by MediCal

- 95940 (IOM) and 92584 (NRT) are covered by Medicare, 95867 (EMG/Needle/Cranial Nerve Supp) is not covered by Medicare

VNG: Testing can be performed in patients ≥ 7 years of age

- 92540 (4 test combo) = 92541, 92542, 92544, 92545, all 4 tests must be completed to bill 92540.
 - For adult patients, **all CPT** codes must be requested: **92567/X4540, 92540/X4546, 92541, 92542, 92544, 92545, 92537 and 92538.**
 - For CCS patients, 92541, 92542, 92544, 92545, 92537 and 92538 are not included under a SCG 04; **therefore 92541, 92542, 92544, 92545, 92537 and 92538 codes must be requested in addition to the SCG 04**

VEMPs: Testing can be performed in patients ≥ 2 years of age

- 92519 includes both oVEMP & cVEMP testing – must be requested for all patients
- 92518 oVEMP only – must be requested for all patients
- 92517 cVEMP only – must be requested for all patients; **Exception:** CCS patients with an SCG05 do not require separate 92517 authorization*

Cochlear Implants (Manufacturers: Cochlear & Advanced Bionics):

• **Cochlear Implant Evaluations:**

- **Child/Adult:** Request all listed evaluation codes, however, 99204 is NOT required for adult cochlear implant evaluations.
- **CCS patients:** As of 1/1/2026, LLU accepts CCS for cochlear implant patients. At this time, only NEW patients (candidates for cochlear implantation) are being accepted. Transfer patients will be accommodated once appropriate resources are in place. Route CRM to audiology MAs for review and scheduling. **Patient will require a SCG05 for a cochlear implant evaluation. Z5942*** Aural Rehabilitation (following cochlear implant) requires SCG05.
- Cochlear Implant Mapping appointments require authorization of 4 codes: 92626, 92627, 92550 and either an initial stimulation (92601, 92603) **OR** subsequent mapping (92602, 92603) which is determined by type of appointment and age.
- Use -50, -RT and/or -LT modifier with 92601 – 92604 when mapping **bilateral** cochlear implant patients
- Patients requiring device repair, replacement parts, or batteries must contact the manufacturer directly. Please provide contact information: **Cochlear Americas:** 800-483-3123 or **Advanced Bionics:** 877-829-0026.

Hearing Aids (Manufacturers: Phonak, Oticon, Widex & Resound):

- We **ONLY** dispense/bill hearing aids for Risk Management, Adventist Health and PACE patients. We **ACCEPT** self-pay patients if they have another insurance and do **NOT** have hearing aids benefits with LLU (e.g.

UHC). We do not offer payment plans. Hearing aid price range: \$1,800 – 3,300 per hearing aid (subject to change).

- Earmolds are \$120 per mold. Swim plugs are \$100 per mold. Cost due at impression appointment unless part of hearing aid order.
- We DO NOT fit hearing aids for Medi-Cal patients. Patients are referred back to PCP for hearing aid provider referral.
- We DO NOT perform hearing aid evaluations or fit hearing aids for CCS patients unless under the cochlear implant evaluation process; we will recommend hearing aids if necessary and do aided testing only to ensure standard of care.

Bone Conduction Hearing Devices (Manufacturers: Cochlear BAHA & OSIA; Oticon Medical Ponto):

- We offer programming services to all insurance carriers (surgical and non-surgical BAHDs). Self-pay option available if non-covered benefit.
- We fit surgical devices for all insurance carriers. We only fit/replace non-surgical BAHD devices on a soft / hard band for CCS.
- Existing recipients will obtain repairs/replacements directly through the manufacturer. Please provide contact information: Cochlear Americas: 800-483-3123 and Oticon Medical: 888-277-8014.
 - CCS will cover a one-time repair without clinical support. If patient has used this, please send CRM to audiology MAs for support.