

**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>Audiological Assessment Procedures</b>			<b>Hearing Aid Assessment and Fitting Procedures</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>Vestibular and Balance System Assessment Procedures</b>		
<input type="checkbox"/> Bekesy audiometry; screening	92560	_____	<input type="checkbox"/> Spontaneous nystagmus, including gaze	92531	_____
<input type="checkbox"/> Bekesy audiometry; diagnostic	92561	_____	<input type="checkbox"/> Positional nystagmus test	92532	_____
<input type="checkbox"/> Loudness balance test, alternate binaural or monaural	92562	_____	<input type="checkbox"/> Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	92533	_____
<input type="checkbox"/> Tone decay test	92563	_____	<input type="checkbox"/> Optokinetic nystagmus test	92534	_____
<input type="checkbox"/> Short increment sensitivity index (SISI)	92564	_____			
<input type="checkbox"/> Stenger test, pure tone	92565	_____			
<input type="checkbox"/> Tympanometry (impedance testing)	92567	_____			
<input type="checkbox"/> Acoustic reflex testing, threshold	92568	_____			
<input type="checkbox"/> Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	92570	_____			
<input type="checkbox"/> Filtered speech test	92571	_____			
<input type="checkbox"/> Staggered spondaic word test	92572	_____			
<input type="checkbox"/> Sensorineural acuity level test	92575	_____			
<input type="checkbox"/> Synthetic sentence identification test	92576	_____			
<input type="checkbox"/> Stenger test, speech	92577	_____			
<input type="checkbox"/> Visual reinforcement audiometry (VRA)	92579	_____			
<input type="checkbox"/> Conditioning play audiometry	92582	_____			
<input type="checkbox"/> Select picture audiometry	92583	_____			
<input type="checkbox"/> Electrocochleography	92584	_____			

<input checked="" type="checkbox"/>	PROCEDURE	CPT	CHARGE	<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"/>	Hearing Aid, Monaural, behind the ear (BTE)	V5060	_____
<input type="checkbox"/>	Spontaneous nystagmus test, incl. gaze and fixation nystagmus, with recording	92541	_____	<input type="checkbox"/>	Glasses, air conduction	V5070	_____
<input type="checkbox"/>	Positional nystagmus test, minimum of four positions	92542	_____	<input type="checkbox"/>	Glasses, bone conduction	V5080	_____
<input type="checkbox"/>	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	92543	_____	<input type="checkbox"/>	Dispensing fee, Unspecified Hearing Aid	V5090	_____
<input type="checkbox"/>	Optokinetic nystagmus test, bi-directional, foveal or peripheral stimulation, w/ recording	92544	_____	<input type="checkbox"/>	Hearing Aid, bilateral, body worn	V5100	_____
<input type="checkbox"/>	Oscillating tracking test, with recording	92545	_____	<input type="checkbox"/>	Dispensing fee, bilateral	V5110	_____
<input type="checkbox"/>	Sinusoidal vertical axis rotational testing	92546	_____	<input type="checkbox"/>	Binaural, body	V5120	_____
<input type="checkbox"/>	Use of vertical electrodes in any or all of the above tests	92547	_____	<input type="checkbox"/>	Binaural, ITE	V5130	_____
<input type="checkbox"/>	Computerized dynamic posturography	92548	_____	<input type="checkbox"/>	Binaural, BTE	V5140	_____
<b>Vestibular and Balance Rehabilitation Services</b>				<input type="checkbox"/>	Binaural, glasses	V5150	_____
<input type="checkbox"/>	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver) per day.	95992	_____	<input type="checkbox"/>	Dispensing fee, binaural	V5160	_____
<b>Cerumen Management Services</b>				<input type="checkbox"/>	Hearing Aid, CROS, ITE	V5170	_____
<input type="checkbox"/>	Removal of impacted cerumen, one or both ears	69210	_____	<input type="checkbox"/>	Hearing Aid, CROS, BTE	V5180	_____
<b>Auditory Implant Services</b>				<input type="checkbox"/>	Hearing Aid, CROS, glasses	V5190	_____
<input type="checkbox"/>	Cochlear implant follow-up exam <7 years of age	92601	_____	<input type="checkbox"/>	Dispensing fee, CROS	V5200	_____
<input type="checkbox"/>	Reprogram cochlear implant <7 years of age	92602	_____	<input type="checkbox"/>	Hearing Aid, BICROS, ITE	V5210	_____
<input type="checkbox"/>	Cochlear implant follow-up exam >7 years of age	92603	_____	<input type="checkbox"/>	Hearing Aid, BICROS, BTE	V5220	_____
<input type="checkbox"/>	Reprogram cochlear implant > 7 years of age	92604	_____	<input type="checkbox"/>	Hearing Aid, BICROS, glasses	V5230	_____
<input type="checkbox"/>	Diagnostic analysis with programming of auditory brainstem implant, per hour	92640	_____	<input type="checkbox"/>	Dispensing Fee, BICROS	V5240	_____
<b>Habilitative and Rehabilitative Services</b>				<input type="checkbox"/>	Dispensing Fee, Monaural Hearing Aid	V5241	_____
<input type="checkbox"/>	Evaluation of speech, language, voice, communication, and/or auditory processing	92506	_____	<input type="checkbox"/>	Hearing Aid, Analog, monaural, completely in the ear canal (CIC)	V5242	_____
<input type="checkbox"/>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507	_____	<input type="checkbox"/>	Hearing aid, analog, monaural, in the canal (ITC)	V5243	_____
<input type="checkbox"/>	group, two or more individuals	92508	_____	<input type="checkbox"/>	Hearing aid, digitally programmable analog, monaural, CIC	V5244	_____
<input type="checkbox"/>	Evaluation of auditory rehabilitation status, 1st hour	92626	_____	<input type="checkbox"/>	Hearing aid, digitally programmable analog, monaural, ITC	V5245	_____
<input type="checkbox"/>	each additional 15 minutes	92627	_____	<input type="checkbox"/>	Hearing aid, digitally programmable analog, monaural, ITE	V5246	_____
<input type="checkbox"/>	Auditory rehabilitation; pre-lingual hearing loss	92630	_____	<input type="checkbox"/>	Hearing aid, digitally programmable analog, monaural, BTE	V5247	_____
<input type="checkbox"/>	Auditory rehabilitation; post-lingual hearing loss	92633	_____	<input type="checkbox"/>	Hearing aid, analog, binaural, CIC	V5248	_____
<b>Hearing Aids (HCPCS Level II Codes)</b>				<input type="checkbox"/>	Hearing aid, analog, binaural, ITC	V5249	_____
<input type="checkbox"/>	Assessment for Hearing Aid	V5010	_____	<input type="checkbox"/>	Hearing aid, digitally programmable analog, binaural, CIC	V5250	_____
<input type="checkbox"/>	Fitting/Orientation/Checking of Hearing Aid	V5011	_____	<input type="checkbox"/>	Hearing aid, digitally programmable analog, binaural, ITC	V5251	_____
<input type="checkbox"/>	Repair/Modification of a Hearing Aid	V5014	_____	<input type="checkbox"/>	Hearing aid, digitally programmable, binaural, ITE	V5252	_____
<input type="checkbox"/>	Conformity Evaluation	V5020	_____	<input type="checkbox"/>	Hearing aid, digitally programmable, binaural, BTE	V5253	_____
<input type="checkbox"/>	Hearing aid, Monaural, body worn, air conduction	V5030	_____	<input type="checkbox"/>	Hearing aid, digital, monaural, CIC	V5254	_____
<input type="checkbox"/>	bone conduction	V5040	_____	<input type="checkbox"/>	Hearing aid, digital, monaural, ITC	V5255	_____
<input type="checkbox"/>	Hearing Aid, Monaural, in the ear (ITE)	V5050	_____	<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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 (999) 999-9999 PHONE  
 (888) 888-8888 FAX

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