SUPERBILL TEMPLATE for AUDIOLOGISTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PATIENT: | | | | ACCOUNT #: | |
| DOB: | | | | POLICY HOLDER: | |
| ADDRESS: | | | | INSURANCE PLAN: | |
| POLICY #: | |
| REFERRING PHYSICIAN: | | | | DATE INITIAL SYMPTOM: | |
| DATE OF SERVICE: | | | | DATE FIRST CONSULTATION: | |
| PLACE OF SERVICE: | HOME | OFFICE | OTHER: | |  |

**DIAGNOSIS:**

|  |  |
| --- | --- |
| PRIMARY (Audiology): | ICD-10 CODE: |
| SECONDARY (Medical): | ICD-10 CODE: |
| ADDITIONAL: | ICD-10 CODE: |
| HEARING AID/EARMOLD DEFECT: | |

**SERVICES:**

| 🞎 | **DESCRIPTION** | | **CODE** | **CHARGE** | |
| --- | --- | --- | --- | --- | --- |
| **Audiological Testing and Evaluation Services** | | | | | |
|  | Tympanometry and reflex threshold measurements | | 92550 |  | |
|  | Screening test, pure tone, air only | | 92551 |  | |
|  | Pure tone audiometry (threshold); air only | | 92552 |  | |
|  | Pure tone audiometry (threshold); air and bone | | 92553 |  | |
|  | Speech audiometry threshold | | 92555 |  | |
|  | Speech audiometry threshold; w/speech recognition | | 92556 |  | |
|  | Comprehensive audiometry threshold evaluation and speech recognition | | 92557 |  | |
|  | Loudness balance test, alternate binaural or monaural | | 92562 |  | |
|  | Tone decay test | | 92563 |  | |
|  | Stenger test, pure tone | | 92565 |  | |
|  | Tympanometry (impedance testing) | | 92567 |  | |
|  | Acoustic reflex testing, threshold | | 92568 |  | |
|  | Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing | | 92570 |  | |
|  | Filtered speech test | | 92571 |  | |
|  | Staggered spondaic word test | | 92572 |  | |
|  | Sensorineural acuity level test | | 92575 |  | |
|  | Synthetic sentence identification test | | 92576 |  | |
|  | Stenger test, speech | | 92577 |  | |
|  | Visual reinforcement audiometry (VRA) | | 92579 |  | |
|  | Conditioning play audiometry | | 92582 |  | |
|  | Select picture audiometry | | 92583 |  | |
|  | Electrocochleography | | 92584 |  | |
|  | Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis | | 92558 |  | |
|  | 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 | | 92587 |  | |
|  | comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report | | 92588 |  | |
|  | Evaluation of central auditory function, with report; initial 60 minutes | | 92620 |  | |
|  | each additional 15 minutes | | 92621 |  | |
|  | Assessment of tinnitus (includes pitch, loudness matching, and masking) | | 92625 |  | |
|  | Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis | | 92650 |  | |
|  | for hearing status determination, broadband stimuli, with interpretation and report | | 92651 |  | |
|  | for threshold estimation at multiple frequencies, with interpretation and report | | 92652 |  | |
|  | neurodiagnostic, with interpretation and report | | 92653 |  | |
| **Hearing Aid Evaluation and Fitting Services** | | | | | |
|  | Hearing aid exam and selection; monaural | | 92590 |  | |
|  | binaural | | 92591 |  | |
|  | Hearing aid check; monaural | | 92592 |  | |
|  | binaural | | 92593 |  | |
|  | Electroacoustic evaluation for hearing aid;  monoaural | | 92594 |  | |
|  | binaural | | 92595 |  | |
|  | Ear protector attenuation measurements | | 92596 |  | |
| **Vestibular and Balance System Assessment Procedures** | | | | | |
|  | Vestibular evoked myogenic potential testing, with interpretation and report; cervical (cVEMP) | | 92517 |  | |
|  | ocular (oVEMP) | | 92518 |  | |
|  | cVEMP and oVEMP | | 92519 |  | |
|  | Spontaneous nystagmus, including gaze | | 92531 |  | |
|  | Positional nystagmus test | | 92532 |  | |
|  | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests) | | 92533 |  | |
|  | Optokinetic nystagmus test | | 92534 |  | |
|  | Caloric vestibular test with recording, bilateral; bithermal | | 92537 |  | |
|  | monothermal | | 92538 |  | |
|  | 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 |  | |
|  | Spontaneous nystagmus test, incl. gaze and fixation nystagmus, with recording | | 92541 |  | |
|  | Positional nystagmus test, minimum of four positions | | 92542 |  | |
|  | Optokinetic nystagmus test, bi-directional, foveal or peripheral stimulation, w/ recording | | 92544 |  | |
|  | Oscillating tracking test, with recording | | 92545 |  | |
|  | Sinusoidal vertical axis rotational testing | | 92546 |  | |
|  | Use of vertical electrodes in any or all of the above tests | | 92547 |  | |
|  | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; | | 92548 |  | |
|  | with motor control test (MCT) and adaptation test (ADT) | | 92549 |  | |
| **Vestibular and Balance Rehabilitation Services** | | | | | |
|  | Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver) per day | | 95992 |  | |
| **Cerumen Management Services** | | | | | |
|  | Removal impacted cerumen using irrigation/lavage, unilateral | | 69209 |  | |
|  | Removal impacted cerumen requiring instrumentation, unilateral | | 69210 |  | |
| **Auditory Implant Services** | | | | | |
|  | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming | | 92601 |  | |
|  | subsequent reprogramming | | 92602 |  | |
|  | Diagnostic analysis of cochlear implant, age 7 years or older; with programming | | 92603 |  | |
|  | subsequent reprogramming | | 92604 |  | |
|  | Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour | | 92626 |  | |
|  | each additional 15 minutes | | 92627 |  | |
|  | Diagnostic analysis with programming of auditory brainstem implant, per hour | | 92640 |  | |
| **Habilitative and Rehabilitative Services** | | | | | |
|  | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | | 92507 |  | |
|  | group, two or more individuals | | 92508 |  | |
|  | Auditory rehabilitation; pre-lingual hearing loss | | 92630 |  | |
|  | post-lingual hearing loss | | 92633 |  | |
| **Hearing Aids/FM Systems (HCPCS Level II Codes)** | | | | | |
|  | Assessment for hearing aid | | V5010 |  | |
|  | Fitting/orientation/checking of hearing aid | | V5011 |  | |
|  | Repair/modification of a hearing aid | | V5014 |  | |
|  | Conformity evaluation | | V5020 |  | |
|  | Hearing aid, monaural, body worn, air conduction | | V5030 |  | |
|  | bone conduction | | V5040 |  | |
|  | Hearing aid, monaural, in the ear (ITE) | | V5050 |  | |
|  | behind the ear (BTE) | | V5060 |  | |
|  | Glasses, air conduction | | V5070 |  | |
|  | bone conduction | | V5080 |  | |
|  | Dispensing fee, unspecified hearing aid | | V5090 |  | |
|  | Hearing aid, bilateral, body worn | | V5100 |  | |
|  | Dispensing fee, bilateral | | V5110 |  | |
|  | Binaural, body | | V5120 |  | |
|  | Binaural, in the ear (ITE) | | V5130 |  | |
|  | Binaural, behind the ear (BTE) | | V5140 |  | |
|  | Binaural, glasses | | V5150 |  | |
|  | Dispensing fee, binaural | | V5160 |  | |
|  | Hearing aid, contralateral routing device, monaural, in the ear (ITE) | | V5171 |  | |
|  | in the canal (ITC) | | V5172 |  | |
|  | behind the ear (BTE) | | V5181 |  | |
|  | Hearing aid, contralateral routing, monaural, glasses | | V5190 |  | |
|  | Dispensing fee, contralateral, monaural | | V5200 |  | |
|  | Hearing aid, contralateral routing system, binaural, ITE/ITE | | V5211 |  | |
|  | ITE/ITC | | V5212 |  | |
|  | ITE/BTE | | V5213 |  | |
|  | ITC/ITC | | V5214 |  | |
|  | ITC/BTE | | V5215 |  | |
|  | BTE/BTE | | V5221 |  | |
|  | glasses | | V5230 |  | |
|  | Dispensing fee, contralateral routing system, binaural | | V5240 |  | |
|  | Dispensing fee, monaural hearing aid | | V5241 |  | |
|  | Hearing aid, analog, monaural, completely in the ear canal (CIC) | | V5242 |  | |
|  | in the canal (ITC) | | V5243 |  | |
|  | Hearing aid, digitally programmable analog, monaural, CIC | | V5244 |  | |
|  | ITC | | V5245 |  | |
|  | ITE | | V5246 |  | |
|  | BTE | | V5247 |  | |
|  | Hearing aid, analog, binaural, CIC | | V5248 |  | |
|  | ITC | | V5249 |  | |
|  | Hearing aid, digitally programmable analog, binaural, CIC | | V5250 |  | |
|  | ITC | | V5251 |  | |
|  | Hearing aid, digitally programmable, binaural, ITE | | V5252 |  | |
|  | BTE | | V5253 |  | |
|  | Hearing aid, digital, monaural, CIC | | V5254 |  | |
|  | ITC | | V5255 |  | |
|  | ITE | | V5256 |  | |
|  | BTE | | V5257 |  | |
|  | Hearing aid, digital, binaural, CIC | | V5258 |  | |
|  | ITC | | V5259 |  | |
|  | ITE | | V5260 |  | |
|  | BTE | | V5261 |  | |
|  | Hearing aid, disposable, any type, monaural | | V5262 |  | |
|  | Hearing aid, disposable, any type, binaural | | V5263 |  | |
|  | Earmold/insert, not disposable, any type | | V5264 |  | |
|  | disposable, any type | | V5265 |  | |
|  | Battery for use in hearing device | | V5266 |  | |
|  | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified | | V5267 |  | |
|  | Assistive listening device, telephone amplifier, any type | | V5268 |  | |
|  | alerting, any type | | V5269 |  | |
|  | television amplifier, any type | | V5270 |  | |
|  | television caption decoder | | V5271 |  | |
|  | TDD | | V5272 |  | |
|  | for use with cochlear implant | | V5273 |  | |
|  | Assistive listening device not otherwise specified | | V5274 |  | |
|  | Ear impression, each | | V5275 |  | |
|  | Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter and microphone) | | V5281 |  | |
|  | binaural (2 receivers, transmitter and microphone) | | V5282 |  | |
|  | personal FM/DM neck, loop induction receiver | | V5283 |  | |
|  | ear level receiver | | V5284 |  | |
|  | direct audio input receiver | | V5285 |  | |
|  | personal blue tooth FM/DM receiver | | V5286 |  | |
|  | personal FM/DM receiver, not otherwise specified | | V5287 |  | |
|  | personal FM/DM transmitter assistive listening device | | V5288 |  | |
|  | personal FM/DM adapter/boot coupling device for receiver, any type | | V5289 |  | |
|  | transmitter microphone, any type | | V5290 |  | |
|  | Hearing aid, not otherwise classified | | V5298 |  | |
|  | Hearing service, miscellaneous | | V5299 |  | |
|  | Repair/modification of augmentative communicative system or device (excluding adaptive hearing aid) | | V5336 |  | |
|  | Deluxe item, patient aware (list in addition to code for basic item) | | S1001 |  | |
| **Electrophysiology Testing** | | | | | |
|  | Nerve conduction studies; 1-2 studies | | 95907 |  | |
|  | 3-4 studies | | 95908 |  | |
|  | 5-6 studies | | 95909 |  | |
|  | 7-8 studies | | 95910 |  | |
|  | 9-10 studies | | 95911 |  | |
|  | 11-12 studies | | 95912 |  | |
|  | 13 or more studies | | 95913 |  | |
|  | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs | | 95925 |  | |
|  | in lower limbs | | 95926 |  | |
|  | in upper & lower limbs | | 95938 |  | |
|  | in the trunk or head | | 95927 |  | |
|  | Visual evoked potential (VEP) testing central nervous system, checkerboard or flash | | 95930 |  | |
|  | Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method | | 95937 |  | |
|  | Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure) | | 95940 |  | |
|  | Continuous neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure) | | 95941 |  | |
| **Virtual-Only Services** | | | | | |
|  | 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 |  | | |
|  | 11-20 minutes of medical discussion | | 98967 |  | | |
|  | 21-30 minutes of medical discussion | | 98968 |  | | |
|  | Qualified nonphysician health care professional online digital assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | | 98970 |  | | |
|  | 11-20 minutes | | 98971 |  | | |
|  | 21 or more minutes | | 98972 |  | | |
|  | Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment | | 98975 |  | | |
|  | Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes | | 98980 |  | | |
|  | each additional 20 minutes | | 98981 |  | | |
|  | Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment | | G2250 |  | | |
|  | Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion | | G2251 |  | | |
| **Other Services** | | | | | |
|  | Unlisted otorhinolaryngological service or procedure | | 92700 |  | |
|  | 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 |  | |
|  | 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: | | $ | |
| **TOTAL DUE:** | | **$** | |
| PAID TODAY: | | $ | |
| PAID BY: | CASH | CREDIT  VISA  MC  OTHER | CHECK |
| **BALANCE:** | | **$** | |

**AUTHORIZATIONS**

|  |  |
| --- | --- |
| I hereby authorize direct payment of benefits to [Practice Name]. | |
| SIGNATURE: |  |
| DATE: |  |

|  |  |
| --- | --- |
| I hereby authorize [Audiologist’s Full Name, Degree, CCC-A] to release any information acquired in the course of treatment. | |
| SIGNATURE: |  |
| DATE: |  |

**Audiologist’s Full Name, Degree, CCC-A**

Practice Name | Street Address | City, State Zip

[your-email@here.com](mailto:your-email@here.com) EMAIL | (999) 999-9999 PHONE | (888) 888-8888 FAX

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