

Sample Documentation of Audiological Services

Diagnosis Code

Student:	DOB:	Medicaid#:	<input type="checkbox"/> V72.1	<input type="checkbox"/> 388.43	<input type="checkbox"/> 389.02
District Provider:	School Name:		<input type="checkbox"/> 388.40	<input type="checkbox"/> 388.44	<input type="checkbox"/> 389.03
Place of Service:	Home (12) <input type="checkbox"/>	School (03) <input type="checkbox"/>	Other (99) <input type="checkbox"/>	<input type="checkbox"/> 388.41	<input type="checkbox"/> 389.00
Audiologist:			<input type="checkbox"/> 388.42	<input type="checkbox"/> 389.01	Other -----

DATE OF SERVICE	UNITS	PROCEDURE CODE	SERVICE (attach any evaluations/ re-evaluations/test reports)	FREQUENCY LIMITS	NARRATIVE/RESULTS
		92557	Audiological Evaluation	1 per 12 months	
		92557 52	Audiological Re-Evaluation	6 per 12 months	
		92590	Hearing Aid Examination and selection; monaural	6 per 12 months	
		V5011	Fitting / Orientation / Checking of Hearing Aid	6 per 12 months	
		92592	Hearing Aid Check; monaural	6 per 12 months	
		92592 52	Hearing Aid Re-Check; monaural	6 per 12 months	
		92552	Pure Tone Audiometry	6 per 12 months	
		92567	Tympanometry (Impedance Testing)	6 per 12 months	
		92626	Evaluation of Auditory Rehabilitation Status	10 times per year	
		V5090	Dispensing Fee	6 per 12 months	
		V5275	Ear Impression, Each	6 per 12 months	
		92568	Acoustic Reflex Testing: Threshold	2 times every 12 months	
		92584	Electrocochleography	Once per implantation	

Signature _____ Title _____ Date _____