

Service Record – School Based Audiological Services

Medicaid Number		Last Name		First Name	
WVEIS #		Diagnosis Code		Date of Birth	
County	1 Service Date	1 Start Time	1 End Time	1 Procedure Code	Unit
School	2 Service Date	2 Start Time	2 End Time	2 Procedure Code	Unit
Provider Number	3 Service Date	3 Start Time	3 End Time	3 Procedure Code	Unit

Audiological Services: *Physician's authorization on file. Must be on Service Plan.*

92540	Basic Vestibular Evaluation	2 per calendar year
92555	Speech Audiometry: Threshold	1 per calendar year
92556	Speech Audiometry Threshold with Speech Recognition	1 per calendar year
92557	Basic Comprehensive Audiometry (Cannot be billed with 92555 & 92556)	1 per calendar year
92561	Bekesy Audiometry Diagnostic	1 per calendar year
92562	Loudness Balance Test Alternate Binaural or Monaural	1 per calendar year
92567*	Tympanometry Impedance Testing	1 per calendar year
92568*	Acoustic Reflex Testing	1 per calendar year
92570	Acoustic Admittance Test (cannot be billed with 92567 and 92568)	4 per calendar year
92571	Filtered Speech Test	1 per calendar year
92582	Conditioning Play Audiometry	4 per calendar year
92583	Select Picture Audiometry	1 per calendar year
92587	Evoked Otoacoustic Emissions; Limited	4 per calendar year
92590	Hearing Aid Exam – Monaural	2 per calendar year
92591	Hearing Aid Exam – Binaural	2 per calendar year
92592	Hearing Aid Check – Monaural	4 per calendar year
92593	Hearing Aid Check – Binaural	4 per calendar year
92594	Electro-acoustic Evaluation for Hearing Aid - Monaural	4 per calendar year
92595	Electro-acoustic Evaluation for Hearing Aid - Binaural	1 per calendar year

* Procedures performed during Audiology Hearing Evaluations

**Unit is one encounter/visit (with no time limit) unless otherwise specified

Signature/Credentials

Date