
Local Educational Agency (LEA) Service: Hearing

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This section contains information about audiology services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Audiology Services

Audiology is the application of principles, methods and procedures of measurement, testing, appraisal, prediction, consultation, counseling, instruction related to auditory, vestibular and related functions and the modification of communicative disorders involving speech, language, auditory behavior or other aberrant behavior resulting from auditory dysfunction.

Covered Services

Audiology services include:

- IEP/IFSP audiological assessments (evaluations)
- «IEP/IFSP hearing checks (fitting/orientation/checking of hearing aid)
- Hearing screening tests (pure tone and pure tone audiometry, threshold) (non-IEP/IFSP)
- Audiology treatments»

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by the indicated qualified practitioner(s).

Reimbursable Services for Practitioners Table

Qualified Practitioners	Reimbursable Services
Licensed audiologists «Credentialed audiologists»	IEP/IFSP audiological assessments (evaluations) «Non-IEP/IFSP hearing checks Hearing screenings: pure tone and pure tone audiometry, threshold (non-IEP/IFSP) Audiology treatments»
«Licensed physicians Licensed physician assistants» Licensed speech-language pathologists «Credentialed speech-language pathologists» Registered school audiometrists Registered credentialed school nurses (who are also registered school audiometrists)	«Hearing assessments (includes screening test, pure tone and pure tone audiometry, threshold) (non-IEP/IFSP)»

Referrals

«Assessments

Audiological assessments (evaluations) and hearing assessments (screenings outside the mandated periodicity schedule) require a written referral by a physician or dentist, within the practitioner's scope of practice (Title 22 *California Code of Regulations*, Section 51309[a]). In substitution of a written referral by a physician or dentist, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. The referral must be documented in the student's files.

When mandated Early and Periodic Screening, Diagnostic and Treatment (EPSDT) hearing screenings are conducted, the Recommendations for Preventive Pediatric Health Care (known as the periodicity schedule), published by the American Academy of Pediatrics, will act as the referral for the assessment.»

«Treatments

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. Referrals for audiology treatment services, as required by Title 22 *California Code of Regulations*, Section 51309(a) and Title 42, *Code of Federal Regulations*, Section 440.110(c), may come from physicians employed by or contracted with the LEA or may come from the student's primary care physician, dentist or licensed audiologist.

A referring physician does not need to be the student's primary care physician, nor does the referring physician need to personally evaluate the student to issue a referral for audiology treatment services. However, the referring physician must have a working relationship with the LEA and treating practitioner and must review the student's records prior to referring services.

If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (*California Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (*California Business and Professions Code*, Sections 3502 and 3502.3)

If a written referral is provided by a licensed audiologist, the LEA must also develop and implement physician-based standards (see the "Physician Based Standards" heading in this section for more information). The written referral, which must be maintained in the student's files, is valid for one year from the date of the referral and must be updated annually. Referrals may be established and documented in the student's IEP, IFSP, IHSP or other care plan.»

Physician-Based Standards

If the individual written referral is provided by a licensed audiologist, the LEA must develop and implement Physician Based Standards. Physician Based Standards must establish minimum standards of medical need for referrals to audiology treatment services. The standards must be reviewed and approved by a physician. Additionally, the LEA must ensure that the standards are subsequently reviewed/revise and approved by a physician no less than once every two years. The following documentation must be maintained and available for state and/or federal review.

- In each student's file:
 - A copy of the cover letter signed by the physician that states the physician reviewed and approved the protocol standards. The cover letter must include contact information for the physician.
 - Proof that the services rendered are consistent with the protocol standards.
- In the LEA's file:
 - A printed copy of the protocol standards.
 - Contact information for individuals responsible for developing the protocol standards.
 - Contact information for the practitioners who have reviewed and rely upon the protocol standards to document medical necessity.

Supervision Requirements

The following chart indicates whether a rendering practitioner requires supervision to provide audiology services.

Supervision Requirements Table

Qualified Practitioners	Supervision Requirements
Licensed audiologist	No supervision required to provide audiology services
«Credentialed audiologist with a valid clinical or rehabilitative services credential with an authorization in audiology or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990	No supervision required to provide audiology services»
«Licensed physician» Licensed speech-language pathologist Registered school audiometrist Speech-language pathologist with a valid preliminary or professional clear services credential	«No supervision required to provide hearing screenings»
«Licensed physician assistants with a written Practice Agreement (<i>Business and Professions Code</i> [B&P Code] § 3502, 3502.3)	Supervision required as indicated under B&P Code § 3502»
Speech-language pathologist with a valid clinical or rehabilitative services credential with an authorization in language, speech and hearing or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990	«Requires supervision by a licensed speech-language pathologist or credentialed speech-language pathologist with a valid professional clear services credential to provide hearing screenings»

Supervising Speech-Language Pathologist and/or Audiologist

«The supervising licensed speech-language pathologist or speech-language pathologist with a valid professional clear services credential must be individually involved with patient care and accept responsibility for the actions of the credentialed speech-language pathologist. The amount and type of supervision required should be consistent with the skills and experience of the supervisee and with the standard of care necessary to provide appropriate patient treatment.

The following levels of observation, contact, and review are minimum standards that should be met, understanding that the time allocation varies based on individual circumstances and needs of the student and supervisee:

- At the beginning of each school year, the IEP/IFSP or other care plan for each Medicaid-eligible student will be reviewed to determine that the speech-language service plan is appropriate
- At least twice per quarter, each Medicaid-eligible student receiving speech-language or audiology services will be directly observed
- At least twice per quarter, the supervisor will confer with the supervisee about each Medicaid-eligible student
- At least twice per quarter, relevant paperwork for each Medicaid-eligible student will be reviewed to determine that the services provided are consistent with those prescribed in the IEP/IFSP or other Care Plan

A supervising speech-language pathologist must be available by telephone (conventional or cellular) during the workday to consult with the supervisee as needed.»

Service Limitations: Daily

Audiology treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day. This daily limitation includes a maximum of three initial service increments (3 x 15 equals 45 minutes) and 21 additional service increments.

Hearing screenings provided to non-IEP/IFSP students are limited to one per student, per day.

IEP/IFSP hearing checks are limited to one per student per day.

Initial and Additional Treatment Services

One audiology treatment initial service per provider, per student, per day may be billed. The initial service for audiology treatment is based on 15 through 45 continuous minutes; one unit may be billed for each 15-minute increment. A maximum of three units may be billed for the initial service; all units are reimbursable under one initial service maximum allowable rate.

«Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes and may be rounded up when seven or more continuous minutes are provided. Additional LEA services must be billed in conjunction with an initial service treatment CPT® or HCPCS code. If the student receives more than one treatment session per day (for example, two audiology treatment sessions at different times during the day), the total treatment time for the second session must be billed as additional treatment services.»

Procedure Codes/Service Limitations Chart for Audiology Services

The following chart contains the CPT or HCPCS procedure codes with modifiers, if necessary, to bill for audiology services. The “Qualified Practitioners” listing following some charts indicates if an additional modifier (beyond those already indicated in the “Procedure Code/Modifier” column) must be entered on the claim to identify the type of practitioner who rendered the service. Service limitations are also included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

IEP/IFSP Assessments Table

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
92557 TL	Initial IFSP Audiological Assessment	One per lifetime per provider
92557 TM	Initial or Triennial IEP Audiological Assessment	One every third state fiscal year per provider
92557 52, TL	Annual IFSP Audiological Assessment	One every state fiscal year per provider when an initial/triennial IEP/IFSP audiological assessment is not billed
92557 52, TM	Annual IEP Audiological Assessment	One every state fiscal year per provider when an initial/triennial IEP/IFSP audiological assessment is not billed
92557 TS, TL	Amended IFSP Audiological Assessment	One every 30 days per provider
92557 TS, TM	Amended IEP Audiological Assessment	One every 30 days per provider

«Qualified Practitioners (Modifier)

- Licensed audiologist (no modifier)
- Credentialed audiologist (no modifier)»

Hearing Screenings (Non-IEP/IFSP) Table

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
92551	Hearing assessment, per encounter (hearing screening test, pure tone, air only)	One per day
92552	Hearing assessment, per encounter (hearing screening test, pure tone audiometry, threshold, air only)	One per day

Qualified Practitioners (Modifier)

- Licensed physician (AG)
- Licensed physician assistant (U7)
- Licensed speech-language pathologist (GN)
- Credentialed speech-language pathologist (GN)
- Registered credentialed school nurse
(who is also a registered school audiometrist) (TD)
- «Licensed audiologist (no modifier)
- Credentialed audiologist (no modifier)
- Registered school audiometrist (no modifier)»

Treatments (Pursuant to IEP, IFSP or IHSP) Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92507 TL (IFSP) or 92507 TM (IEP) or 92507 (IHSP)	Audiology initial service, 15 thru 45 continuous minutes (bill 1 unit per 15-minute increment)	3 units per day
92507 22 TL (IFSP) or 92507 22 TM (IEP) or 92507 22 (IHSP)	Audiology service, additional 15-minute increment	21 units per day
V5011 TL (IFSP) or V5011 TM (IEP)	IEP/IFSP hearing check (fitting/orientation/checking of hearing aid)	One per day

«Qualified Practitioners (Modifier)

- Licensed audiologist (no modifier)
- Credentialed audiologist (no modifier)»

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.