



## **DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN**

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### **PHYSICIAN/AUDIOLOGY BULLETIN**

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#### **DIAGNOSTIC AUDIOLOGY SERVICES**

Effective for dates of service December 1, 2006 and after, procedure codes 92552 (Pure tone audiometry, threshold; air only), 92553 (Pure tone audiometry, threshold; air and bone), 92556 (Pure tone audiometry, threshold; with speech recognition), 92557 (Comprehensive audiometry threshold evaluation and speech recognition, 92553 and 92556 combined), 92567 (Typanometry, impedance testing), and 92568 (Acoustic reflex testing; threshold) will be covered for individuals 21 and over when performed by an audiologist (provider type 33). These procedure codes must be billed with an SC modifier (Medically necessary service or supply) and must be ordered by a physician.

#### **PHYSICIAN REFERRAL**

A referral by a physician is required for an adult patient who has a pre-existing medical condition that would be adversely affected without these services. The referral must include the referring physician's name and provider number, type of services needed and medical condition. The diagnosis must be related to a medical condition and supporting documentation must be retained in the patient's file.

**Provider Bulletins** are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
**573-751-2896**