

Commonly Requested

CPT Codes

Service	CPT Code	Medi-Cal	Description	Use When	
	92557	X4500	Comprehensive Hearing Test	B (· (· · · · · · · · · · · · · · · ·	
	92567	X4530	Impedance	Referring for hearing loss for CalViva patients, request CPT codes 92557,	
Audialamı	92587	X4535	Otoacoustic Emission, Limited	92567, 92588	
	92588	X4535	Otoacoustic Emission, Complete		
	92585	X4522	Aud Brainstem Response, Comp		
Audiology	92586	N/A	Aud Brainstem Response, Limit	When requesting a Baer Testing For CalViva patients, request	
	92567	X4530	Impedance	92585, 92567, 92588)	
	92587	X4535	Otoacoustic Emission, Limited		
	92586	Z9727	Newborn Hearing (NBHS)	Newborn Hearing Screen	
	N/A	X4540	Tympanometry		
	N/A	99244 and 99245	Consultation/Evaluation	Established patient not seen in 2 years	
	93000	93000	EKG, Complete	Remember to pre-authorize all	
Cardiology	93321	93321	Doppler Echocardiogram, FU/Lim	codes on an initial referral to Cardiology	
	93303	93306	Transthoracic Echocardiogram,		
	93304	93304, 93303	Transthoracic Echocardiogram, Congenital, FU/Limit	Please include Echo code	
	93325	93325	Color Flow Doppler		
	93227	93227	Holter Monitor (48 hour)		
	93270	93272	Cardiac Event Monitoring	If preauthorizing fetal echo, authorize 76827, 76825, and 93325	
	76825	76825	Fetal Echo, 2D		
	76827	76827	Fetal Echo, Spectral, Complete		
ENT	99243	99244	Consultation/Evaluation	Recommend to pre-authorize all 4	
	92557	X4500	Comprehensive Hearing Test	codes (if a hearing evaluation has not been completed). When the	
	92567	X4530	Impedance	referral is for suspected hearing loss, otalgia, Eustation Tube Dysfunction	
	92587	X4535	Otoacoustic Emission, Limited	(ETD), microtia, atresia, or craniofacial anomalies, Tinnitus	
	95812	95819	EEG 41-60 minutes	Routine EEG	
Neurology Testing	95813	95813	EEG >60 minutes	Routine EEG	
	95816	95816	EEG, Awake & Drowsy		
	95819	95819	EEG, Awake & Asleep		
	95951	95951	Video EEG (24 hours)	Use modifier -52 for 12 hours or less	

Service	CPT Code	Medi-Cal	Description	Use When
Neuropsychology	96116 X 4	96116 X 4		
	Healthnet	96133x3, 96132x1, 96116x1	Neuropsych Testing, per hour	Request 4 visits on initial referral
Nutrition Services	97802 X 3	Z4308	Initial, Medical Nutrition Assessment and Intervention (15 minutes)	Request this code on initial referrals; it is best practice to include a signed physician order with authorization request.
	97803 X 3	97803 X 3	Subsequent Individual Appointments and Reassessment (15 minutes)	
Occupational Therapy	97165	X4100, X4102	Initial Evaluation, Low Complex	Commercial Ins authorize 97165, 97166, 97167, level of complexity cannot be predetermined. Only one code will be billed. If Insurance only allows one code, use 97167 (Highest Level of Complexity)
	97166		Initial Evaluation, Mod Complex	
	97167		Initial Evaluation, High Complex	For autism spectrum/senory processing request X4100, X4102 (x4). All others request X4100, X4102 (x2).
	97530	Treatment X4100 (Initial 30 min) X4112 (Add'l 15 min)	Therapeutic Activities, Direct (15 minutes)	97530 (X4) for each 60 min session, multiplied by the # of visits. Other CPT codes may be used that more accurately reflect the service provided.
		Treatment X4100(Initial 30 min) X4112 (Add'l 15 min)	Treatment X4100 (Initial 30 min) X4112 (Add'l 15 min)	Please request X4100 and X4112 (x2) for each 60min session. Then multiply by the number of visits per the RX.
	97161		Initial Evaluation, Low Complex	Authorize all 3 codes, level of complexity cannot be predeter-
	97162		Initial Evaluation, Mod Complex	mined. Only one code will be billed. If Insurance only allows
	97163		Initial Evaluation, High Complex	one code, use 97613 (Highest Level of Complexity)
Physical Therapy		X3920, X3922	X3920 (Initial 30 min) X3922 (Add'l 15 min)	Request X3920, X3922 (x2)
	97110		Treatment, Therapeutic Exercise (15 min increments)	97110 (x4) for each 60 min session, multiplied by the number of visits. Other CPT codes may be used that more accurately reflect the service provided.
		X3908, X3910	Treatment X3908 (initial 30 min) X3910 (Add'l 15 min)	Please request X3908 and X3910 (x2) for each 60 min session. Then multiply by the number of visits per the RX.
	70551	70551	MRI Head/Brain	
	70470	70470	CT Head w or w/out contrast	
Radiology	70450	70450	CT Head no constrast	
	76770	76770	Renal Ultrasound	
	74455	74455	VCUG	
	70553	70553	MRI Brain w & w/o Contrast	

Service	CPT Code	Medi-Cal	Description	Use When
Sleep Lab	95811	95810 x1 & 94375 x2	Sleep Lab >6 years of age	
	95782	95782 x1 & 94375 x2	Sleep Lab <6 years of age	_
Speech	92521	X4300 & X4301	Evaluation of speech fluency	
	92522	X4300 & X4301	Evaluation of speech sound production	Remember to pre-authorize all 4 codes. Use when referring for stuttering, cluttering, apraxia, articulation, dysarthria or general speech evaluation
	92523	X4300 & X4301	Evaluation of speech sound production w/language comprehension and expression	
	92524	X4300 & X4301	Behavioral and qualitative analysis of voice & resonance	
Sweat Test	89230	89230	Sweat Collection	
Urology	81001	81001	UTI	Choices include:
				81001 Urinalysis Auto W/Scope
				81002 Urinalysis Nonauto W/O Scope
				81003 Urinalysis Auto W/O Scor
	N/A	99244 or 99245	Consult/Evaluation	

NOTES:	



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