Coding and Reimbursement:
What you Need in Your Toolbox to Position Your Services For the Future

Massachusetts Academy of Audiology
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AUDIGY

Agenda

- Medicare regulations for audiologists
- Reporting for Medicare's Alternative Payment Model for 2019
- Identify the Codes (CPT, ICD-10, and HCPCS) for the provision or audiology services
- Itemizing for hearing aid services
- Contracts and Third Party Administrators
- Common audiology coding errors

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MBI Format

Pos.	1	2	3	4	5	6	7	8	9	10	11
Type	C	A	AN	N	A	AN	N	A	A	N	N

Where:

C – Numeric 1 thru 9

A – Alphabetic Character (A...Z); Excluding (S, L, O, I, B, Z)

N – Numeric 0 thru 9

AN – Either A or N

***NOTE: Alphabetic characters are Upper Case ONLY**

Position 1 – numeric values 1 thru 9
Position 2 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 3 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
Position 4 – numeric values 0 thru 9
Position 5 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 6 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
Position 7 – numeric values 0 thru 9
Position 8 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 9 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 10 – numeric values 0 thru 9
Position 11 – numeric values 0 thru 9

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Medicare Cards

- A transition period is in place, can use either number
- Beginning on January 1, 2020, must use the MBI
- Will be a look up portal if the patient forgets their card
- Massachusetts cards were to be issued beginning in June, 2018

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Resources:

- For additional information on the Social Security Number Removal Initiative (SSNRI) home page click here: https://www.cms.gov/Medicare/SSNRI/Index.html
- **Other helpful links:**
- SSNRI MBI format link: https://www.cms.gov/Medicare/SSNRI/MBI-Format-PDF.PDF
- SSNRI Health & Drug Plans: https://www.cms.gov/Medicare/SSNRI/Health-and-Drug-Plans/Health-and-drug-plans.html
- SSNRI States: https://www.cms.gov/Medicare/SSNRI/States/States.html
- SSNRI Partners /Employers: https://www.cms.gov/Medicare/SSNRI/Partners-and-Employers/Partners-and-employers.html

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Medicare Regulations/Requirements for Audiologists

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Medicare Requirements

- Many commercial payers' guidance is based on that of Medicare's
- Audiologists can **not** opt out of Medicare
- Must enroll if providing diagnostic services and billing for them
- If a Medicare beneficiary requests you file the claim, you must due to the mandatory claim statute
- Medicare requires a physician order and the audiologic and/or vestibular evaluations are to be based on medical necessity

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What is Medical Necessity?

Title XVIII of the Social Security Act, section 1862 (a)(1)(a):

Notwithstanding any other provisions of this tile, no payment may be made under Part A or Part B for any expenses incurred for items or services, which are not ***reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member***

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For those things that are statutorily excluded:

- Anything not medically necessary
- What is medical necessity?
  - ***"…necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."***
  - May be located in the Local Coverage Determination policy
  - Needed for the diagnosis or treatment of a medical condition
  - Provided for the diagnosis, direct care and treatment of the patient's medical condition
  - Meets the standard of good health practice
  - Is not for the convenience of the patient or health care practitioner
    - Williams, Burton and Abel, Audiology Today. Vol. 20 (6)
    - http://www.audiology.org/resources/audiologytoday/Documents/AudiologyToday/2008ATNovDec.pdf
- Also check *Audiology Today* Sept/October 2018, page 71

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Medicare Enrollment

- Audiology services are in the "other diagnostic test" category for Medicare
- "Other diagnostic tests" are **not (or ever)** to be billed "incident to"
- In April, 2008 the Centers for Medicare and Medicaid Services issued Transmittal 84
  - Recognition by CMS
    - Clarification of widely accepted incorrect billing practices of audiologic diagnostic services
- https://www.cms.gov/PhysicianFeeSched/50_Audiology.asp

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Medicare Requirements for Audiologists

CMS

- Audiology statute allows reimbursement only for diagnostic procedures:
  - **Sec. 1861. [42 U.S.C. 1395x] of the Social Security Act**
    - The term "audiology services" means such hearing and balance assessment services furnished by a qualified audiologist as the audiologist is **legally authorized to perform under State law (or the State regulatory mechanism provided by State law),** as would otherwise be covered if furnished by a physician

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Medicare (cont.)

- (B) The term “qualified audiologist” means an individual with a **master's or doctoral degree in audiology** who—
- (i) **is licensed as an audiologist by the State in which the individual furnishes such services, or**
- (ii) in the case of an individual who furnishes services in a State which does not license audiologists, has successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating such supervised clinical experience), performed not less than 9 months of supervised full-time audiology services after obtaining a master's or doctoral degree in audiology or a related field, and successfully completed a national examination in audiology approved by the Secretary.

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Medicare (cont.)

- Audiologists are ***not*** on the list of providers who may opt out of Medicare
  - You must be enrolled unless all services for all patients is at no charge
- Learn the rules for your contractor and monitor the Local Coverage Determination policies:
  - http://www.cms.gov/medicare-coverage-database/indexes/lcd-list.aspx?Cntrctr=198&ContrVer=1&CntrctrSelected=198*1&name=First+Coast+Service+Options%2C+Inc.+%2809202%2C+MAC+-+Part+B%29&s=46&DocType=All&bc=AggAAAAAAAAAAA%3D%3D&
- Chapter 15: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

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Tidbits

- A Medicare patient cannot pay more for the same service than another patient (OIG)
- All patients must be charged the same amount for services
- For those Medicare patients on whom you cannot collect, if you show a “good faith effort” in collecting, on a case-by-case basis, fees can then be written off
  - For all patients, have a financial agreement to collect the required co-pay

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Other Tidbits

If required by a third party payer, referring provider must be on the CMS 1500 claim form

- Medicare provider orders:
  - On the physician's letterhead or prescription pad
  - May want to avoid referral pads with your practice name to avoid solicitation
  - Check with Medicare contractor for guidance

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Medicare (cont.)

- **Chapter 15-Covered Medical and Other Health Services, Medicare Benefits Policy Manual**
  - **-80 Requirements for Diagnostic X-ray, Diagnostic Laboratory, and Other Diagnostic Tests**
  - **80.3 Audiological Diagnostic Testing**
  - **A. Benefit.** Hearing and balance assessment services are generally covered as **"other diagnostic tests"** under section 1861(s)(3) of the Social Security Act. Hearing and balance assessment services furnished to an outpatient of a hospital are covered as "diagnostic services" under section 1861(s)(2)(C).

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Medicare (cont.)

- Audiological diagnostic tests are not covered under the benefit for services 'incident to' a physician's service (described in Pub. 100-02, chapter 15, section 60), because they have their own benefit as "other diagnostic tests". See Pub. 100-04, chapter 13 for general diagnostic test policies.

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Medicare (cont.)

- Medicare considers us to be only diagnosticians by virtue of the "other diagnostic tests" category
- Requires a physician order for a medically necessary reason
  - Medicare services are predicated on "medical necessity"
  - Direct Access will remove the order requirement, but medical necessity will remain in effect and will be required
  - Medical necessity is not just a Medicare requirement
    - Required by all payers

AUDIGY

Medicare (cont.)

- "When a qualified physician or qualified nonphysician practitioner orders a specific audiological test using the CPT descriptor for the test, only that test may be performed for that order.
- Further orders are necessary if the ordered test indicates that other tests are necessary to evaluate, for example, the type or cause of the condition. Orders for specific tests are required for technicians." (MBPM Chapter 15)

AUDIGY

Medicare (cont.)

- "When the qualified physician or qualified nonphysician practitioner orders diagnostic audiological tests by an audiologist without naming specific tests, the audiologist may select the appropriate battery of tests." (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- "Coverage and Payment for Audiological Services. Diagnostic services performed by a qualified audiologist and meeting the requirements at §1861(ll)(3)(B) are payable as "other diagnostic tests."
- Audiological diagnostic tests are not covered as services incident to physician's services or as services incident to audiologist's services." (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- "The payment for audiological diagnostic tests is determined by the reason the tests were performed, rather than by the diagnosis or the patient's condition." (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- "If a beneficiary undergoes diagnostic testing performed by an audiologist without a physician order, the tests are not covered even if the audiologist discovers a pathologic condition." (MBPM Chapter 15)

AUDIGY

Medicare (cont.)

- "Payment for audiological diagnostic tests is not allowed by virtue of §1862(a)(7) when:
- The type and severity of the current hearing, tinnitus or balance status needed to determine the appropriate medical or surgical treatment is known to the physician before the test; or
- The test was ordered for the specific purpose of fitting or modifying a hearing aid." (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- Re-evaluation:
  - "Is appropriate at a schedule dictated by the ordering physician when the information provided by the diagnostic test is required, for example, to determine changes in hearing, to evaluate the appropriate medical or surgical treatment or evaluate the results of treatment." (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- "If a physician refers a beneficiary to an audiologist for testing related to signs or symptoms associated with hearing loss, balance disorder, tinnitus, ear disease, or ear injury, the audiologist's diagnostic testing services should be covered even if the only outcome is the prescription of a hearing aid." (MPBM, Chapter 15)

AUDIGY

Medicare (cont.)

- "The **technical** components of certain audiological diagnostic tests i.e., tympanometry (92567) and vestibular function tests (e.g., 92541) that do not require the skills of an audiologist may be performed by a qualified technician or by an audiologist, physician or nonphysician practitioner acting within their scope of practice.
- If performed by a **technician**, the service must be provided under the direct supervision [42 CFR §410.32(3)] of a physician or qualified nonphysician practitioner who is responsible for all clinical judgment and for the appropriate provision of the service. The physician or qualified nonphysician practitioner bills the directly supervised service as a diagnostic test." (MBPM, Chapter 15)

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Audiology Codes That Have a Technical and Professional Component

- Vestibular CPT codes (**92537-92546, 92548**)
  - **92547** (vertical electrodes) does **not** have the TC/PC split
    - Florida's Local Coverage Determination Medicare policy specifies this code for use for ENG and VNG
- Comprehensive ABR CPT code (**92585**)
- OAE CPT codes (**92587, 92588**)

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TC/PC split

- If a technician performs the test, that can be billed "incident to" the physician, if they directly supervised the test (e.g., 92585-TC)
- The interpretation and report can be billed by an audiologist or physician (e.g., 92585-26)
- If the audiologist performs both the test and does the interpretation and report, it is billed with the global code (92585)
  - TC + PC = Same reimbursement for global code

AUDIGY

Medicare (cont.)

- "The "other diagnostic tests" benefit requires an order from a physician, or, where allowed by State and local law, by a non-physician practitioner." (MBPM, Chapter 15)

AUDIGY

Specialties who can order/refer for beneficiary services, Part B and DMEPOS, if allowed by state licensure

- Doctor of Medicine or Osteopathy,
- Doctor of Dental Medicine
- Doctor of Dental Surgery
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Chiropractic Medicine
- Physician Assistant
- Certified Clinical Nurse Specialist
- Nurse Practitioner
- Clinical Psychologist
- Certified Nurse Midwife
- Clinical Social Worker

(CMS Medlearn Fact Sheet: ICN 906223 April 2011)

AUDIGY

Medicare (cont.)

- "The reason for the test should be documented either on the order, on the audiological evaluation report, or in the patient's medical record.
- Examples of appropriate reasons include but are not limited to:
  - Evaluation of suspected **change** in hearing, tinnitus, or balance;
  - Evaluation of the **cause** of disorders of hearing, tinnitus, or balance.
  - Determination of the **effect** of medication, surgery or other treatment" (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- "The medical record shall identify the name and professional identity of the person who ordered and the person who actually performed the service.
- When the medical record is subject to medical review, it is necessary that the contractor determine that the service qualifies as an audiological diagnostic test that requires the skills of an audiologist." (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- Audiology transmittals (84, 127, 1975, 2007, 2044)
  - Diagnostic services performed by an audiologist are to be billed with the NPI of the audiologist
  - "Contractors shall not pay for services performed by audiologists and billed under the NPI of a physician."
  - "Contractors shall not pay for audiological services incident to the service of a physician or nonphysician practitioner."

  http://www.cms.gov/PhysicianFeeSched/50_Audiology.asp

AUDIGY

Medicare Requirements

- Audiologists can **not** opt out of Medicare
- Must enroll if providing diagnostic services and billing for them
  - If not enrolled, they are to be free to every patient
- If a Medicare beneficiary requests you file the claim, you must as it is required by the mandatory claim statute
- Many commercial payers' guidance is based on that of Medicare's

AUDIGY

Medicare (cont.)

- "The reason for the test should be documented either on the order, on the audiological evaluation report, or in the patient's medical record.
- Examples of appropriate reasons include but are not limited to:
  - Evaluation of suspected change in hearing, tinnitus, or balance;
  - Evaluation of the cause of disorders of hearing, tinnitus, or balance.
  - Determination of the effect of medication, surgery or other treatment" (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- "The medical record shall identify the name and professional identity of the person who ordered and the person who actually performed the service.
- When the medical record is subject to medical review, it is necessary that the contractor determine that the service qualifies as an audiological diagnostic test that requires the skills of an audiologist." (MBPM, Chapter 15)

AUDIGY

Medicare (cont.)

- "Audiological Treatment. There is no provision in the law for Medicare to pay audiologists for therapeutic services. For example, vestibular treatment, auditory rehabilitation and auditory processing treatment, while they are within the scope of practice of audiologists, are not diagnostic tests, and therefore, shall not be billed by audiologists to Medicare." (MBPM, Chapter 15)

AUDIGY

Medicare Audiology Transmittals

- "Contractors shall not pay for the technical component of audiological diagnostic tests performed by a qualified technician unless the physician or nonphysician supervisor who provides the direct supervision documents clinical decision making and active participation in delivery of the service."

AUDIGY

Medicare Audiology Transmittals

- Audiology services must be personally furnished by an audiologist, or nonphysician practitioner (NPP). Physicians may personally furnish audiology services, and technicians or other qualified staff may furnish those parts of a service that do not require professional skills under the direct supervision of physicians.

AUDIGY

Medicare Audiology Transmittals

- "Orders are required for audiology services in all settings.
- Coverage and, therefore, payment for audiological diagnostic tests is determined by the reason the tests were performed, rather than by the diagnosis or the patient's condition."

http://www.cms.gov/PhysicianFeeSched/50_Audiology.asp

AUDIGY

Medicare

- **"Medicare will not pay for services performed by audiologists and billed under the NPI of a physician.** In denying such claims, Medicare will use:
- CARC 170 (Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.); and
- Remittance Advice Remark Code (RARC) N290 (Missing/incomplete/invalid rendering provider primary identifier.)"

AUDIGY

Medicare Audiology Transmittals

- "Contractors shall not pay for services that require the skills of an audiologists when furnished by an AuD 4th year student or others who are not qualified according to section 1861(II)(3) of the Act."
  - "Although AuD 4th year students, and other audiology students, do not meet the current requirements in statute to provide audiology services, they may meet standards equivalent to audiology technicians."
  - 100% line of site supervision

AUDIGY

Medicare Guidance

- Revisions and Re-Issuance of Audiology Policies
  - https://www.cms.gov/mlnmattersarticles/downloads/MM6447.pdf
- per Section 1861 (ll) (3) of the Social Security Act, "audiology services" are defined as "such hearing and balance assessment services furnished by a qualified audiologist as the audiologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), as would otherwise by covered if furnished by a physician. These hearing and balance assessment services are termed "audiology services," regardless of whether they are furnished by an audiologist, physician, nonphysician practitioner (NPP), or hospital."

AUDIGY

Revisions and Re-Issuance (cont.)

Qualifications

- "The individuals who furnish audiology services in all settings must be qualified to furnish those services. The qualifications of the individual performing the services must be consistent with the number, type and complexity of the tests, the abilities of the individual, and the patient's ability to interact to produce valid and reliable results. The physician who supervises and bills for the service is responsible for assuring the qualifications of the technician, if applicable, are appropriate to the test."

AUDIGY

Revisions and re-issuance (cont.)

- "The opt out law does not define "physician" or "practitioner" to include audiologists; therefore, they may not opt out of Medicare and provide services under private contracts."
- http://www.cms.gov/Transmittals/downloads/R132BP.pdf

AUDIGY

Revisions and Re-issuance (cont.)

- "When a professional personally furnishes an audiology service, that individual must interact with the patient to provide professional skills and be directly involved in decision-making and clinical judgment during the test."

AUDIGY

Revisions and Re-issuance (cont.)

- "The skills required when professionals furnish audiology services **for payment under the MPFS are masters or doctoral level skills that involve clinical judgment or assessment and specialized knowledge and ability** including, but not limited to, knowledge of anatomy and physiology, neurology, psychology, physics, psychometrics, and interpersonal communication. The interactions of these knowledge bases are required to attain the clinical expertise for audiology tests. Also **required are skills to administer valid and reliable tests safely, especially when they involve stimulating the auditory nerve and testing complex brain functions."**

AUDIGY

Revisions and re-issuance (cont.)

- "Diagnostic audiology services also require skills and judgment to administer and modify tests, to make informed interpretations about the causes and implications of the test results in the context of the history and presenting complaints, and to provide both objective results and professional knowledge to the patient and to the ordering physician."

AUDIGY

Revisions and re-issuance (cont.)

- "For claims with dates of service on or after October 1, 2008 audiologists are required to be enrolled in the Medicare program and use their National Provider Identifier (NPI) on all claims for services they render in office settings."

AUDIGY

Revisions and re-issuance (cont.)

- "For audiologists who are enrolled and bill independently for services they render, the audiologist's NPI is required on all claims they submit. For example, **in offices and private practice settings, an enrolled audiologist shall use his or her own NPI in the rendering loop to bill under the MPFS for the services the audiologist furnished**. If an enrolled audiologist furnishing services to hospital outpatients reassigns his/her benefits to the hospital, the hospital may bill the Medicare contractor for the professional services of the audiologist under the MPFS using the NPI of the audiologist. If an audiologist is employed by a hospital but is not enrolled in Medicare, the only payment for a hospital outpatient audiology service that can be made is the payment to the hospital for its facility services under the hospital Outpatient Prospective Payment System (OPPS) or other applicable hospital payment system. No payment can be made under the MPFS for professional services of an audiologist who is not enrolled."

AUDIGY

Revisions and re-issuance (cont.)

- "Audiology services may be furnished and billed by audiologists and, when these services are furnished by an audiologist, **no physician supervision is required."**

AUDIGY

Revisions and re-issuance

- "When a physician or supplier furnishes **a service that is covered by Medicare, then it is subject to the mandatory claim submission provisions** of section 1848(g)(4) of the Social Security Act. Therefore, if an audiologist charges or attempts to charge a beneficiary any remuneration for a service that is covered by Medicare, **then the audiologist must submit a claim to Medicare**."

AUDIGY

Revisions and re-issuance (cont.)

• "Medicare will not pay for an audiological test under the MPFS if the test was performed by a technician under the direct supervision of a physician if the test requires professional skills. Such claims will be denied using Claim Adjustment Reason Code (CARC) 170 (Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.)."

AUDIGY

Revisions and re-issuance (cont.)

• "Medicare will not pay for audiological tests furnished by technicians unless the service is furnished under the direct supervision of a physician. In denying claims under this provision, Medicare will use:

- CARC 185 (The rendering provider is not eligible to perform the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.); and
- RARC M136 (Missing/incomplete/invalid indication that the service was supervised or evaluated by a physician.)"

AUDIGY

Revisions and re-issuance (cont.)

- "Medicare will pay physicians and NPPs for treatment services furnished by audiologists incident to physicians' services when the services are not on the list of audiology services at ***http://www.cms.gov/PhysicianFeeSched/50_Audiology.asp*** and are not "always" therapy services and the audiologist is qualified to perform the service."
  - http://www.cms.gov/Medicare/Billing/TherapyServices/AnnualTherapyUpdate.html

AUDIGY

Revisions and re-issuance (cont.)

- **"All audiological diagnostic tests must be documented with sufficient information so that Medicare contractors may determine that the services do qualify as an audiological diagnostic test."**

AUDIGY

Revisions and re-issuance (cont.)

- **"The interpretation and report shall be written in the medical record by the audiologist,** physician, or NPP who personally furnished any audiology service, or by the physician who supervised the service. Technicians shall not interpret audiology services, but may record objective test results of those services they may furnish under direct physician supervision. Payment for the interpretation and report of the services is included in payment for all audiology services, and specifically in the professional component (PC), if the audiology service has a professional component/technical component split."

AUDIGY

Revisions and re-issuance (cont.)

- "When Medicare contractors review medical records of audiological diagnostic tests for payment under the MPFS, they will review the technician's qualifications to determine whether, under the unique circumstances of that test, a technician is qualified to furnish the test under the direct supervision of a physician."

AUDIGY

Revisions and re-issuance (cont.)

- "The PC of a PC/TC split code may be billed by the audiologist, physician, or NPP who personally furnishes the service. (Note this is also true in the facility setting.) A physician or NPP may bill for the PC when the physician or NPP furnish the PC and an (unsupervised) audiologist furnishes and bills for the TC. The PC may not be billed if a technician furnishes the service. A physician or NPP may not bill for a PC service furnished by an audiologist."

AUDIGY

Revisions and re-issuance (cont.)

- "The "global" service is billed when both the PC and TC of a service are personally furnished by the same audiologist, physician, or NPP. The global service may also be billed by a physician, but not an audiologist or NPP, when a technician furnishes the TC of the service under direct physician supervision and that physician furnishes the PC, including the interpretation and report."

AUDIGY

Revisions and re-issuance (cont.)

- "Tests that have no appropriate CPT code may be reported under CPT code 92700 (Unlisted otorhinolaryngological service or procedure)."

AUDIGY

Summary of Medicare Audiology Service Provision

Medicare only reimburses licensed audiologists for diagnostic procedures, with a physician order, for a medically necessary reason, by way of a claim with a date of service not older than one calendar year of filing, from the same physician fee schedule as physicians, with the audiologist's NPI.

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Polling Question

What are the requirements for an audiologist to bill Medicare?

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Medicare Part C (Advantage Plans)

- Requires fraud and abuse training annually
- Provide services above what traditional Medicare does not
  - May include routine annual testing
  - May include a partial payment for hearing aid(s)

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Status within Medicare

- Participating provider
- Non-participating provider
- Limiting Charge provider

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2018 Medicare Physician Fee Schedule for Vancouver, WA

CPT code	Participating	Non-par	Limiting Charge
92557	38.52	36.59	42.08
92567	14.78	14.04	16.15
92550	21.95	20.85	23.98

2018 Medicare Physician Fee Schedule for MA (99)

Par	Non-par	Limiting Charge
40.08	38.08	43.79
15.41	14.64	16.84
22.83	21.69	24.94

2018 Medicare Physician Fee Schedule for MA (01)

Par	Non-par	Limiting Charge
42.13	40.02	46.02
16.31	15.49	17.81
23.97	22.77	26.19

Noridian is the MAC for WA and National Government Services is the MA MAC

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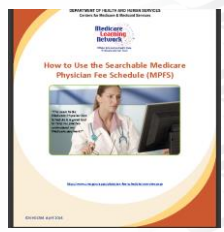
http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/How_to_MPFS_Booklet_ICN901344.pdf



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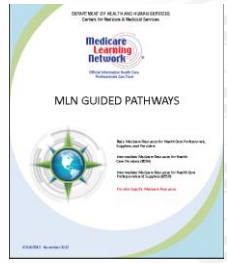
http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf



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Medicare Beneficiary "Rights"

- Social Security Act (§ 1848(g)(4) "requires that claims be submitted for all Medicare patients for services rendered on or after September 1, 1990."
  - Applies to all providers who provide covered services to Medicare beneficiaries
  - "The requirement to submit Medicare claims does not mean physicians or suppliers must accept assignment"

(CMS MLN Matters Number SE0908)

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Advanced Beneficiary Notice

- **Required** (mandatory)
  - Provider believes Medicare may deny the service due to not meeting medical necessity
  - Provider uncertain if Medicare does cover for some diagnoses, may not be for this particular instance
- **Voluntary**
  - Non-covered, statutorily excluded, services such as treatment or rehabilitation
    - Vestibular rehabilitation
    - Cerumen management
    - Tinnitus management
    - Other applications

AUDIGY

ABNs

- Mandatory ABN:
  - "When Medicare is expected to deny payment (entirely or in part) for the item or service because it is not reasonable and necessary under Medicare Program standards."
- Voluntary ABN:
  - "…not required for care that is statutorily excluded or for services for which no Medicare benefit category exists."
    - "Example of Medicare Program exclusions are:
      - Hearing aids and hearing examinations"

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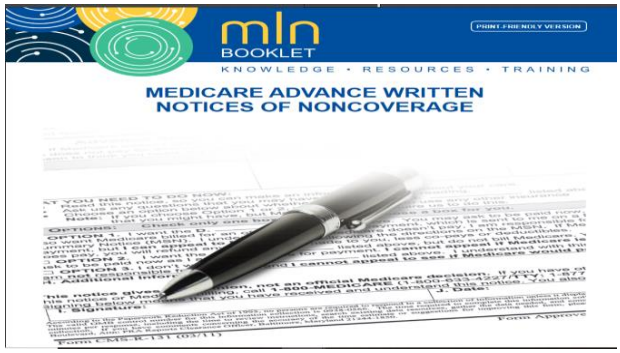
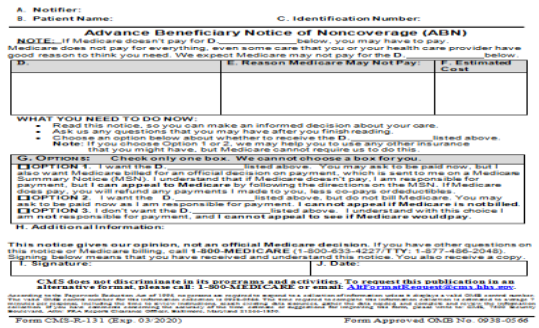
Covered vs. Non-Covered

- **Covered services:**
  - Patient notices a change in their hearing, equilibrium, tinnitus
    - Medical necessity
    - Physician order
- **Non-covered services:**
  - Hearing aids
  - Annual routine hearing evaluations
  - Patient who comes in without a physician order
  - Rehab/treatment
    - In our scope of practice
    - Patients pay privately

AUDIGY





A. Notifier:
B. Patient Name: C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D_____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D_____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:
- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D_____ listed above.
- **Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. Options: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the D_____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the D_____ listed above, but do not bill Medicare. You may ask to be paid now **as** I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the D_____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 03-2020) Form Approved OMB No. 0938-0566

Three options on the ABN:

1. Bill Medicare
   - By signing and utilizing option 1, you can bill Medicare and bill the patient if the claim is denied
2. Don't bill Medicare
3. Patient declines procedure

- Itemizes:
  - Patient's name
  - Date of service
  - Procedure(s) performed
  - Costs to be incurred

AUDIGY

Medicare Modifiers

GY-Item or service is statutorily excluded or does not meet the definition of any Medicare benefit
– Often used when a secondary insurance has a hearing aid benefit and requires a Medicare denial

GA-"Waiver of Liability Statement Issued as Required by Payer Policy"
– To be used when a denial is expected and an ABN is on file
– No ABN, no billing the patient

GX- "Notice of Liability Issued, Voluntary Under Payor Policy"
– For services that are non-covered, statutorily excluded

GZ-"Item or service expected to be denied as not reasonable and necessary"
– To be used when there is no ABN on file; likely to be utilized in an emergency situation; patient is not responsible for payment

AUDIGY

Polling Question

What are the requirements for an audiologist to be in compliance with Medicare regarding all services?

AUDIGY

Coding Thoughts:

- The three coding systems support each other and must be reported for filing claims
- Required:
  - CPT (and/or HCPCS) **AND** ICD codes
- If billing HCPCS codes
  - May also be billing CPT simultaneously
  - Always have to have a minimum of one ICD code with each claim; more with the ICD-10s

AUDIGY

The Roadmap

AUDIGY

There's an app for that…

AUDIGY

Where to Purchase?

- AMA bookstore: https://commerce.ama-assn.org/store/catalog/categoryDetail.jsp?category_id=cat1150004&navAction=jump
- Optum 360: https://www.optumcoding.com/Campaign/?sourcecode=000008LQ&ppcid=optum%20code%20books&pstc=12389030514
- Amazon: http://www.amazon.com/gp/search/ref=sr_nr_n_0?fst=as%3Aoff&rh=n%3A283155%2Cn%3A227568%2Ck%3Acpt+code+book&keywords=cpt+code+book&ie=UTF8&qid=1437795274&rnid=1000

AUDIGY

Thoughts:

- Case-building for differential diagnosis
- Our services provide value in the healthcare system
- We are fiscally recognized for those services
- Hearing instrument specialists can test for the sole purpose of fitting a hearing aid per state licensure
- Perform only those procedures recognized by your state licensure law
  - They determine scope of practice
  - Liability coverage is for those services in your scope

AUDIGY

Considerations:

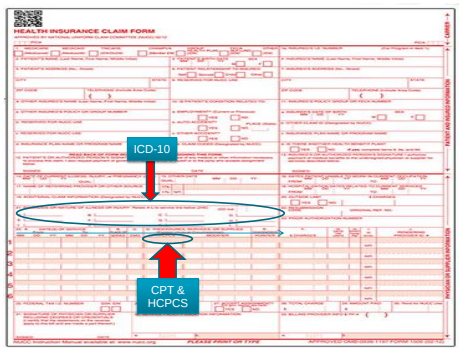
- CPT codes (procedures/services) must be ones typically performed by audiologists
- CPT codes must support the chosen ICD (diagnoses) code(s)
- CPT codes selected must be apparent to an insurance company as to why test was performed
- Hearing aid claims will predominantly utilize the HCPCS codes

AUDIGY

Claim Form

- Lists the CPT(s), ICD(s) and HCPCS codes:
  - What you performed (CPT)
  - Diagnosis results (ICD)
  - Resulting recommendations if product (HCPCS)
- Ties the coding systems together

AUDIGY



AUDIGY

Polling Question

How many codes are required to file a claim?

AUDIGY

Current Procedural Terminology (CPT)
AND
International Classification of Diseases (ICD)

- Have to support each other
- It needs to be apparent that what you performed would result in the disease code chosen
- What is being billed has to be appropriate to what you are licensed to perform
- Documentation has to reflect the above points

AUDIGY

Coding Mantra:

- Code for the **reason** for the visit (Medicare transmittal)
- Code with **signs and/or symptoms**
  - Why the patient presented to your office
- Code by **patient complaints (medical necessity)**
  - Tinnitus?
  - Hearing loss?
  - Disequilibrium?
- Code by **outcome** of the procedure results
  - SNHL?
  - Tinnitus?
  - Conductive hearing loss, middle ear?

AUDIGY

Coding Mantra (cont.)

- Must code for what you did and what it indicates

THE CODE(S) YOU CHOOSE SHOULD NOT BE DRIVEN BY WHAT YOU WILL BE REIMBURSED

AUDIGY

CPT codes

- Examples:
  - 92557 Basic comprehensive audiometry
    - Was the **only** audiology bundled code until 1/1/10:
      - 92553 (Pure tone air and bone conduction audiometry)
      - 92555 (SRT) and 92556 (WRS)
  - 3 bundled codes:
    - CPT 92540 Vestibular (92541, 92542, 92544, 92545)
    - CPT 92550 Tympanometry, ART (92567 and 92568)
    - CPT 92570 Tympanometry, ART, ARD (92567, 92568, 92569)

AUDIGY

CPT Codes Utilized by Audiologists:

- Because these do not include "with recording," Medicare will not recognize them:
- **92531** Spontaneous nystagmus, including gaze
- **92532** Positional nystagmus test
- **92533** Caloric vestibular test, each irrigation
  (binaural, bithermal stimulation constitutes four tests)
- **92534** Optokinetic nystagmus test

AUDIGY

CPT codes (cont.)

- **92537** Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
- **92538** Monothermal, (ie, one irrigation in each ear for a total of two irrigations)
  - *Same temperature in both ears*
- **92540** Basic vestibular evaluation
- **92541** Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

AUDIGY

CPT Codes (cont.)

- **92542** Positional nystagmus test, minimum of 4 positions, with recording
- **92544** Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
- **92545** Oscillating tracking test, with recording
- **92546** Sinusoidal vertical axis rotational testing
- **92547** Use of vertical electrodes (list separately in addition to code for primary procedure)
- **92548** Computerized dynamic posturography

AUDIGY

CPT Codes (cont.)

- **92550** Tympanometry and reflex thresh measurements
- **92551** Screening test, pure tone, air only
- **92552** Pure tone audiometry (threshold), air only
- **92553** Pure tone audiometry (threshold); air and bone
- **92555** Speech audiometry threshold
- **92556** Speech audiometry threshold, with speech recognition

AUDIGY

CPT Codes (cont.)

- **92557** Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
- **92558** Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
- **92559** Audiometric testing of groups
- **92560** Bekesy audiometry, screening
- **92561** Bekesy audiometry, diagnostic
- **92562** Loudness balance test, alternate binaural or monaural

AUDIGY

CPT Codes (cont.)

- **92563** Tone decay test
- **92564** Short increment sensitivity index (SISI)
- **92565** Stenger test, pure tone
- **92567** Tympanometry (impedance testing)
- **92568** Acoustic reflex testing, threshold
- **92570** Acoustic immittance testing
- **92571** Filtered speech test

AUDIGY

CPT Codes (cont.)

- **92572** Staggered spondaic word test
- **92575** Sensorineural acuity level test
- **92576** Synthetic sentence identification test
- **92577** Stenger test, speech
- **92579** Visual reinforcement audiometry (VRA)
- **92582** Conditioned play audiometry (CPA)

AUDIGY

CPT codes (cont.)

- **92583** Select picture audiometry
- **92584** Electrocochleography (NRT)
- **92585** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system, comprehensive
- **92586** Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system, limited

AUDIGY

CPT Codes (cont.)

- **92587** Distortion product evoked otoacoustic emissions, limited evaluation (to confirm the presence or absence of hearing disorder, 3–6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
- **92588** Distortion product evoked otoacoustic emissions, comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report

AUDIGY

CPT codes (cont.)

- **92590** Hearing aid examination and selection, monaural
  - Functional communication assessment
- **92591** Hearing aid examination and selection, binaural
  - Functional communication assessment
- **92592** Hearing aid check, monaural
- **92593** Hearing aid check, binaural
- **92594** Electroacoustic evaluation for hearing aid, monaural

AUDIGY

CPT Codes (cont.)

- **92595** Electroacoustic evaluation for hearing aid, binaural
- **92596** Ear protector attenuation measurements
- **92601** Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming
- **92602** Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming

AUDIGY

CPT Codes (cont.)

- **92603** Diagnostic analysis of cochlear implant, age 7 years or older with programming
- **92604** Diagnostic analysis of cochlear implant, age 7 years or older with reprogramming
- **92620** Evaluation of central auditory function, with report; initial 60 minutes
- **92621** Evaluation of central auditory function, with report; each additional 15 minutes

AUDIGY

CPT Codes (cont.)

- **92625** Assessment of tinnitus (includes pitch, loudness matching, and masking)
- **92626** Assessment of auditory rehabilitation status; first hour
- **92627** each additional 15 minutes
- **92630** Auditory rehabilitation; prelingual hearing loss
- **92633** Auditory rehabilitation; postlingual hearing loss
- **92640** Diagnostic analysis with programming of auditory brainstem implant, per hour

AUDIGY

CPT Codes (cont.)

- **92700** Unlisted otorhinolaryngological service or procedure
  - For those procedures that do not have dedicated codes
  - Likely will be denied, need to submit documentation for:
    - What you did
    - Why you did it
    - What you learned from it that impacted that patient's diagnosis and treatment
  - Quick SIN
  - VEMPs
  - ASSRs
  - Saccades
  - Head shake
  - Removal of non-impacted cerumen
  - Eustachian Tube dysfunction testing
  - Frenzel goggles

AUDIGY

CPT Code 92700 (cont.)

- "Nameless codes"----unlisted otorhinolaryngological service or procedure
  - CPT 92700
    - VEMPs (per AMA's *CPT Assistant*, March 2011)
    - Saccades with recording (per *CPT Assistant* September 2015)

AUDIGY

CPT Codes (cont.)-an aside

- CPT **92626** and **92627** (AMA's *CPT Assistant,* July 2014)
  - Evaluation of auditory rehabilitation status, first hour/each additional 15 minutes
  - Utilize when evaluating patient's function prior or post fitting of unilateral or bilateral:
    - Hearing aids (don't bill to Medicare)
    - Osseo-integrated devices
    - Cochlear implants
    - Brainstem implants
  - Confirm with payer
  - 92626 must be for procedures greater than 31 minutes
    - Document start and end time in chart with time based codes

AUDIGY

CPT Codes (cont.)

- Vestibular codes:
  - CPT 92537-92546, 92548
- Audiologic procedures:
  - CPT 92550-92583
- Evoked potential codes:
  - CPT 92585-6
- OAE codes:
  - CPT 92558, 92587-8

AUDIGY

CPT Codes (cont.)

- Hearing aid related codes:
  - CPT 92590-92596
- Cochlear implant codes:
  - CPT 92601-92604
- Central auditory test codes:
  - CPT 92620-1
- Tinnitus code:
  - CPT 92625
- Audiologic (aural) (re)habilitation
  - CPT codes 92626-92633

AUDIGY

Modifiers (cont.)

- Requires documentation to be submitted attesting to why additional time and/or work was necessary
- An audit and/or a delay in payment may occur

AUDIGY

Modifiers

- -22 Unusual Procedural Services
  - Utilized when procedure is greater than what is typically required
    - Involves increase in provider work, time and complexity of what is typically performed
      - » Many insurance carriers state that if it is less than 25% more work, should not append
      - » May yield a 20-50% increase of the allowable rate
    - Example: 92557-22

AUDIGY

Modifiers (cont.)

- -26 Professional component
  - Utilized with:
    - ENG (CPT 92537-92546, 92458)
    - ABR (CPT 92585)
    - OAE (CPT 92587, 92588)
  - Utilized:
    - When another professional performed the procedure
    - You do the interpretation and prepare the report
  - Example: 92585-26

AUDIGY

Modifiers (cont.)

- TC Technical component
  - Utilized with:
    - ENG (CPT 92537-92546, 92548)
    - ABR (CPT 92585)
    - OAE (CPT 92587, 92588)
  - Utilized:
    - When you only performed the test
      - Bill TC
    - Another provider does the interpretation
      - They bill –26
    - This equals the same reimbursement as the global fee
    - Example: 92585-TC

AUDIGY

Technician Services

- TC may be performed by a technician under a physician's supervision
  - May need to demonstrate tech's qualifications
  - Must be filed by a physician who provided direct supervision (must be in the facility and available)
- TC services can not be filed by an audiologist when performed by another provider, including an audiologist

AUDIGY

Modifiers (cont.)

- -33 Preventative Service
  - Use with newborn hearing screening code(s)
    - 92558 (OAE screening)
    - 92586 (ABR screening)
  - No co-pay or deductible is to be applied

AUDIGY

Modifiers (cont.)

- -52 Reduced services
  - Procedure is partially reduced or eliminated
    - Discontinued at provider's discretion after the procedure commenced
    - Can be used to indicate monaural vs binaural testing
    - Not recognized by all carriers
      - Medicare suggests in box 19 add "why reduction was necessary." You may need to send chart notes separately with claim.
    - Example: 92557-52

AUDIGY

Modifiers (cont.)

- -53 Discontinued procedure
  - Procedure started, patient's well being becomes jeopardized during the procedure, provider discontinues
  - Example: Patient having ototoxicity monitoring, becomes ill during procedure
    - Reimbursed at 25% of the allowed amount
    - Example: 92557-53

AUDIGY

Modifiers (cont.)

- -59 Distinct procedural service
  - Will need to append to CPT codes 92541, 92542, 92544 or 92545…
    - **ONLY** if performing 1-3 tests of the 4 code bundle
    - Documentation should include why you performed the tests you did

AUDIGY

As of 1/1/15, the following are to replace -59:

- **XE**—Separate Encounter: A service that is performed under the same billing provider NPI on the same date of service, but is distinct because it is a separate encounter for the patient.
- **XS**—Separate Structure: A service that is performed under the same billing provider NPI on the same date of service, but on a different structure or organ.
- **XP**—Separate Practitioner: A service that is performed under the same billing provider NPI on the same date of service, but is distinct because it is performed by a different individual provider.
- **XU**—Unusual Non-Overlapping Service: A service that is performed under the same billing provider NPI on the same date of service, but the procedure does not overlap the usual components of the main service performed.

AUDIGY

Modifiers (cont.)

- -76 Procedure was performed more than one time on the same date of service
  - Glycerol or urea test
  - Ototoxicity monitoring

AUDIGY

Medicare Modifiers

- **GY**-Item or service is statutorily excluded or does not meet the definition of any Medicare benefit
  - Often used when a secondary insurance has a hearing aid benefit
  - On the Office of the Inspector General's list for 2009
- **GA**-Waiver of liability on file
  - To be used when a denial is expected and an ABN is on file
    - No ABN, no billing the patient
- **GX-** "Notice of Liability Issued, Voluntary Under Payer Policy"
  - For services that are non-covered, statutorily excluded
- **GZ- "**Must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they have not had an Advance Beneficiary Notification (ABN) signed by the beneficiary."

AUDIGY

Evaluation and Management Codes (E/M)

- Medicare and commercial payors (e.g.,TriWest, Aetna) do not recognize audiologists for E/M codes; don't bill the same date with an ENT service
- Ensure that your state licensure laws allow E/M codes
  - **Do NOT file to Medicare**
- Time, complexity and review of systems are required
  - Document, include start and end times for diagnostic procedures only
  - Personal thought: would not code beyond a level 2 so as not to trigger an audit
  - Bill all payers and patients if you bill anyone for E/M codes
  - Read the CPT codebook's first section for information
  - Read CMS' Medlearn Guide to E/M codes

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval_mgmt_serv_guide-ICN006764.pdf

E/M

- New and established patient codes
  - **New**: CPT **99201-99205**
  - **Established**: CPT **99211-99215**
    - **If patient has been seen in your practice in the last 3 years**

AUDIGY

Need to include Review of Systems (ROS):

- Head, including the face
- Neck
- Chest, including breasts and axilla
- Abdomen
- Genitalia, groin, buttocks
- Back
- Each extremity

AUDIGY

ROS (cont.)

- Eyes
- Ears, nose, mouth and throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic
- Psychiatric
- Hemotologic/lymphatic/immunologic

AUDIGY

E/M Codes

- CPT **99201**
  - A **problem focused** history
  - A **problem focused** examination
  - Straightforward medical decision making
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Physicians typically spend **10** minutes face-to-face with the patient and/or family

AUDIGY

E/M Codes (cont.)

- CPT **99202**
  - An **expanded** problem focused history
  - An **expanded** problem focused examination
  - Straightforward medical decision making
  - Problems are of low-moderate severity
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Physicians typically spend **20** minutes face-to-face with the patient and/or family

AUDIGY

E/M Codes (cont.)

- CPT **99203**
  - A **detailed** history
  - A **detailed** examination
  - **Medical decision making of low complexity**
  - Problems are of moderate severity
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Physicians typically spend **30** minutes face-to-face with the patient and/or family

AUDIGY

E/M Codes (cont.)

- CPT **99204**
  - A **comprehensive** history
  - A **comprehensive** examination
  - Medical decision making of **moderate** complexity
  - Problems are of moderate to high severity
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Physicians typically spend **45** minutes face-to-face with the patient and/or family

AUDIGY

E/M Codes (cont.)

- CPT **99205**
  - A **comprehensive** history
  - A **comprehensive** examination
  - Medical decision making of **high** complexity
  - Problems are of moderate to high severity
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Physicians typically spend **60** minutes face-to-face with the patient and/or family

AUDIGY

E/M Codes (cont.)

- CPT code **99211**
  - May not require a physician's presence
  - Minimal problem
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Typical time spent: **5** minutes

AUDIGY

E/M Codes (cont.)

- CPT code **99212**
  - A **problem focused** history
  - A **problem focused** examination
  - Straightforward medical decision making
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Problems are minor
  - Physicians typically spend **10** minutes face-to-face with the patient and/or family

AUDIGY

E/M Codes (cont.)

- CPT code **99213**
  - An **expanded** problem focused history
  - An **expanded** problem focused examination
  - Problems are of low to moderate severity
  - Medical decision making of **low** complexity
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Physicians typically spend **15** minutes face-to-face with the patient and/or family

AUDIGY

E/M Codes (cont.)

- CPT code **99214**
  - A **detailed** history
  - A **detailed** examination
  - Medical decision making of **moderate** complexity
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Physicians typically spend **25** minutes face-to-face with the patient and/or family

AUDIGY

E/M Codes (cont.)

- CPT Code **99215**
  - A **comprehensive** history
  - A **comprehensive** examination
  - Medical decision making of **high** complexity
  - Problems are of moderate to high severity
  - "Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs"
  - Physicians spend **40** minutes face-to-face with the patient and/or family

AUDIGY

Cerumen Management

- Is in the scope of practice of audiology
  - http://www.audiology.org/publications/documents/practice/
- Unless cerumen is ***impacted***, should not be billing for it separately
  - July 2002, *CPT Assistant* defines impaction

AUDIGY

Cerumen Management Codes

- **69209** Removal impacted cerumen using irrigation/lavage, unilateral

OR

- **69210** Removal impacted cerumen requiring instrumentation, unilateral
- Impaction defined as "cerumen impairs exam of clinically significant portions of the external auditory canal, tympanic membrane, or middle ear condition" and "obstructive, copious cerumen that cannot be removed without magnification and multiple instrumentations requiring physician skills."
- If bilateral, use -50 modifier

-AMA *CPT Assistant*, January **2016**

AUDIGY

Cerumen Management (cont.)

- Check with state licensure laws
  - Some state licensure laws do not allow CM to be performed by an audiologist
    - Removal restrictions may apply
- Can offer an ABN
- Any patient can pay for cerumen removal by an audiologist, if allowed by state licensure law

AUDIGY

No New ICD-10 Codes for 2018 Pertinent to Audiologists

AUDIGY

ICD-10-CM

- Continue to code for:
  - "Coverage and, therefore, payment for audiological diagnostic tests is determined by the **reason** the tests were performed, rather than by the diagnosis or the patient's condition" (CMS, Chapter 15, page 101) and/or
  - Signs and symptoms and/or
  - The outcome of the test results
- Documentation must address this and correspond to the code chosen
  - Must make sense in a chart review or audit

AUDIGY

In addition…

- Code for co-morbidities as long as addressed in your chart notes

co·mor·bid·i·ty
- (kō-môr-bid'i-tē) **1.** A concomitant but unrelated pathologic or disease process.
- **2.** EPIDEMIOLOGY Coexistence of two or more disease processes. [co- + L. *morbidus*, diseased]
  - http://medical-dictionary.thefreedictionary.com/comorbidity

  - Diabetes
  - Falls/dizziness
  - Depression

It's not just about hearing loss or balance!

AUDIGY

Basics of ICD-10's

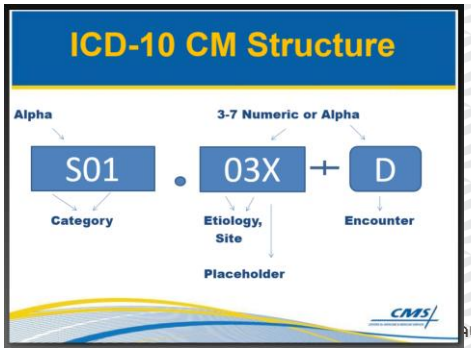
- Laterality
  - Adds to the volume of the number of codes (76%)
- There are a few exceptions to the rules
  - Bilateral codes end in "3"
  - Exceptions:
    - Bilateral CHL (H90.0)
    - Bilateral Mixed (H90.6)

AUDIGY

To understand the ICD-10 Code Structure, the Centers for Medicare and Medicaid Services offers this:

- Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of any or all of the 4th, 5th, and 6th characters. Digits 4-6 provide greater detail of etiology, anatomical site, and severity. A code using only the first three digits is to be used only if it is not further subdivided.
- A code is invalid if it has not been coded to the full number of characters required. This does not mean that all ICD-10 codes must have 7 characters. The 7th character is only used in certain chapters to provide data about the characteristic of the encounter.

AUDIGY



ICD-10's (cont.)

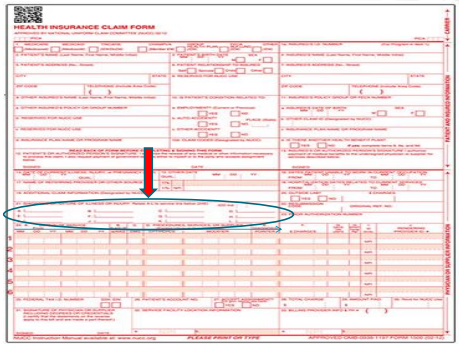
- Seventh digit—"extension" describes the **encounter type** (initial, subsequent, sequela). Used predominantly by audiologists for those codes beginning with "T."
  - A is initial encounter (active treatment)
  - D is subsequent encounter (post active tx, routine care)
  - S is sequela for complications or conditions that arise from a direct result of a condition not specifically under treatment
    - Ototoxicity monitoring
- A dash (-) indicates additional specificity in the 5th and 6th digit positions (H91.0-)
- "x" indicates a placeholder
  - Used as a 5th character placeholder for certain 6 digit codes

AUDIGY

Rules

- Hearing loss codes begin with "H"
  - Not for "hearing"
  - It is Chapter 8, "Diseases of the Ear and Mastoid Process" of 21 chapters
- You'll need other codes for certain situations or processes
  - There's plenty of room on the CMS 1500 claim form
    - 12 lines instead of 4
    - May need 7th character, code dependent

AUDIGY



AUDIGY

Rules (cont.)

– Be aware of the codes in other chapters:
  - **F:** Mental, Behavioral and Neurodevelopmental Disorders
  - **Q**: Congenital malformations, deformations and Chromosomal Abnormalities
  - **R**: Symptoms, Signs and Abnormal Clinical and Laboratory Findings
  - **T**: Injury, Poisoning, and Certain Other Consequences of External Causes
  - **Z**: Factors Influencing Health Status and Contact with Health Services

AUDIGY

- **Not otherwise specified (NOS). Should be avoided.** Codes titled "unspecified" are for use when the information in the medical record is **insufficient** to assign a more specific code.
- **Not elsewhere classified (NEC).** Codes titled "other" or "other specified" are for use when the information in the medical record provides detail for which a specific code does not exist. These represent specific disease entities for which **no specific code exists** so the term is included within an "other" code.

AUDIGY

Coding and Laterality

- 1 = Right
- 2 = Left
- 3 = Bilateral
- 0 or 9 = Unspecified

EXCEPTIONS:
H90.0 Conductive HL, bilateral
H90.6 MHL, bilateral

AUDIGY

Code Sections

- **H60-H62: Diseases of external ear**
  - Includes acquired deformity of pinna, stenosis, exostoses, cerumen, and hematomas
- **H65-H75: Diseases of middle ear and mastoid**
  - Includes Eustachian Tube disorders, perforations
- **H80-H83: Diseases of inner ear**
  - Includes otosclerosis, vestibular/balance disorders, and noise effects (HL)
- **H90-H95: Other disorders of ear**
  - Includes otalgia, otorrhea, deafness, hearing loss, transient ischemic deafness, tinnitus, recruitment, diplacusis, hyperacusis, temporary threshold shift, neuritis, intraoperative and postprocedural complications of ear and mastoid, NEC

AUDIGY

Diseases of Inner Ear (H80-H83)

- **(H80)** Otosclerosis
- (**H81**) Disorders of vestibular function
  - (**H81.0**) Ménière's disease
  - (**H81.1**) Benign paroxysmal vertigo
  - (**H81.2**) Vestibular neuronitis
  - (**H81.3**) Other peripheral vertigo
  - (**H81.4**) Vertigo of central origin
    - Central positional nystagmus
- (**H82**) Vertiginous syndromes in diseases classified elsewhere
- (**H83**) Other diseases of inner ear
  - (**H83.0**) Labyrinthitis
  - (**H83.1**) Labyrinthine fistula
  - (**H83.2**) Labyrinthine dysfunction
  - (**H83.3**) Noise effects on inner ear

AUDIGY

ICD-10 codes (not an exhaustive list)
Diseases of inner ear: H80-H83

- **H81 Disorders of vestibular function**
  Excludes: vertigo: NOS (R42), epidemic (A88.1)
  - **H81.0 Ménière's disease**
    Labyrinthine hydrops
    Ménière's syndrome or vertigo
  - **H81.1 Benign Paroxysmal vertigo**
  - **H81.2 Vestibular neuronitis**
  - **H81.3 Other peripheral vertigo**
    Lermoyez' syndrome
    Vertigo:
    - Aural
    - Otogenic
    - Peripheral NOS (not otherwise specified)

AUDIGY

ICD-10 codes (cont.)

- **H81.4** Vertigo of central origin
  Central positional nystagmus
- **H81.8** Other disorders of vestibular function
- **H81.9** Disorder of vestibular function, unspecified
  Vertiginous syndrome NOS

AUDIGY

ICD-10 codes (cont.)

- **H82** Vertiginous syndromes in diseases classified elsewhere
- **H83** Other diseases of inner ear
- **H83.0** Labyrinthitis
- **H83.1** Labyrinthine fistula
- **H83.2** Labyrinthine dysfunction
  Hypersensitivity
  Hypofunction } of labyrinth
  Loss of function

AUDIGY

ICD-10 codes (cont.)

- **H83.3** Noise effects on inner ear
  - Acoustic trauma
  - Noise-induced hearing loss
- **H83.8** Other specified diseases of inner ear
- **H83.9** Disease of inner ear, unspecified

AUDIGY

ICD-10 codes (cont.)

Other disorders of ear (H90-H95)

- **H90 Conductive and sensorineural hearing loss**
  - ***Includes:*** congenital deafness
  - ***Excludes:*** deaf mutism NEC (H91.3) (not elsewhere classified)
    - deafness NOS (H91.9)
    - hearing loss:
      - » NOS (H91.9)
      - » Noise-induced (H83.3)
      - » Ototoxic (H91.0)
      - » Sudden (idiopathic) (H91.2)

AUDIGY

ICD-10 Codes-CHL

- **H90.0** Bilateral conductive hearing loss
- **H90.11** Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
  - CHL right ear, no hearing loss in the left
- **H90.12** Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
  - CHL left ear, no hearing loss in the right
- **H90.2** CHL, unspecified

AUDIGY

ICD-10-CM Codes-CHL

- **H90.A11** Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
- **H90.A12** Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side

AUDIGY

ICD-10 Codes-SNHL

- **H90.3** Sensorineural hearing loss, bilateral
- **H90.41** SNHL, unilateral, right ear, with unrestricted hearing on contralateral side
- **H90.42** SNHL, unilateral, left ear, with unrestricted hearing on contralateral side

AUDIGY

ICD-10 Codes-SNHL

- **H90.A21** Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
- **H90.A22** Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side

AUDIGY

ICD-10 codes (cont.)

- **H90.5** Sensorineural hearing loss, unspecified
  Congenital deafness NOS
  Hearing loss:
  Central
  Neural } NOS
  Perceptive
  Sensory
  Sensorineural deafness NOS

AUDIGY

ICD-10 Codes-Mixed HL

- **H90.6** Mixed conductive and SNHL, bilateral
- **H90.7** Mixed CHL and SNHL, unilateral with unrestricted hearing on the contralateral side
- **H90.71** Mixed CHL and SNHL, unilateral, right ear, with unrestricted hearing on the contralateral side
- **H90.72** Mixed CHL and SNHL, unilateral, left ear, with unrestricted hearing on the contralateral side
- **H90.8** Mixed CHL and SNHL, unspecified

AUDIGY

ICD-10 Codes-Mixed HL

- **H90.A31** Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
- **H90.A32** Mixed conductive and sensorineural hearing, unilateral, left ear with restricted hearing on the contralateral side

AUDIGY

ICD-10 codes (cont.)

- **H91** Other hearing loss
  Excludes: abnormal auditory perception (H93.2)
  hearing loss as classified in H90.-
  impacted cerumen (H61.2)
  noise-induced hearing loss (H83.3)
  psychogenic deafness (F44.6)
  transient ischaemic deafness (H93.0)
- **H91.0** Ototoxic hearing loss
  Use additional external cause code, if desired, to identify toxic agent.

AUDIGY

ICD-10 codes (cont.)

- **H91.8** Other specified HL
- **H91.8X** Other specified HL
  - **H91.8X1** Other specified HL, right ear
  - **H91.8X2** Other specified HL, left ear
  - **H91.8X3** Other specified HL, bilateral
  - **H91.8X9** Other specified HL, unspecified ear
- Can use these for different ears, different types of hearing loss

AUDIGY

ICD-10 (cont.)

- **H91.9** Hearing loss, unspecified
  Deafness:
  - NOS
  - High frequency
  - Low frequency
- **H92** Otalgia and effusion of ear

AUDIGY

ICD-10 codes (cont.)

- **H93** Other disorders of ear, not elsewhere classified
- **H93.0** Degenerative and vascular disorders of ear
  - Transient ischaemic deafness

AUDIGY

ICD-10 Codes -Tinnitus

- **H93.1** Tinnitus
  - **H93.11** Tinnitus, right ear
  - **H93.12** Tinnitus, left ear
  - **H93.13** Tinnitus, bilateral
  - **H93.19** Tinnitus, unspecified ear

AUDIGY

ICD-10 Codes for Tinnitus (cont.)

- **H93.A** Pulsatile tinnitus
- **H93.A1** Pulsatile tinnitus, right ear
- **H93.A2** Pulsatile tinnitus, left ear
- **H93.A3** Pulsatile tinnitus, bilateral
- **H93.A9** Pulsatile tinnitus, unspecified ear

AUDIGY

ICD-10 codes (cont.)

- **H93.2 Other abnormal auditory perceptions**
  - Auditory recruitment
  - Diplacusis
  - Hyperacusis
  - Temporary auditory threshold shift

  Excludes: auditory hallucinations (R44.0)

  (H93.2-H93.299)

AUDIGY

ICD-10 Codes (cont.)

- **H93.3** Disorders of acoustic nerve
  - Disorder of 8th cranial nerve
- **H93.8** Other specified disorders of ear
- **H93.9** Disorder of ear, unspecified

AUDIGY

F: Mental, Behavioral and Neurodevelopmental Disorders

- **F01-F03.91** Dementia
- **F04-F19.99** Amnesia; other mental, personality and mood disorders; alcohol, opiod, cannabis, sedatives, cocaine, other stimulants, hallucinogens, nicotine, inhalants, other psychoactives use/abuse
- **F20-F48.9** Schizophrenia, manic episodes, bipolar disorder, major depressive disorder, phobic, panic, obsessive-compulsive, PTSD, dissociative/conversion, hypochondriacal, non-psychotic, and other anxiety disorders
- **F50-F59** Eating/sleeping/sexual disorders, behavior syndromes associated with non-psychoactive substance abuse
- **F60-69** Disorders of adult personality and behavior
- **F70-F79** Intellectual disabilities
- **F80-F89** Pervasive and specific developmental disorders
  - **F80.0-F80.2** Phonological, expressive, mixed receptive-expressive disorder
- **F80.4 speech delay due to hearing loss** (code also type of HL)
- **F80.8-F89** Other developmental disorders of speech and language, scholastic skills
- **F90-F98.9** Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- **F99** Mental disorder, NOS

AUDIGY

Q: Congenital malformations, deformations and Chromosomal Abnormalities

- Examples:
  - **Q16** Congenital malformations of ear causing impairment of hearing
  - **Q16.0** Congenital absence of (ear) auricle
  - **Q16.1** Congenital absence, atresia and stricture of auditory can (external)
  - **Q16.3** Congenital malformation of ear ossicles
  - **Q16.4** Other congenital malformations of middle ear
  - **Q16.9** Congenital malformation of ear causing impairment of hearing, unspecified
  - **Q17.1** Macrotia
  - **Q17.4** Misplaced ear (low-set ears)

AUDIGY

R: Symptoms, Signs and Abnormal Clinical and Laboratory Findings

- The codebook states the R chapter includes signs, symptoms, abnormal results and "ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded."
- May need to use when there is no H code
  - R42, dizziness and giddiness, is a great example
  - R62.0 delayed milestones in childhood

AUDIGY

Auditory Symptoms

- **R42** Dizziness and giddiness
  - Light-headedness
  - Vertigo NOS
    - Excludes vertiginous syndromes (H81.-)
- **R62.0** Delayed milestones in childhood
- **R94.12** Abnormal results of function studies of ear and other special senses
- **R94.120** Abnormal auditory function study
- **R94.121** Abnormal vestibular function study
- **R94.122** Abnormal results of other function studies of ear and other special senses

AUDIGY

T: Injury, Poisoning, and Certain Other Consequences of External Causes

- Includes barotrauma, foreign bodies, burns, frostbite, medications, gases, solvents, heavy metals, snake venom, etc.
  - Potential for ototoxicity utilization
- Includes complications with devices

AUDIGY

T Codes

- **T36.3** Poisoning by, adverse effect of and underdosing of macrolides
- **T36.3X** Poisoning by, adverse effect of and underdosing of macrolides
- **T36.3X5** Adverse effects of macrolides
- **T36.5** Poisoning by, adverse effect of and underdosing of aminoglycosides
- **T36.5X** Poisoning by, adverse effect of and underdosing of aminoglycosides

AUDIGY

T Codes (cont.)

- **T36.5X4** Poisoning by aminoglycosides, undetermined
- **T36.5X5** Adverse effect of aminoglycosides
- **T39.0** Poisoning by, adverse effect of and underdosing of salicylates
- **T39.01** Poisoning by, adverse effect of and underdosing of aspirin
- **T39.015** Adverse effect of aspirin
- **T39.09** Poisoning by, adverse effect of and underdosing of other salicylates
- **T39.095** Adverse effect of salicylates

AUDIGY

T Codes (cont.)

- **T39.3** Poisoning by, adverse effect of and underdosing of other non-steroidal anti-inflammatory drugs (NSAID)
- **T39.31** Poisoning by, adverse effect of and underdosing of propionic acid derivatives (includes fenoprofen, flurbiprofen, ibuprofen, ketoprofen, naproxen oxaprozin)
- **T39.315** Adverse effect of proprionic acid derivatives
- **T39.39** Poisoning by, adverse effect of and underdosing of other non-steroidal anti-inflammatory drugs (NSAID)
- **T39.395** Adverse effect of other non-steroidal anti-inflammatory drugs (NSAID)
- **T40.3** Poisoning by, adverse effect of and underdosing of methadone
- **T40.3X** Poisoning by, adverse effect of and underdosing of methadone
- **T40.3X5** Adverse effect of methadone

AUDIGY

T Codes (cont.)

- **T45.1** Poisoning by, adverse effect of and underdosing of anti-neoplastic and immunosuppressive drugs
- **T45.1X** Poisoning by, adverse effect of and underdosing of anti-neoplastic and immunosuppressive drugs
- **T45.1X5** Adverse effect of anti-neoplastic and immunosuppressive drugs
- **T46.7X5** Adverse effect of peripheral vasolidators
- **T50.1X** Poisoning by, adverse effect of and underdosing of loop (high ceiling) diuretics
- **T50.1X5** Adverse effect of loop (high ceiling) diuretics

AUDIGY

T Codes (cont.)

- **T52** Toxic effect or organic solvents
- **T52.1** Toxic effect of benzene
- **T52.1X** Toxic effects of benzene
- **T52.1X1** Toxic effect of benzene, accidental (unintentional)
- **T52.1X2** Toxic effect of benzene, intentional self-harm
- **T52.1X3** Toxic effect of benzene, assault
- **T52.1X4** Toxic effect of benzene, undetermined
- **T52.2** Toxic effects of homologues of benzene (toluene and xylene)
- **T52.2X** Toxic effect of homologues of benzene
- **T52.2X1** Toxic effect of homologues of benzene, accidental (unintentional)
- **T52.2X2** Toxic effect of homologues of benzene, intentional self-harm
- **T52.2X3** Toxic effect of homologues of benzene, assault
- **T52.2X4** Toxic effect of homologues of benzene, undetermined

AUDIGY

T codes (cont.)

- **T52.8** Toxic effects of other organic solvents
- **T52.8X** Toxic effects of other organic solvents
- **T52.8X1** Toxic effect of other organic solvents, accidental (unintentional)
- **T52.8X2** Toxic effect of other organic solvents, intentional self-harm
- **T52.8X3** Toxic effect of other organic solvents, assault
- **T52.8X4** Toxic effect of other organic solvents, undetermined
- **T52.9** Toxic effects of unspecified organic solvent
- **T52.91** Toxic effect of unspecified organic solvent, accidental (unintentional)
- **T52.92** Toxic effect of unspecified organic solvent, intentional self-harm
- **T52.93** Toxic effect of unspecified organic solvent, assault
- **T52.94** Toxic effect of unspecified organic solvent, undetermined

AUDIGY

T Codes (cont.)

- **T56** Toxic effect of metals
- **T56.0** Toxic effects of lead and its compounds
- **T56.0X** Toxic effects of lead and its compounds
- **T56.0X1** Toxic effects of lead and its compounds, accidental (unintentional)
- **T56.0X2** Toxic effects of lead and its compounds intentional self-harm
- **T56.0X3** Toxic effects of lead and its compounds, assault
- **T56.0X4** Toxic effects of lead and its compounds, undetermined
- **T56.1** Toxic effects of mercury and its compounds
- **T56.1X** Toxic effects of mercury and its compounds
- **T56.1X1** Toxic effects of mercury and its compounds, accidental (unintentional)
- **T56.1X2** Toxic effects of mercury and its compounds, intentional self-harm
- **T56.1X3** Toxic effect of mercury and its compounds, assault
- **T56.1X4** Toxic effect of mercury and its compounds, undetermined

AUDIGY

T Codes (cont.)

- **T56.8** Toxic effects of other metals
- **T56.89** Toxic effects of other metals
- **T56.891** Toxic effect of other metals, accidental (unintentional)
- **T56.892** Toxic effect of other metals, intentional self-harm
- **T56.893** Toxic effect of other metals, assault
- **T56.894** Toxic effect of other metals, undetermined
- **T56.9** Toxic effects of unspecified metal
- **T56.91** Toxic effect of unspecified metal, accidental (unintentional)
- **T56.92** Toxic effect of unspecified metal, intentional self-harm
- **T56.93** Toxic effect of unspecified metal, assault
- **T56.94** Toxic effects of unspecified metal, undetermined
- **T57.0** Toxic effect of arsenic and its compounds
- **T57.0X** Toxic effect of arsenic and its compounds
- **T57.0X1** Toxic effect of arsenic and its compounds, accidental (unintentional)
- **T57.0X2** Toxic effect of arsenic and its compounds, intentional self-harm
- **T57.0X3** Toxic effect of arsenic and its compounds, assault
- **T57.0X4** Toxic effect of arsenic and its compounds, undetermined

AUDIGY

T Codes (cont.)

- **T57.2X** Toxic effect of manganese and its compounds
- **T57.2X1** Toxic effect of manganese and its compounds, accidental (unintentional)
- **T57.2X2** Toxic effect of manganese and its compounds, intentional self-harm
- **T57.2X3** Toxic effect of manganese and its compounds, assault
- **T57.2X4** Toxic effect of manganese and its compounds, undetermined
- **T58** Toxic effect of carbon monoxide
- **T58.0** Toxic effect of carbon monoxide from motor vehicle exhaust
- **T58.01** Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional)
- **T58.02** Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm
- **T58.03** Toxic effect of carbon monoxide from motor vehicle exhaust, assault
- **T58.04** Toxic effect of carbon monoxide from motor vehicle exhaust, undetermined
- **T58.1** Toxic effect of carbon monoxide from utility gas
- **T58.11** Toxic effect of carbon monoxide from utility gas, accidental (unintentional)
- **T58.12** Toxic effect of carbon monoxide from utility gas, intentional self-harm
- **T58.13** Toxic effect of carbon monoxide from utility gas, assault
- **T58.14** Toxic effect of carbon monoxide from utility gas, undetermined
- **T58.2** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels

AUDIGY

T Codes (cont.)

- **T58.2X** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels
- **T58.2X1** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, accidental (unintentional)
- **T58.2X2** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm
- **T58.2X3** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, assault
- **T58.2X4** Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined
- **T58.8** Toxic effect of carbon monoxide from other source
- **T58.8X** Toxic effect of carbon monoxide from other source
- **T58.8X1** Toxic effect of carbon monoxide from other source, accidental (unintentional)
- **T58.8X2** Toxic effect of carbon monoxide from other source, intentional self-harm
- **T58.8X3** Toxic effect of carbon monoxide from other source, assault
- **T58.8X4** Toxic effect of carbon monoxide from other source, undetermined
- **T58.9** Toxic effect of carbon monoxide from unspecified source
- **T58.91** Toxic effect of carbon monoxide from unspecified source, accidental (unintentional)
- **T58.92** Toxic effect of carbon monoxide from unspecified source, intentional self-harm
- **T58.93** Toxic effect of carbon monoxide from unspecified source, assault
- **T58.94** Toxic effect of carbon monoxide from unspecified source, undetermined
- **T59** Toxic effect of other gases, fumes and vapors (includes aerosol propellants)

AUDIGY

T Codes (cont.)

- **T59** Toxic effect of other gases, fumes and vapors (includes aerosol propellants)
- **T70.0XXA** Otic barotrauma, initial encounter
- **T70.0XXD** Otic barotrauma, subsequent encounter
- **T70.0XXS** Otic barotrauma, sequela

AUDIGY

Other Codes To Be Used With the H and T codes, if Applicable

- **A00-A09** Intestinal Infections Diseases
  - **A04.7** Clostridium difficile (C-diff)
- **A40-A41.9** Streptococcal and other sepsis
- **A49-A49.9** Bacterial infection of unspecified site
- **B50-B54** Plasmodium falciparum malaria and other malaria codes
- **B95-B95.8** Streptococcus, Staphlococcus, and Enterococcus as the cause of diseases classified elsewhere. Includes staphylococcus aureus and MRSA
- **B99-B99.9** Other and unspecified infectious diseases

AUDIGY

Other Codes (cont.)

- **C00-C14.8** Malignant neoplasms
- **C30-C39** Malignant neoplasms of respiratory and intrathoracic organs, including head and neck and lung
- **C34-C34.92** Malignant neoplasms of bronchus and lung
- **C43.2-C43.4** Melanoma and other malignant neoplasms of skin
- **C4A.2-C4A.4** Merkel cell carcinoma of eye, external auricular canal, parts of face, scalp and neck
- **C44.2-C44.49** Other and unspecified malignant neoplasm of skin of ear and external auricular canal, face, scalp and neck
- **C47.0** Malignant neoplasm of head, face and neck
- **C49.0** Malignant neoplasm of connective and soft tissue of head, face and neck
- **C50-C50.929** Malignant neoplasm of breast
- **C51-C58** Malignant neoplasms of female genital organs
- **C60-C63.9** Malignant neoplasms of male genital organs
- **C64-C68.9** Malignant neoplasms of urinary tract
- **C71-C71.9** Malignant neoplasms of brain and other parts of central nervous system
- **C72.4-C72.59** Malignant neoplasm of acoustic nerve and unspecified cranial nerves
- **C79-C79.89** Secondary Malignant neoplasm of other and unspecified sites

AUDIGY

Other Codes (cont.)

- **D00-D00.1** Carcinoma in situ of oral cavity, esophagus and stomach
- **D02-D02.4** Carcinoma in situ of middle ear and respiratory system
- **D03-D03.4** Melanoma in situ of lip, eyelid, external ear canal and scalp and neck
- **D03.52** Melanoma in situ of breast (skin) (soft tissue)
- **D04.2-D04.22** Carcinoma in situ of skin of ear and external auricular canal
- **D05-D09.9** Carcinoma in situ of breast
- **D10-D11.9** Benign neoplasm of mouth and pharynx
- **D14-D14.4** Benign neoplasm of middle ear and respiratory system
- **D17-D17.0** Benign lipomatous neoplasm and of head, face and neck
- **D37.0-D37.09** Neoplasm of uncertain behavior of oral cavity and pharynx
- **D38-D38.0** Neoplasm of uncertain behavior of middle ear and respiratory and intrathoracic organs
- **D39-D41.9** Neoplasm of uncertain behavior of female genital organs, male organs and urinary organs
- **D42-D42.9** Neoplasm of uncertain behavior of meninges
- **D43-D43.9** Neoplasm of uncertain behavior of brain and central nervous system
- **D48.6-D48.62** Neoplasm of uncertain behavior of breast
- **D49.3-D49.6** Neoplasm of unspecified behavior of breast, bladder, outer genitourinary organs and brain

AUDIGY

Z: Factors Influencing Health Status and Contact with Health Services

- Supplemental codes
- Likely to be denied when utilized as the primary code (replaces the ICD-9 V codes)
- Encounter for other special examination without complaint, suspected or reported diagnosis; the reason for the encounter
- Examples:
  - **Z01.10** Encounter for examination and hearing
  - **Z01.11** Encounter for exam of ears and hearing with abnormal findings

AUDIGY

Supplemental Codes

- **Z01.10** Encounter for examination of ears and hearing without abnormal findings
- **Z01.11** Encounter for examination of ears and hearing with abnormal findings
- **Z01.110** Encounter for hearing examination following failed hearing screening
- **Z01.118** Encounter for examination of ears and hearing with other abnormal findings
  - Use additional code to identify abnormal findings
- **Z01.12** Encounter for hearing conservation and treatment
- **Z0.58** Observation and evaluation of newborn for other specified suspected condition ruled out

AUDIGY

Supplemental Codes

- **Z45** Encounter for adjustment and management of implanted device
- **Z45.320** Encounter for adjustment and management of bone conduction device
  - **Z45.321** Encounter for adjustment and management of cochlear device
  - **Z45.328** Encounter for adjustment and management of other implanted hearing device
- **Z46.1** Encounter for fitting and adjustment of hearing aid
- **Z57.0** Occupational exposure to noise
- **Z71.2** Person consulting for explanation of examination or test findings
- **Z76.5** Malingerer (Person feigning illness with obvious motivation)
- **Z77.122** Contact with and (suspected) exposure to noise

AUDIGY

Supplemental Codes

Z83.52 Family history of ear disorders
Z86.69 Personal history of other diseases of the nervous system and sense organs
Z96.20 Presence of otological and audiological implant, unspecified
Z96.21 Cochlear implant status
Z96.22 Myringotomy tube(s) status
Z96.29 Presence of other otological and audiological implants
Z97.4 Presence of external hearing-aid

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A few others…

- **G51.0** Bell's Palsy
- **M95.11** Cauliflower ear, right
- **M95.12** Cauliflower ear, left

AUDIGY

Essential Resources

- ICD-10-CM codebook for non-hospital based audiologists
- ICD-10-PCS codebook for hospital based audiologists
- https://commerce.ama-assn.org/store/catalog/subCategoryDetail.jsp?category_id=cat1150010&navAction=push

AUDIGY

References

http://www.audiology.org/practice/coding/ICD-10-CM/Pages/default.aspx

http://www.cdc.gov/nchs/icd/icd10cm.htm

http://www.who.int/classifications/icd/en/

http://www.cdc.gov/nchs/data/icd9/icd10cm_guidelines_2014.pdf

http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10

AUDIGY

Other Resources (with caution):

- http://www.icd10data.com/Convert

AUDIGY

There's an app for that…

AUDIGY

ICD-11

"The new release includes around 55,000 codes unique codes for injuries, diseases, and causes of death. According to a news release from the WHO, it will be presented at the World Health Assembly in May 2019 for adoption by member states, and will come into effect on January 1, 2022."

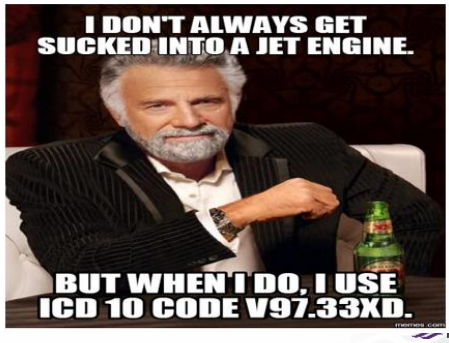
http://journal.ahima.org/2018/06/21/world-health-organization-releases-icd-11/

AUDIGY

Polling Question

What are the considerations when choosing a diagnosis code?

AUDIGY

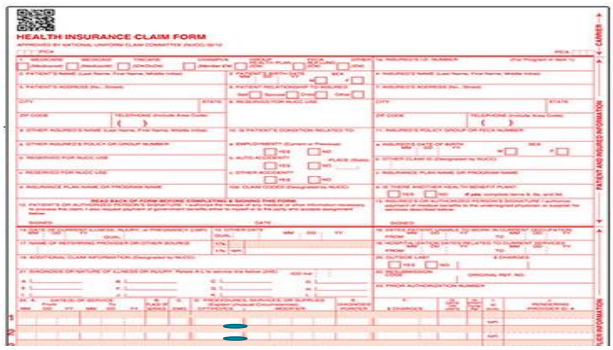


AUDIGY

Healthcare Common Procedure Coding System (HCPCS) Codes

- **Healthcare Common Procedure Coding System (HCPCS)**
- Addresses what CPT did not with:
  - Some services
    - **V5010** (Assessment for hearing aid)
    - **V5020** (Conformity evaluation)
    - **S0618** (Audiometry for hearing aid evaluation to determine the level and degree of hearing loss)
  - Supplies:
    - Hearing aids
    - Dispensing
    - Earmold (and earmold impression)
    - Batteries
    - Assistive Listening Devices

AUDIGY



HCPCS Codes (Procedures)

- **V5010** Assessment for hearing aid
- **V5011** Fitting/orientation/checking of hearing aid
- **V5014** Repair/modification of hearing aid
- **V5020** Conformity evaluation

AUDIGY

HCPCS Codes (cont.)

- **V5030** Hearing aid, monaural, body worn, air conduction
- **V5040** Hearing aid, monaural, body worn, bone conduction
- **V5050** Hearing aid, monaural, in the ear
- **V5060** Hearing aid, monaural, behind the ear
- **V5070** Glasses, air conduction
- **V5080** Glasses, bone conduction

AUDIGY

HCPCS Codes (cont.)

- **V5090** Dispensing fee, unspecified hearing aid
- **V5095** Semi-implantable middle ear hearing prosthesis
- **V5100** Hearing aid, bilateral, body worn
- **V5110** Dispensing fee, bilateral
- **V5120** Binaural, body
- **V5130** Binaural, in the ear
- **V5140** Binaural, behind the ear
- **V5150** Binaural, glasses
- **V5160** Dispensing fee, binaural

AUDIGY

HCPCS Codes (cont.)

- **V5170** Hearing aid, CROS, in the ear
- **V5180** Hearing aid, CROS, behind the ear
- **V5190** Hearing aid, CROS, glasses
- **V5200** Dispensing fee, CROS
- **V5210** Hearing aid, BICROS, in the ear
- **V5220** Hearing aid, BICROS, behind the ear
- **V5230** Hearing aid, BICROS, glasses
- **V5240** Dispensing fee, BICROS

AUDIGY

HCPCS Codes (cont.)

- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5242** Hearing aid, analog, monaural, CIC
- **V5243** Hearing aid, analog, monaural, ITC

AUDIGY

HCPCS Codes (cont.)

- **V5244** Hearing aid, digitally programmable analog, monaural, CIC
- **V5245** Hearing aid, digitally programmable, analog, monaural, ITC
- **V5246** Hearing aid, digitally programmable, analog, monaural, ITE
- **V5247** Hearing aid, digitally programmable, analog, monaural, BTE

AUDIGY

HCPCS Codes (cont.)

- **V5248** Hearing aid, analog, binaural, CIC
- **V5249** Hearing aid, analog, binaural, ITC
- **V5250** Hearing aid, digitally programmable analog, binaural, CIC
- **V5251** Hearing aid, digitally programmable analog, binaural, ITC
- **V5252** Hearing aid, digitally programmable, binaural, ITE
- **V5253** Hearing aid, digitally programmable, binaural, BTE

AUDIGY

HCPCS Codes (cont.)

- **V5254** Hearing aid, digital, monaural, CIC
- **V5255** Hearing aid, digital, monaural, ITC
- **V5256** Hearing aid, digital, monaural, ITE
- **V5257** Hearing aid, digital, monaural, BTE

AUDIGY

HCPCS Codes (cont.)

- **V5258** Hearing aid, digital, binaural, CIC
- **V5259** Hearing aid, digital, binaural, ITC
- **V5260** Hearing aid, digital, binaural, ITE
- **V5261** Hearing aid, digital, binaural, BTE

AUDIGY

HCPCS Codes (cont.)

- **V5262** Hearing aid, disposable, any type, monaural
- **V5263** Hearing aid, disposable, any type, binaural
- **V5264** Earmold/insert, not disposable, any type
- **V5265** Earmold/insert, disposable, any type

AUDIGY

HCPCS Codes (cont.)

- **V5266** Battery for use in hearing device
- **V5267** Hearing aid or ALD supplies/accessories, not otherwise specified
- **V5268** Assistive listening device, telephone amplifier, any type
- **V5269** Assistive listening device, alerting, any type
- **V5270** Assistive listening device, television amplifier, any type

AUDIGY

HCPCS Codes (cont.)

- **V5271** Assistive listening device, television caption decoder
- **V5272** Assistive listening device, TDD
- **V5273** Assistive listening device, for use with cochlear implant
- **V5274** Assistive listening device, not otherwise specified
- **V5275** Ear impression, each

AUDIGY

HCPCS Codes (cont.)

- **V5281** Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type
- **V5282** ALD, personal fm/dm system, binaural (2 receivers, transmitter, microphone), any type
- **V5283** ALD, personal fm/dm neck, loop induction receiver
- **V5284** ALD, personal fm/dm, ear level receiver

AUDIGY

HCPCS Codes (cont.)

- **V5285** ALD, personal fm/dm, direct audio input receiver
- **V5286** ALD, personal blue tooth fm/dm receiver
- **V5287** ALD, personal fm/dm receiver, not otherwise specified
- **V5288** ALD, personal fm/dm transmitter ALD

AUDIGY

HCPCS Codes (cont.)

- **V5289** ALD, personal fm/dm adapter/boot coupling device for receiver, any type
- **V5290** ALD, transmitter microphone, any type
- **V5298** Hearing aid, not otherwise classified
- **V5299** Hearing service, miscellaneous

AUDIGY

Cochlear Implant HCPCS Codes

- **L8614** Cochlear device, includes all internal and external components
- **L8615** Headset/headpiece for use w/ cochlear implant device, replacement
- **L8616** Microphone for use w/ CI device, replacement
- **L8617** Transmitting coil for use w/ CI device, replacement
- **L8618** Transmitter cable for use with CI device, replacement
- **L8619** CI, external speech processor and controller, integrated system, replacement
- **L8621** Zinc air battery for use w/ CI device and auditory osseointegrated sound processors, replacement

AUDIGY

Cochlear Implant Codes (cont.)

- **L8622** Alkaline battery for use with CI device, any size, replacement, each
- **L8623** Lithium ion battery for use w/ CI device speech processor; other than ear level, replacement, each
- **L8624** Lithium ion battery for use with CI device speech processor, ear level, replacement, each
- **L8627** CI, external speech processor, component, replacement
- **L8628** CI, external controller component, replacement
- **L8629** Transmitting coil and cable, integrated, for use with CI device, replacement

AUDIGY

Osseointegrated Device HCPCS Codes

- **L8690** Auditory osseointegrated device, includes all internal and external components
- **L8691** Auditory osseointegrated device, external sound processor replacement
- **L8692** Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
- **L8693** Auditory osseointegrated device abutment, any length, replacement only
- **L9900** Orthotic and prosthetic supply, accessory, and/or service component of another
- **Fitting:**
  - **V5299** Hearing service, miscellaneous OR
  - **L8699** Auditory osseointegrated device, includes all internal and external components

AUDIGY

Hearing Aid Modifiers

- Necessity may be payer dependent
- **RT** indicates right side of the body (ear)
- **LT** indicates left side of the body (ear)
- May need to bill monaural codes with modifier for each ear separately instead of binaural codes

AUDIGY

Itemizing for Third Party Payers

- Know your hourly rate
- Don't make decisions out of fear
- Need to know with each separate contract what you can (or can't afford) to loose
  - Some will pay 50% or 60% of what is billed
  - Need to charge your usual and customary fees to everyone in order to sustain this rate; can offer cash discounts to private pay patients with caution and a policy
  - Some won't allow you to bill the patient for the difference between the allowable and the payment amount
  - Can the patient share in the cost of an upgrade beyond their benefit?
- May need to restrict product offerings
- Ask if insurance waivers are allowed if patient wants to go beyond their benefit
- Be aware of the denial and termination processes

AUDIGY

Bundling vs. Itemization:

- Bundling vs. itemization
  - Likely to optimize reimbursement with third party payers
  - Gives the insurance company the choice to bundle
  - Transparency (HLAA), PCAST, NASEM
  - For either, the total amount charged for hearing aid(s) must be the same

AUDIGY

Bundling vs. Itemization (cont.)

- Bundling
  - One payment, one code
  - Does not decipher what is service and what is product

- Itemization (detaches service from product)
  - Separate itemization of all fees:
    - Hearing aid(s)
    - Dispensing fee(s)
    - Orientation fee
    - Conformity evaluation
    - Earmold(s)
    - Earmold impression(s)
    - Batteries
    - Extended service or warranty packages
      - Clean and check visits?

AUDIGY

Tidbits

- Must know your hourly rate
  - HAVE TO KNOW WHAT YOUR EXPENSES ARE
- Need to know with each separate contract what you can (or can't afford) to loose
- Don't make decisions out of fear, but out of a thorough evaluation of what your practice needs to survive
- May need to restrict product offerings
- May need to refer elsewhere
- Are insurance waivers allowed
- Denial and termination processes

AUDIGY

Establishing Hourly Rate

- How many hours/week? (30?)
  - Direct patient care time only
- Weeks/year that services are provided (49?)
- Number of providers in the practice (2?)
- Multiply the hours/week/year by the number of providers (49 x 2 = 98) x 30 = 2940

AUDIGY

Hourly Rate Calculation (cont.)

Then, calculate operating costs:

- Salary/benefits
- Overhead
  - Rent, equipment, utilities, marketing, etc.

Hourly rate = Annual expenses ÷ 2940

Does not include:

- Cost of goods (COG):
  - Hearing aids
  - Ear molds
  - Batteries
  - ALDs
  - Hearing aid accessories

AUDIGY

To Determine Break-Even Hourly Rate and Profit Margin

- Total annual expenses – COG ÷ annual contact hours (break-even point)

  $XXX.xx – COG ÷ 2940 = YYY.yy

- Total annual expenses – COG + desired profit ÷ annual contact hours

  $XXX.xx – COG + DP ÷ 2940 = YYY.yy

AUDIGY

Next Steps:

- Assign fees for each professional service procedure based on your hourly rate/profit goal
- Load payer allowables into your management system
  - Compare amounts paid with contracted fees
    - Don't assume the payer's amount is correct

AUDIGY

Waivers

- Patient's acknowledgement of their financial responsibility for fees not paid by their insurance benefit, if not contractually excluded
- Have patient sign at the time of providing services
  - Time of patient education
  - Itemize CPT/HCPCS codes to be utilized and patient out of pocket cost estimate
    - Original retained in chart, copy to patient
    - Not the same as the ABN (Medicare only)
    - Does the payer recognize **S1001**, Deluxe item, patient notified, if patient chooses to upgrade their technology, going beyond their benefit?

AUDIGY

Waivers (cont.)

- Do your payers provide their own?
- Will they allow one that your office creates?
  - Should include:
    - Patient's name
    - Date
    - How much is their responsibility and for what
    - They must understand this is beyond their benefit and their Explanation of Benefits (EOB) may have the benefit stating they owe zero and that is for covered services
      - Upgrades are non-covered services

AUDIGY

Hearing Aid Evaluation options:

- **S0618** Audiometry for hearing aid evaluation to determine the level and degree of hearing loss

OR

- **V5010** Assessment for hearing aid

OR

- **92590** Hearing aid examination and selection, monaural

OR

- **92591** Hearing aid examination and selection, binaural

AUDIGY

Example: Monaural BTE

- **HAE**

- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5257** Hearing aid, digital, monaural, BTE
- **V5264** Earmold/insert, not disposable, any type (1 unit)
- **V5266** Battery
- **V5275** Earmold impression, each
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)
  - Typically not reimbursed by third party payers

AUDIGY

Example: Monaural ITE

- **HAE**

- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5256** Hearing aid, digital, monaural, ITE
- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5266** Battery for use in hearing device
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)

AUDIGY

Example: Binaural RICs

- **HAE**

- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5160** Dispensing fee, binaural
- **V5261** Hearing aid, digital, binaural, BTE
- **V5266** Battery
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)
  - **For receiver in the canal (RIC) technology, the receiver could be billed as V5267, hearing aid supplies/accessories.**

AUDIGY

Binaural BTEs With Two Earmolds

- **HAE**

- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5160** Dispensing fee, binaural
- **V5261** Hearing aid, digital, binaural, BTE
- **V5264** Ear mold/insert, not disposable, any type
- **V5266** Battery
- **V5275** Ear impression, each
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)

AUDIGY

Binaural Hearing Aids When Payer Requires LT/RT modifiers

- **HAE**

- **V5011-RT** Fitting/orientation/checking of hearing aid
- **V5011-LT** Fitting/orientation/checking of hearing aid
- **V5020-RT** Conformity evaluation
- **V5020-LT** Conformity evaluation
- **V5257-RT** Hearing aid, digital, monaural, BTE
- **V5257-LT** Hearing aid, digital, monaural, BTE
- **V5241-RT** Dispensing fee, monaural hearing aid, any type
- **V5241-LT** Dispensing fee, monaural hearing aid, any type

V5264-RT Earmold/insert, not disposable, any type
V5264-LT Earmold/insert, not disposable, any type
V5275-RT Earmold impression, each
V5275-LT Earmold impression, each
V5267-RT Hearing aid supplies/accessories, if indicated
V5267-LT Hearing aid supplies/accessories, if indicated
V5266-RT Battery for use In hearing device
V5266-LT Battery for use In hearing device

AUDIGY

BICROS Billing:

- When billing for CROS or BICROS devices:
  - Check with the payer as many don't recognize what a (BI)CROS device is
  - May want to obtain prior authorization to ensure that you will be paid for the entire device and for corresponding services
  - Bill the (BI)CROS codes and if not paid fairly, then appeal with an explanation
  - May need to bill with other codes

AUDIGY

BICROS (example)

- **HAE**

- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5220** Hearing aid, BICROS, behind the ear
- **V5240** Dispensing fee, BICROS
- **V5266** Battery for use In hearing device
- **V5264** Earmold/insert, not disposable, any type (This would be filed with the number of earmolds utilized)
- **V5275** Earmold impression, each (This will need to be filed with the number of EMIs taken)
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)

AUDIGY

Another option for BICROS:

- **HAE**

- **V5011** Fitting/orientation/checking of hearing aid
- **V5020** Conformity Evaluation
- **V5241** Dispensing fee, monaural hearing aid, any type
- **V5257** Hearing aid, digital, monaural, BTE
- **V5264** Earmold/insert, not disposable, any type (1 unit) (This will need to be filed with 2 units for 2 earmolds)
- **V5266** Battery
- **V5267** Hearing aid supplies/accessories (for offside microphone)
- **V5275** Earmold impression, each (This will need to be filed with 2 units for 2 earmold impresssions)
- **V5299** Hearing service, miscellaneous (extended warranty packages, for example)
  - Typically not reimbursed by third party payers

AUDIGY

Resources: 2015 Academy Superbill, 2015 Encounter Forms, and Guide to Itemization of Professional Services

•https://www.audiology.org/practice_management/resources/resources-and-tools

•https://www.audiology.org/sites/default/files/2015_EncounterForm_CPT_ICD9_codes.pdf

•https://www.audiology.org/sites/default/files/2015_EncounterFormHCPCS.pdf

AUDIGY

Resources (cont.)

- https://www.audiology.org/sites/default/files/PracticeManagement/20120110_AAA_Guide_Itemizing_Prof_Serv.pdf
- http://www.audiology.org/practice/reimbursement/medicare/Pages/Medicare_FAQ.aspx

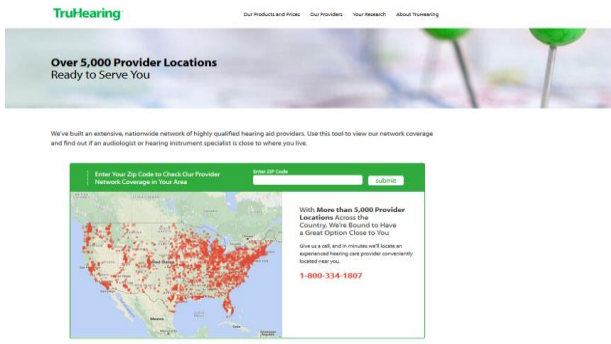
AUDIGY

Third Party Payers (cont.)

Commercial networks with a large number of providers have been in place

- ✓ 2,000-5,000 providers nationwide
- ✓ Attractive to payers; they are being told hearing aids stave other financial draining medical conditions such as cognitive effects, depression and diabetes
- ✓ Numbers of enrollees is rising
- ✓ Exclusive contracts
  - May eliminate or taper access to your current patients
  - May restrict new ones from entering your practice

AUDIGY



WHO ARE THESE PAYERS?

- ✓TruHearing
- ✓Amplifon
- ✓Nations Hearing
- ✓AHB (AudioNet)
- ✓HearUSA (AARP)
- ✓United Health Care (hiHealth Innovations)
- ✓EPIC
- ✓Hearing Care Solutions

WHAT DO THEY OFFER?

- ✓ Discounts for some plans, fitting/follow-up visits for others
- ✓ With their exclusive contracts, may offer opportunities to see patients you would not have had access to
- ✓ Circumvents online and big box sales
- ✓ Keeps the provider in the mix
- ✓ No cost of goods and no marketing dollars expended

✓For these plans:

- Hearing evaluation fees ($0-$75)
- Fitting fees ($200-$800/ear)
- Batteries (8/64 cells/1-2 years)
- Specified number of rechecks
- With some, no cost of goods to the practice

✓ Know your hourly rate, know the demographics of your area

AUDIGY

LET'S TAKE A CLOSER LOOK…

Company	Testing Fees	Fitting Fees/ear	Follow-Up Visits	Owned by
Tru Hearing	$<75.00 (pt. or ins.)	$325-600	3 including HAF (after:35/30; 65/60)	Sorenson Capital
Amplifon Hearing	$48.00	$250-800	1 year free f/u	Amplifon
Nations Hearing	**$0.00**	$350-600	4 including HAF	
Epic Hearing Healthcare	$20-90.00	$250-750	3 in 1st year	Sonova
American Hearing Benefits	UCR procedures, notify patient prior	$500-800	$20 after 6 months	Starkey
HearUSA	Depends	$400-750	?	Sivantos
Hearing Care Solutions	**$0.00**	$200-700	1 year	
Your Hearing Network (FEHBP, UAW, HEAR USA/AARP, AAA in some states, other plans in other states, Prime Health and "12 others), "free access to AHAA members"	$50-75.00 (pt. or ins.) Several of these plans disallow billing for the hearing evaluation and one allows $110.87 for HE AND HAE	$350-800 (one plan was $1000, another is the difference between wholesale-retail network $)	3 including HAF ($35 for 60 or less OR $65 for 60 min or >; can charge up to $125 for reprogramming and fitting post replacement); after 6 mo, $20/visit for lesser of 30 mo or aid's lifetime); some are a one year of f/u visits, others are $25/visit up to $75 for the year (if over 3, then free)	Oticon
AudioNet partners with AHB (UAW), Beltone, HearUSA and YHN				

AUDIGY

TruHearing and Humana-2018

- Humana "is expanding its relationship with TruHearing."
- Entered 27 new states (in 2017, was in Arizona, Arkansas, Nevada, Ohio, Oklahoma, Texas and Washington) for a total of 34 :

Alabama	Iowa	Mississippi	North Dakota	Virginia
Colorado	Kansas	Missouri	Oregon	West Virginia
Georgia	Kentucky	Montana	Pennsylvania	Wisconsin
Idaho	Louisiana	Nebraska	South Carolina	
Illinois	Michigan	New Mexico	South Dakota	
Indiana	Minnesota	North Carolina	Utah	

AUDIGY

BUNDLING VS. ITEMIZATION

- ✓ Bundling - combining all fees and services into one amount, one code
- ✓ Itemization - listing each service that is included in the device
  - Helpful for third party payers to capture all fees
    - Helpful for devices fit elsewhere

AUDIGY

ITEMIZATION OPTIONS FOR THIRD PARTY PAYERS

- ✓ Hearing aid(s)
- ✓ Orientation fee
- ✓ Dispensing fee(s)
- ✓ Conformity evaluation
- ✓ Earmold impression(s)
- ✓Earmold(s)
- ✓Batteries
- ✓Extended service or warranty packages
  - Office visits?

AUDIGY

EXAMPLE FOR BINAURAL OPEN FIT BTES

V5010 or S0618 or 92590 or 92591 Hearing aid evaluation(s)/Functional Communication Assessment

V5011 Fitting/orientation/checking of hearing aid

V5020 Conformity Evaluation

V5160 Dispensing Fee, binaural

V5261 Hearing aid, digital, binaural, BTE

V5266 Battery

V5299 Hearing service, miscellaneous (extended warranty packages, for example)

QUESTIONS TO ASK:

1. Hearing aid verification
2. Can the patient share in the cost of an upgrade beyond their benefit?
3. Have the patient sign a waiver attesting to their understanding of their benefit's payment and their personal responsibilities

AUDIGY

Common and Incorrect Coding Scenarios

AUDIGY

Scenario #1:

- My patient and I both want to know what the insurance payment will be for his binaural hearing aids.
- Since that insurance company won't give us the amount, I submitted the claim to see what his out of pocket expenses will be so that we all know what he will be responsible for and will then dispense his hearing aids.

AUDIGY

Scenario #1 Response:

- Criminal offense to submit a false claim to the government (Medicare and Medicaid)
- Offenses:
  - **Submitting a claim for services not rendered**
  - Submitting a claim for services not medically necessary
  - Not billing with the appropriate provider number
  - Falsifying a diagnosis
  - Up coding
  - Unbundling a bundled code (92557, 92540, 92550 and 92570)

AUDIGY

False Claims (cont.)

- Can include:
  - Overbilling
  - Providing inferior products
  - Falsifying claims and medical records to certify patients for benefits
  - Billing for phantom services
  - Duplicate billing
  - Patterns of furnishing/billing for excessive or non-covered services

    - Doug Lewis, JD, Ph.D., Au.D., MBA, *Audiology Today* JulAug 2012

AUDIGY

Scenario #2

- An insurance company's fee schedule offers $6000 for binaural hearing aids. A month after the premium devices were dispensed, they sent me a letter requesting $3000 back due to an error in payment.
- The patient doesn't want to pay anything additional, so may have to dispense lesser technology.

AUDIGY

Scenario #2 Response

- Submit an appeal to the insurance company
- Secure guidance from your state's insurance department
- Secure an opinion from your state licensure board
- Secure an opinion from your professional organizations' ethical practice committees

AUDIGY

Scenario #2 Response (cont.)

- You are providing what you and the patient agreed upon and did so in good faith with the payer
- Waivers may be beneficial in this instance so the patient understands there may be a reconfiguration of their benefit for which they should alert their Human Resource department

AUDIGY

Scenario #3

- I perform pure tone air conduction, speech reception thresholds and word recognition
- I bill CPT code 92557

AUDIGY

Scenario #3 Response

- CPT code 92557 requires pure tone air AND bone conduction, speech reception thresholds and word recognition
- If you don't complete all of the components of what is required, use the -52 modifier for reduced services
- It may not be recognized by the payer, but it must be appended
  - Box 19 as to why the reduction was necessary or send in documents attesting to why a reduction was necessary when submitting the claim

AUDIGY

Scenario #4

- I perform tympanometry and ipsilateral acoustic reflex thresholds bilaterally.
- I file the claim for 92550

AUDIGY

Scenario #4 Response

- CPT code 92550 includes ipsilateral and contralateral frequencies

AUDIGY

Scenario #5

- I perform tympanometry but can't get a seal
- Can I bill for this procedure?

AUDIGY

Scenario #5 Response

- If you attempt a procedure and have that documented, suggest billing it with the -52 modifier
- Per the AMA's *Coding with Modifiers 5th edition:*
  - "Modifier 52 is appended when a service or procedure is partially reduced or eliminated at the physician's discretion ie., started but discontinued."

AUDIGY

Scenario #6

- I perform a Dix Hallpike maneuver
- How do I bill for this?

AUDIGY

Scenario #6 Response

- It is included as a position--CPT code 92542

AUDIGY

Scenario #7

- I don't get reimbursed enough for 92557 for all that I do (case history, otoscopy, testing, counseling) but I do it anyway
- The patient wants to proceed with hearing aids and returns for a hearing aid evaluation
- I bill for CPT code 92626, Evaluation of Auditory Rehabilitation Status to discuss hearing aid options
- I bill 92626 to Medicare

AUDIGY

Scenario #7 Response:

Um. No.

- While you can't bill 92626 to Medicare for hearing aid use, it should be utilized for cochlear implants or osseo-integrated devices (Baha, Ponto)
- Check other payers' guidance as it is payer specific

AUDIGY

Guidance on CPT code 92626

- Evaluation of auditory rehabilitation status, first hour
- 92627, Evaluation of auditory rehabilitation status; each additional 15 minutes

AUDIGY

AMA's *CPT Assistant,* July 2014

- CPT **92626** and **92627**
  - Evaluation of auditory rehabilitation status, first hour/each additional 15 minutes
  - **Utilize when evaluating patient's function prior or post fitting of unilateral or bilateral:**
    - Hearing aids **(don't bill to Medicare)**
    - Osseo-integrated devices
    - Cochlear implants
    - Brainstem implants
  - Confirm with payer
  - 92626 must be for procedures greater than 31 minutes
    - Document start and end time in chart with time based codes

AUDIGY

Guidance (cont.)

- AMA's *CPT Assistant,* July 2014 states:
  - "the evaluation will determine the need for auditory rehabilitation following the fitting and verification of hearing devices and may also be used to monitor the progress of therapeutic intervention."
  - To determine the need for rehabilitation
- Check with patient's third party payer
- In the example, should use one of the hearing aid evaluation codes for hearing aid services:
  - 92591 (monaural) **or**
  - 92592 (binaural) **or**
  - V5010
    - Choice will likely be payer dependent
    - Check your fee schedules

AUDIGY

AAA, ADA, ASHA guidance

- Use to report the function of a patient pre and/or post them receiving unilateral or bilateral hearing devices including:
  - **Hearing aid(s)** **(but not to Medicare!)**
  - Auditory osseo-integrated implant(s)
  - Middle ear implant(s)
  - Cochlear implant(s)
  - Auditory brainstem implant

https://www.audiology.org/practice_management/coding/coding-evaluation-auditory-rehabilitation-status-cpt-codes-92626-and

AUDIGY

Scenario #8

- Our office policy is for the initial visit, each patient must have comprehensive audiometry (92557), tympanometry and reflexes (92550) and otoacoustic emissions (92587) performed
- A patient has a symmetric 60 dB HL SNHL AU with good-excellent WRS, tympanograms within normal limits and reflexes present at all frequencies tested
- Does performing tympanometry, reflexes and OAEs meet medical necessity?

AUDIGY

Scenario #8 Response:

- **Medical Necessity Definition:**
- **Title XVIII of the Social Security Act, section 1862 (a)(1)(a):**

Notwithstanding any other provisions of this tile, no payment may be made under Part A or Part B for any expenses incurred for items or services, which are not ***reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member***

AUDIGY

Scenario #8 Response

- Unless there was a middle ear related complaint, air/bone gap, prior history of ototoxicity, tinnitus, etc., there is no medically necessary reason for tympanometry or OAEs.

AUDIGY