



**News Flash** - The revised *Medicare Physician Fee Schedule Fact Sheet* (January 2008), which provides general information about the Medicare Physician Fee Schedule, can be accessed at <http://www.cms.hhs.gov/MLNProducts/downloads/MedcrePhysFeeSchedfctsh.pdf> on the Centers for Medicare & Medicaid Services website.

MLN Matters Number: MM5717

Related Change Request (CR) #: 5717

Related CR Release Date: February 29, 2008

Effective Date: April 1, 2008

Related CR Transmittal #: R84BP and R1470CP

Implementation Date: April 7, 2008

## Update to Audiology Policies

### Provider Types Affected

Physicians, non-physician practitioners, audiologists, and speech-language pathologists submitting claims to Medicare Administrative Contractors (A/B MACs), carriers and fiscal intermediaries (FIs) for services provided to hearing impaired Medicare beneficiaries.

### Impact on Providers

This article is based on Change Request (CR) 5717, which alerts affected providers that there are updates to language in the *Medicare Benefit Policy Manual (MBPM)* Chapter 15, sections 80.3 and 230.3 and the *Medicare Claims Processing Manual (MCPM)* Chapter 12, section 30.3. These manual changes highlight coding issues, including auditory implants as auditory prosthetic devices, differentiate the functions of speech-language pathologists and audiologists in aural rehabilitation, and discuss policy related to automated hearing testing.

CR 5717 states that:

- Medicare pays for:
  - Audiological diagnostic tests under the benefit for "other diagnostic tests";
  - and

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- Audiological evaluations, which include tests of tinnitus, auditory processing and osseointegrated devices.
- Medicare does cover treatment for beneficiaries with disorders of the auditory systems as speech-language pathology services.
- Audiological tests may be ordered for any beneficiary when there is suspicion of impairment of the auditory systems, including tinnitus, auditory processing or balance.
- Audiological tests should not be ordered for the purpose of fitting or modifying a hearing aid.
- Audiological tests are covered and payable when performed by qualified audiologists.
- Medicare does not cover audiological treatment, including hearing aids.

## Background

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The sections of the *MBPM* concerning audiological services had not been updated since the manual was last published in 2003. Since that time, there have been requests for clarification of some of the language. You may review the details of these changes by looking at the revised manual sections, which are attached to CR5717. The *MBPM* Chapter 15 Section 80.3 and Section 230.3 and the *MCPM* Chapter 12 section 30.3 are also attached to CR5717.

## Key Points

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The revised *MBPM* Chapter 15 sections 80.3 and 230.3 and the revised *MCPM* Chapter 12 section 30.3 point out that audiologists and speech-language pathologists each furnish separate services to hearing impaired beneficiaries. Osseointegrated auditory implants are prosthetic devices. **Services using automated devices that do not require the skills of an audiologist are not covered services.** The following are the key points for specific requirements listed in the *MBPM* and the *MCPM*.

**Under conditions already noted above, Medicare will pay as follows:**

- Medicare will pay for appropriately provided audiological diagnostic tests depending on the reason for the test.
- Medicare will pay audiologists for the global service when audiologists perform both the technical and professional components of services that have both components. The most recent Medicare Physician Fee Schedule for pricing

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and supervision levels for audiology services may be reviewed at [http://www.cms.hhs.gov/PFSlookup/01\\_Overview.asp#TopOfPage](http://www.cms.hhs.gov/PFSlookup/01_Overview.asp#TopOfPage) on the CMS website.

- Medicare will not include diagnostic analysis of implants, (such as cochlear, osseointegrated or brainstem implants, including programming or reprogramming following implantation) in the global fee for the surgery.
- Medicare will pay audiologists for the technical component of audiological tests when they perform only the technical component and a physician or qualified non-physician practitioner provides the professional component of services that have both components.
- Medicare will pay for osseointegrated prosthetic devices under provisions of the applicable payment system. Payment may differ depending upon whether the device is furnished on an inpatient or outpatient basis, by a hospital subject to the outpatient prospective payment system (OPPS), by a Critical Access Hospital (CAH), by a physician's clinic, or by a Federally Qualified Health Center (FQHC).
- Medicare will pay for timed codes 92620 and 92621 when billed for appropriately provided evaluation of auditory processing disorders.
- The timed code 92506 is one of the "always therapy" codes listed in the *MCPM* that must be furnished by a speech-language pathologist under the standards and conditions for speech-language pathology services (See also the *MBPM* Chapter 15, sections 220& 230). Audiologists may not be paid for these codes.
- Medicare will pay for appropriately provided auditory rehabilitation evaluation as a speech-language pathology benefit when furnished by a speech-language pathologist.
- Medicare will pay for appropriately provided auditory rehabilitation evaluation as a diagnostic test benefit when furnished by an audiologist.
- Medicare will pay for appropriately provided speech-language pathology services after implantation of auditory devices.
- Medicare will pay for appropriately provided services of an audiologist for diagnostic evaluation of cochlear implants. At the time of issuance of CR5717, the codes for diagnostic analysis of cochlear implants are 92601, 92602, 92603 and 92604.

#### Medicare will NOT pay for:

- Medicare will not pay for diagnostic evaluation of cochlear implants by speech-language pathologists, or others who are not audiologists, with the exception

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of physicians and non-physician practitioners who may personally provide the services that are within their scope of practice.

- Medicare will not pay for services documented as audiological services when they have been furnished through the use of computers that do not require the skills of an audiologist.
- Medicare will not pay audiologists for treatment services.
- Medicare will not pay for diagnostic audiological tests provided by technicians unless the order specifies each test individually. Note that technicians must meet qualifications determined by the Medicare contractor being billed, which will include, at a minimum, qualification requirements of state and/or local law and successful conclusion of a curriculum including both classroom training and supervised clinical experience administering the audiological service. (However, when the tests are done by an audiologist and the orders do not name specific tests, the audiologist may select the appropriate battery of tests.)
- Medicare will not pay for services that require the skills of an audiologist when furnished by an AuD 4<sup>th</sup> year student who is not qualified according to section 1861(l)(3) of the Act.
- Medicare will not pay for audiological services incident to the service of a physician or non-physician practitioner.
- Medicare will not pay for the technical component of audiological diagnostic tests performed by a qualified technician unless the medical record contains the name and professional identity of the technician who actually performed the service and the physician or non-physician supervisor who provides the direct supervision has documented the clinical decision making and active participation in delivery of the service.
- Medicare will not pay for computer-controlled hearing tests that are screening tests, which do not require the skilled services of an audiologist and are not covered or payable using codes for diagnostic audiological testing. Examples include, but are not limited to, otograms and pure tone or immittance screening devices that do not require the skills of an audiologist.

## Additional Information

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There are actually two transmittals issued to your Medicare contractor for CR5717. The first contains changes to the *MCPM* and is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1470CP.pdf> on the CMS

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website. The second has the changes to the *MBPM* and is available at <http://www.cms.hhs.gov/Transmittals/downloads/R84BP.pdf> on the same site.

If you have questions, please contact your Medicare A/B MAC, carrier, or FI at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

**News Flash - It's Not Too Late to Give and Get the Flu Shot!** In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

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