

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1550</b>	<b>Date: July 18, 2008</b>
	<b>Change Request 6061</b>

**SUBJECT: Clarifications to Audiology Update Transmittal 1470, Change Request 5717**

**I. SUMMARY OF CHANGES:** Audiologists must obtain a National Provider Identifier (NPI), enroll and use the NPI in the rendering provider field on the claims for services they furnish on or after October 1, 2008.

**New / Revised Material**

**Effective Date: October 1, 2008**

**Implementation Date: August 18, 2008**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	12/30/30.3/Audiological Diagnostic Tests, Speech-Language Evaluations, and Treatments

**III. FUNDING:**

**SECTION A:** For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**SECTION B:** For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 1550	Date: July 18, 2008	Change Request: 6061
-------------	-------------------	---------------------	----------------------

**SUBJECT:** Clarifications to Audiology Update Transmittal 1470, Change Request 5717

**Effective Date:** October 1, 2008

**Implementation Date:** August 18, 2008

## I. GENERAL INFORMATION

**A. Background:** Transmittal 1470, (Change Request (CR) 5717) titled, “Update to Audiology Policies”, was issued February 29, 2008, with clarifications to the Medicare Claims Processing Manual. In Chapter 12, §30.3, the manual instructions state, “. . . the audiologist’s National Provider Identifier (NPI) is required on all claims for services furnished by audiologists.” This instruction was not specified in the business requirements. This CR responds to questions concerning CR 5717, specifically the enrollment policy.

**B. Policy:** Contractors shall require that beginning October 1, 2008, audiologists will be required to be enrolled in Medicare and use their NPI for services they render.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)								
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
F I S S	M C S						V M S	C W F		
6061.1	For claims with dates of service on or after October 1, 2008, audiologists shall enroll in the Medicare program.	X			X					
6061.2	For claims with dates of service on or after October 1, 2008, the NPI of the enrolled audiologist shall be used on claims in the appropriate rendering and billing fields.	X			X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)								
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers			
F I S S	M C S						V M S	C W F		
6061.3	A provider education article related to this instruction will be available at	X			X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p><a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>										

#### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
6061.1	Currently enrolled audiologists must use their NPIs on claims under the same policies that affect all health care providers. Forms CMS-855I and CMS-855R should be used as appropriate to enroll and reassign their benefits. Audiologists should use the February 2008 version of the Medicare enrollment application (until it is revised or re-issued). Prior to October 1, 2008, contractors shall continue to process claims for services furnished by audiologists who are not enrolled using the same process and policies that they have used in the past. On and after October 1, 2008, audiologists shall use their NPI in the appropriate field (24J, or 33a, or the corresponding fields on the X12N 837 Professional Claim transaction).

**Section B: For all other recommendations and supporting information, use this space:**

Audiologists should be encouraged to obtain an NPI and enroll as soon as possible.

#### V. CONTACTS

**Pre-Implementation Contact(s):** Dorothy Shannon, 410-786-3396

**Post-Implementation Contact(s):** Dorothy Shannon, 410-786-3396

## **VI. FUNDING**

### **Section A: For *Fiscal Intermediaries (FIs) and Carriers:***

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### **Section B: For *Medicare Administrative Contractors (MACs):***

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

### **30.3 - Audiological Diagnostic Tests, Speech-Language Evaluations and Treatments**

*(Rev.1550, Issued: 07-18-08, Effective: 10-01-08, Implementation: 08-18-08)*

#### **A. Correct Coding**

Contact the Medicare contractor for guidance if the CPT codebook changes the description of codes mentioned in this section.

Speech-Language Pathology Services. Speech-language pathology (SLP) services are included in the list of therapy services in Pub. 100-04, Chapter 5, §20. Policies for outpatient therapy services are in Pub. 100-02, Chapter 15, §§220 and 230. Most of the CPT codes that apply to SLP services are untimed codes that may only be billed once for each encounter. A common error is the billing of untimed codes for multiple units of time. For example, the evaluation code 92506 is billed once a day regardless of the number of types of evaluation included or the length of time that is involved. Bill the code that most appropriately describes the service that is being provided.

Audiology Services. Policies concerning audiology services are found in Pub. 100-02, Chapter 15, §80.3.

Audiologists *shall* bill for the global service if they perform both technical and professional components of the diagnostic tests that have both components.

*Audiologists are to be encouraged to enroll as soon as possible after they obtain their National Provider Identifier (NPI). For audiologists who are enrolled and bill independently for services they render, the audiologist's NPI is required on all claims.*

*Audiologists must be enrolled and use their NPI on all claims for services they render on or after October 1, 2008, (for additional information about enrollment, please refer to Chapter 10 of the Program Integrity Manual, Pub.100-08). Before October 1, 2008, audiologists who are not yet enrolled may continue to have their services billed by a physician or group who employs the audiologist. Audiologists shall use the billing instructions in the Medicare manuals; for example, see this manual, Chapter 1, §30.*

See the most recent Physician Fee Schedule for pricing and supervision levels for audiology services: [http://www.cms.hhs.gov/PFSlookup/01\\_Overview.asp#TopOfPage](http://www.cms.hhs.gov/PFSlookup/01_Overview.asp#TopOfPage).

#### **B. Implant Processing**

Payment for diagnostic testing of implants, such as cochlear, osseointegrated or brainstem implants, including programming or reprogramming following implantation surgery is not included in the global fee for the surgery.

The diagnostic analysis of a cochlear implant shall be billed using CPT codes 92601 through 92604.

Osseointegrated prosthetic devices should be billed and paid for under provisions of the applicable payment system. For example, payment may differ depending upon whether the device is furnished on an inpatient or outpatient basis, and by a hospital subject to the OPPTS, or by a Critical Access Hospital, physician's clinic, or a Federally Qualified Health Center.

### **C. Aural Rehabilitation Services**

#### General Policy for Evaluation and Treatment of Conditions Related to the Auditory System.

For evaluation of auditory processing disorders and speech-reading or lip-reading, by a speech-language pathologists use the untimed code 92506 with "1" as the unit of service, regardless of the duration of the service on a given day. This "always therapy" evaluation code must be provided by speech-language pathologists according to the policies in Pub. 100-02, Chapter 15, §§220 and 230. The codes 92620 and 92621 are diagnostic audiological tests and may not be used for SLP services.

For treatment of auditory processing disorders or auditory rehabilitation/auditory training (including speech-reading or lip-reading), 92507, and 92508 are used to report a single encounter with "1" as the unit of service, regardless of the duration of the service on a given day. These codes always represent SLP services. See Pub. 100-02, Chapter 15, §220 and 230 for SLP policies. These SLP evaluation and treatment services are not covered when performed or billed by audiologists, even if they are supervised by physicians or nonphysician practitioners.

For evaluation of auditory rehabilitation to instruct the use of residual hearing provided by an implant or hearing aid related to hearing loss, the timed codes 92626 and 92627 are used. These are not "always therapy" codes. Evaluation of auditory rehabilitation shall be appropriately provided by an audiologist or speech-language pathologist. Evaluation services may be billed by an audiologist. Also, these services may be provided incident to a physician or nonphysician practitioner's service by a speech-language pathologist, or personally by a physician or nonphysician practitioner within their scope of practice. Evaluation of auditory rehabilitation is a covered diagnostic test when performed and billed by an audiologist and is a SLP evaluation service covered under the SLP benefit when performed by a speech-language pathologist.

#### General Policies for Post implant Services.

The services of a speech-language pathologist may be covered for SLP services provided after implantation of auditory devices. For example, a speech-language pathologist may provide evaluation and treatment of speech, language, cognition, voice, and auditory processing using code 92506 and 92507. Use 92626 and 92627 for auditory (aural) rehabilitation evaluation following cochlear implantation or for other hearing impairments.

For diagnostic testing of cochlear implants, audiologists use codes 92601, 92602, 92603 and 92604. These services may not be provided by speech-language pathologists or others, with the exception of physicians and non-physician practitioners who may personally provide the services that are within their scope of practice.

#### **D. Computer Administered Hearing Testing**

Services using devices that do not require the skills of an audiologist are not covered audiological diagnostic tests. See Pub. 100-02, Chapter 15 concerning descriptions of services that require the skills of an audiologist.

There are some computerized testing devices (e.g., certain audiometers, Bekesy audiometry - 92561) that may be used to produce diagnostic tests when personally performed by an audiologist or physician. Codes for audiological diagnostic tests may be used when an audiologist or physician utilizes an audiometer to furnish a diagnostic test, even if the audiometer has some computerized functions, if the skills of an audiologist are applied to complete the test. (See Pub 100-02, Chapter 15, §80.3.)

Otograms. This is one example of the use of computer-administered hearing tests. Otograms may be coded as unlisted otorhinolaryngological services or procedures (92700). However, these computer-administered hearing tests do not require the skills of an audiologist and are not payable.

Comprehensive audiometry threshold evaluation and speech recognition. Comprehensive audiometry threshold evaluation and speech recognition (92557) are not payable when a computer administers the test e.g., tracks or evaluates responses, automatically adjusts the stimulus or suggests a diagnosis.