



Related MLN Matters Article #: MM5717

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[Update to Audiology Policies](#)

[Key Words](#)

MM5717, R84BP, R1470CP, CR5717, Audiology

[Provider Types Affected](#)

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

[Key Points](#)

- The effective date of the instruction is April 1, 2008.
- The implementation date is April 7, 2008.
- Change Request (CR) 5717 alerts providers that there are updates to the language in the following manuals:
 - *Medicare Benefit Policy Manual (MBPM)*, Chapter 15, Sections 80.3 and 230.3 and
 - *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.

[CR5717 Summary](#)

- CR5717 states that:
 - Medicare pays for:
 - Audiological diagnostic tests under the benefit for “other diagnostic tests”; and
 - 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.

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- 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.
- 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.**

Specific Key Points in CR5717

Medicare Pays as Follows (Under Conditions Noted Above)

- 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 and supervision levels for audiology services may be reviewed at 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, by a Critical Access Hospital, by a physician's clinic, or by a Federally Qualified Health Center.
- 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

- Medicare will not pay for diagnostic evaluation of cochlear implants by speech-language pathologists, or others who are not audiologists, with the exception 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. The technicians must meet the qualifications determined by the Medicare contractor being billed. At a minimum, this will include the qualifications 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 a Doctor of Audiology 4th-year student who is not qualified according to Section 1861(II)(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. The physician's or non-physician's supervisor who provides the direct supervision must have 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 immitance screening devices that do not require the skills of an audiologist.

Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5717.pdf> on the CMS website.

The official instruction (CR5717) regarding this change may be viewed in two transmittals. The first contains changes to the *MCPM* and is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1470CP.pdf> on the CMS website.

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

If providers have questions regarding this issue, they may contact their 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.