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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-02 Medicare Benefit Policy | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 84 | Date: FEBRUARY 29, 2008 |
| | Change Request 5717 |

SUBJECT: Update to Audiology Policies

I. SUMMARY OF CHANGES: Medicare pays for audiological diagnostic tests under the benefit for other diagnostic tests. Audiological evaluations 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.

New / Revised Material

Effective Date: April 1, 2008

Implementation Date: April 7, 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

| R/N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|--------------|---|
| R | 15/Table of Contents |
| R | 15/80.3/Audiological Diagnostic Testing |
| R | 15/80.3.1/Definition of Qualified Audiologist |

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. 100-02 | Transmittal: 84 | Date: February 29, 2008 | Change Request: 5717 |
|-------------|-----------------|-------------------------|----------------------|

SUBJECT: Update to Audiology Policies

Effective Date: April 1, 2008

Implementation Date: April 7, 2008

I. GENERAL INFORMATION

A. Background: The sections of the Medicare Benefit Policy manual concerning audiological services have not been updated since the Internet Only Manual was published in 2003. Since that time, there have been requests for clarification of some of the language. Also, the definition of hearing aid has been changed in Pub. 100-02, chapter 16, section 100 and is reflected in this change.

B. Policy: Medicare pays for audiological diagnostic tests under the benefit for “other diagnostic tests.” Audiological evaluations include tests of the auditory and vestibular systems, tinnitus, auditory processing and osseointegrated devices. Audiological tests are covered and payable when performed by qualified audiologists. Medicare does not cover audiological treatment, including hearing aids. Medicare does cover treatment for beneficiaries with disorders of the auditory systems as speech-language pathology services. Audiological tests may be ordered for a beneficiary when the reason for the test is not for the purpose of fitting or modifying a hearing aid.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

| Number | Requirement | Responsibility (place an “X” in each applicable column) | | | | | | | | |
|--------|--|---|-----------------------|--------|----------------------------|------------------|------------------------------|-------------|-------------|--|
| | | A / B M A C | D M M A C | F I | C A R I E R | R H I | Shared-System Maintainers | | | |
| | | | | | | F I S S | M C S | V M S | C W F | |
| 5717.1 | Contractors shall pay for audiological diagnostic tests of the audiological and vestibular systems. | X | | X | X | | | | | |
| 5717.2 | Contractors shall pay for audiological diagnostic tests using the policies for “other diagnostic tests” when furnished by a qualified audiologist. | X | | X | X | | | | | |
| 5717.3 | Contractors shall not pay for audiological services incident to the service of a physician or nonphysician practitioner. | X | | X | X | | | | | |
| 5717.4 | Contractors shall pay for appropriately provided audiological diagnostic tests based on the reason for the test. | X | | X | X | | | | | |
| 5717.5 | Contractors shall not base payment decisions for audiological diagnostic tests solely on the post test information. | X | | X | X | | | | | |
| 5717.6 | Contractors shall not base payment decisions for audiological diagnostic tests solely on the specialty of the person ordering the test. | X | | 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 I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| 5717.7 | Contractors shall not deny payment for ordered re-evaluations when the results of the test are required to determine the appropriate medical or surgical treatment or to evaluate the results of such treatment. | X | | X | X | | | | | | |
| 5717.8 | Contractors shall not pay for services provided using computer administered tests that do not require the skills of an audiologist. | X | | X | X | | | | | | |
| 5717.9 | Contractors shall base payment decisions for osseointegrated prosthetic devices on the indications in Pub. 100-02, chapter 16, section 100. | X | | X | X | | | | | | |
| 5717.10 | Contractors shall not impose limits to payment for osseointegrated auditory devices that are not listed in Pub. 100-02, chapter 16, section 100. | X | | X | X | | | | | | |
| 5717.11 | Contractors shall pay for the global component of audiological diagnostic tests when they are furnished by a qualified audiologist. | X | | X | X | | | | | | |
| 5717.12 | Contractors shall pay for the global component of audiological diagnostic tests when they are furnished personally by a qualified physician or qualified nonphysician practitioner. | X | | X | X | | | | | | |
| 5717.13 | Contractors shall 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. | X | | X | X | | | | | | |
| 5717.14 | 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. | X | | X | X | | | | | | |
| 5717.15 | Contractors shall not pay for audiological diagnostic tests performed by qualified audiologists unless the audiologists document their names and professional identities. | X | | X | X | | | | | | |
| 5717.16 | Contractors shall not pay audiologists for treatment services. | X | | X | X | | | | | | |
| 5717.17 | Contractors shall pay for services that require the skills of an audiologist when furnished by an audiologist qualified according to section 1861(l)(3) of the Act. | X | | X | X | | | | | | |
| 5717.18 | Contractors shall not pay for services that require the skills of an audiologist when furnished by an AuD 4 th year student or others who are not qualified according to section 1861(l)(3) of the Act. | X | | X | X | | | | | | |
| 5717.19 | Contractors shall pay for speech-language pathology services for impairments of the auditory system using the | X | | 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 | |
| | policies for speech-language pathology services. | | | | | | | | | | |
| 5717.20 | Contractors shall make any changes necessary to their policies to conform to instructions in this change request. | X | | X | X | | | | | | |
| 5717.21 | Contractors shall remove any audiology edits that do not conform to this change request. | X | | X | X | | | | | | |
| 5717.22 | Contractors shall not pay for diagnostic audiological tests provided by technicians unless the order specifies each test individually. | X | | 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 H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| 5717.23 | <p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ 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 1 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> | X | | X | X | | | | | | |

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: |
|--------------------------|---|
| 5717.1 | Audiological diagnostic tests are tests of the audiological and vestibular systems, including but not limited to hearing, balance, central auditory processing, tinnitus and tests of certain prosthetic devices such as cochlear implants, osseointegrated auditory prosthetic devices and |

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---------------------------------|--|
| | auditory brainstem implant devices, performed by qualified audiologists. Audiological evaluations are the same as audiological diagnostic tests. |
| 5717.2 | Payment for services furnished by a qualified audiologist does not preclude payment for services personally furnished by physicians or qualified nonphysician practitioners when their scope of practice allows it. |
| 5717.4 | It is appropriate to pay for audiological services for patients who have sensorineural hearing loss and who wear hearing aids if the reason for the test is anything other than evaluation of the hearing aid. For example, there may be a perceived change in hearing or tinnitus that makes testing appropriate and covered. Such testing might rule out other reasons for the symptoms (auditory nerve lesions, middle ear infections) and result in subsequent evaluation of the hearing aid (not covered) or aural rehabilitation by a speech-language pathologist (covered). |
| 5717.5 | When a test reveals information that is not known to the physician prior to the test, that information cannot be used to deny payment. For example, a test ordered due to a reported change in hearing may not be denied when the results reveal there is no change in hearing but the audiologist also finds a hearing aid malfunction. However, if no hearing change is reported but the physician is aware that the patient's hearing aid is broken, a test cannot be ordered solely for the purpose of fitting a new hearing aid. |
| 5717.6 | In general, contractors shall pay for audiological diagnostic tests based on the reason for the test and not on the person who ordered it. However, tests must be "for the purpose of obtaining information necessary for the physician's diagnostic medical evaluation or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem". If a physician orders a test but has no appropriate diagnostic or medical use for the results, then the reason for the test may be questioned. |
| 5717.8 | Computer administered tests or devices such as the device that produces an "otogram," do not require the skills of an audiologist (interpretation, comparison, consideration, or modification, during the tests) and can be administered by any staff. Such tests are screening and not audiological diagnostic tests. By contrast, audiologist controlled computerized audiometers may be used by an audiologist to administer payable diagnostic audiological tests. |
| 5717.10 | The indications for osseointegrated devices are also the limitations. For example, implantation of an osseointegrated auditory device is payable for single sided deafness caused by congenital malformation, chronic disease, severe sensorineural hearing loss or surgery. |
| 5717.13 | The qualifications for technicians are not detailed in regulation or statute. Contractors should determine the qualifications appropriate to provision of services that require the skills of an audiologist or a physician or a technician when the technician is under the direct supervision of a physician or nonphysician practitioner. This must include both a curriculum for audiological technicians and supervised clinical experience. Some states may regulate audiological technicians. |
| 5717.14 | It is long standing policy in Pub. 100-02, chapter 15, section 80.3 and the preceding paper manual, that audiological diagnostic tests performed by qualified audiologists are covered. With the exception of screening tests and tympanograms, audiologic function tests with medical diagnostic evaluation require the skills of an audiologist. For vestibular function tests, it may be appropriate for a physician or qualified nonphysician practitioner with the skills of an audiologist to directly supervise and provide the skills of an audiologist while the services are being furnished by a technician. On medical review, contractors should look for documentation that the technical portion of the test is appropriately furnished by an audiologist or, when appropriate, by directly supervised and qualified personnel. Note that the physician's professional services are included in the billing for the service and should not be paid twice—in the professional component of the test and also in the evaluation and |

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | management service. |
| 5717.17 | When there is doubt about which tests require the skills of an audiologist, contractors shall use the list of skills in Pub. 100-02, chapter 15, section 80.3 to determine whether the test may be provided by a technician. |
| 5717.18 | Although AuD 4 th 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. |
| 5717.19 | Speech-language pathology services for disorders of the auditory system may include, for example, aural rehabilitation, auditory rehabilitation, auditory process, lipreading and speech reading. |
| 5717.21 | Contractors are not required to add audiology edits or system changes; however, they should remove any systems requirements that do not conform to these instructions. |

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

V. CONTACTS

Pre-Implementation Contact(s): Dorothy Shannon (Dorothy.Shannon@cms.hhs.gov)

Post-Implementation Contact(s): Dorothy Shannon (Dorothy.Shannon@cms.hhs.gov)

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carrier and Regional Home Health Carriers (RHHs)*, use the following statement:

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)*, use the following statement:

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.

Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services

Table of Contents

(Rev. 84, 02-29-08)

80.3 - *Audiological* Diagnostic Testing

80.3 - Audiological Diagnostic Testing

(Rev. 84; Issued: 02-29-08; Effective: 04-01-08; Implementation: 04-07-08)

References.

1861(l)(3)(B) of the Social Security Act for qualifications of audiologists.

Pub. 100-04, chapter 12, section 30.3 for coding and billing information related to audiological services and aural rehabilitation.

Pub. 100-02, chapter 15, sections 220 and 230 for the physical therapy and speech-language pathology policies relative to aural rehabilitation and balance, section 60 for services incident to a physician, and section 80.5 for policies relevant to ordering for diagnostic tests.

Pub. 100-02, chapter 16, section 100 for hearing aid policies.

Benefit. *Audiological diagnostic testing refers to tests of the audiological and vestibular systems, e.g., hearing, balance, auditory processing, tinnitus and diagnostic programming of certain prosthetic devices, performed by qualified audiologists. Audiological testing is covered as “other diagnostic tests” under §1861(s)(3) of the Act when a physician orders such testing for the purpose of obtaining information necessary for the physician’s diagnostic *medical* evaluation or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem. For the purposes of ordering audiological diagnostic tests, a nonphysician practitioner may perform the same service as a physician when the nonphysician practitioner orders diagnostic tests within their scope of practice, State and local laws and any policies applicable to the setting. See subsections of section 80 of this chapter for policies relative to ordering diagnostic tests.*

Audiological diagnostic tests are not covered under the benefit for incident to a physician (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 diagnostic test policies.

Orders

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. *See the policies on ordering diagnostic tests in section 80.6 of this chapter.*

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 provided on 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.

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.

Coverage and Payment for Audiological Services. Diagnostic services performed by a qualified audiologist and meeting the requirements *at §1861(l)(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.*

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.

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.*

Payment of audiological diagnostic tests is allowed for other reasons (see Documentation subsection below) and is not limited, for example, by:

- *Any information resulting from the test including, for example:*
 - *Confirmation of a prior diagnosis;*
 - *Post-evaluation diagnoses; or*
 - *Treatment provided after diagnosis, including hearing aids, or*
- *The type of evaluation or treatment the physician anticipates before the diagnostic test; or*
- *Timing of re-evaluation. 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. For example, re-evaluation may be appropriate, even when the evaluation was recent, in cases where the hearing loss, balance or tinnitus may be progressive or fluctuating, the patient or caregiver complains of new symptoms, or treatment (such as medication or surgery) may have changed the patient’s audiological condition with or without awareness by the patient.*

Payment for these services is based on the physician fee schedule amount except for audiology services furnished in a hospital outpatient department, which are paid under the Outpatient Prospective Payment System.

Computer-administered hearing tests are screening tests, 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.

Diagnostic analysis of cochlear or brainstem implant and programming are audiology diagnostic services covered under the “other diagnostic test” benefit. Audiological diagnostic tests before and periodically after implantation of auditory prosthetic devices are covered services.

For descriptions of hearing aids and auditory prosthetic devices including osseointegrated devices, see Pub. 100-02, chapter16, section 100.

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.

Individuals Who Provide Audiological Tests. *Some diagnostic audiological tests require, for both the technical and professional components, the skills of an audiologist to perform the test and interpret not only the data output, but also the manner of the patient’s response to the test. These tests must be personally furnished by an audiologist or a physician. The skills of an audiologist required when furnishing the ordered diagnostic tests involve skilled judgment or assessment including but not limited to:*

- *Interpretation, comparison or consideration of the anatomical or physiological implications of test results or patient responsiveness to stimuli during the test;*
- *Modification of the stimulus based on responses obtained during the test;*
- *Choices for subsequent presentations of stimuli, or tests in a battery of tests;*
- *Tests related to implantation of auditory prosthetic devices, central auditory processing, contralateral masking; and/or*
- *Tests designed to identify central auditory processing disorders, tinnitus, or nonorganic hearing loss.*

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.

Documenting for Audiological Tests. *The “other diagnostic tests” benefit requires an order from a physician, or, where allowed by State and local law, by a non-physician practitioner. See section 80.6 of this chapter for policies concerning orders for diagnostic tests.*

The reason for the test should be documented either on the order, on the audiological evaluation report, or in the patient’s medical record. (See subsection of this section titled “Benefit”.) 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;*

Reevaluation to follow-up changes in hearing, tinnitus or balance that may be caused for example, but not limited to otosclerosis, atelectatic tympanic membrane, tymposclerosis, cholesteatoma, resolving middle ear infection, Meniere’s disease, sudden idiopathic sensorineural hearing loss, autoimmune inner ear disease, acoustic neuroma, demyelinating diseases, ototoxicity secondary to medications, genetic, vascular and viral conditions. Screening tests are not payable, but failure of a screening test may be an appropriate reason for diagnostic audiological tests.

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. A technician must meet qualifications determined by the Medicare contractor to whom the claim is billed. At a minimum, the qualifications must include the requirements of any applicable State or local laws, and successful completion of a curriculum including both classroom training and supervised clinical experience in administration of the audiological service.

If a technician performs the technical component of a service that does not require the skills of an audiologist, the physician supervisor shall provide and document the physician’s professional component of the service including, e.g., clinical decision making, and other active participation in the delivery of the service. This participation may not also be billed as evaluation and management or as part of other billed services.

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. Services related to hearing aid evaluation and fitting are not covered regardless of how they are billed. Services identified as “always” therapy in Pub. 100-04 chapter 5, section 20 may not be billed when provided by audiologists. (See also Pub 100-04, chapter 12, section 30.3.)

Services that are not diagnostic tests and are also not “always” therapy (according to the list and the policy in Pub.100-04, chapter 5, section 20) and are provided by qualified personnel (who may be audiologists), may be billed “incident to” when all other appropriate requirements are met. (See policies in Pub. 100-02, chapter 15, sections 60, 200, and 230.)

Treatment related to hearing may be covered under the speech-language pathology benefit when the services are provided by speech-language pathologists. Treatment related to balance (e.g., using “always therapy” codes 97001-97004, 97110, 97112, 97116, and 97750) may be covered under the physical therapy or occupational therapy benefit when the services are provided by physical or occupational therapists or their assistants, where appropriate. Covered therapy services incident to a physician’s service must conform to policies in chapter 15, sections 60, 220 and 230. Audiological treatment provided under the benefit for physical therapy and speech-language pathology services may be personally provided and billed by physicians and nonphysician practitioners when the services are within their scope of practice and consistent with State and local laws.

For example, aural rehabilitation and signed communication training may be payable according to the benefit for speech-language pathology services or as speech-language pathology services incident to a physician’s or nonphysician practitioner’s service. Treatment for balance disorders may be payable according to the benefit for physical therapy services or as a physical therapy service incident to the services of a physician or nonphysician practitioner. See the policies in Pub 100-02, chapter 15, section 220 and 230 for details.

Assignment. Nonhospital entities billing for the audiologist’s services may accept assignment under the usual procedure or, if not accepting assignment, may charge the patient and submit a nonassigned claim on their behalf.

80.3.1 - Definition of Qualified Audiologist

(Rev. 84; Issued: 02-29-08; Effective: 04-01-08; Implementation: 04-07-08)

Audiological tests require the skills of an audiologist and shall be furnished by qualified audiologists, or, in States where it is allowed by State and local laws, by a physician or non-physician practitioner. Medicare is not authorized to pay for these services when performed by audiological aides, assistants, technicians, or others who do not meet the qualifications below. In cases where it is not clear, the Medicare contractor shall determine whether a service is an audiological service that requires the skills of an audiologist and whether the qualifications for an audiologist have been met.

Section 1861(l)(3) of the Act, provides that a qualified audiologist is an individual with a master's or doctoral degree in audiology. *Therefore, a Doctor of Audiology (AuD) 4th year student with a provisional license from a State does not qualify unless he or she also holds a master's or doctoral degree in audiology. In addition, a qualified audiologist is an individual* who:

- Is licensed as an audiologist by the State in which the individual furnishes such services, or
- 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), and
 - 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.

If it is necessary to determine whether a particular audiologist is qualified under the above definition, the carrier *should* check *references*. Carriers in States *that* have statutory licensure or certification should secure from the appropriate State agency a current listing of audiologists holding the required credentials. *Additional* references for determining an audiologist's professional qualifications are the national directory published annually by the American Speech-*Language*-Hearing Association and records and directories, which may be available from the State *Licensing Authority*.