



Allowing Audiologists to Provide Certain Diagnostic Tests Without a Physician Order

Related CR Release Date: **October 27, 2023 - Revised**

MLN Matters Number: MM13055

Effective Date: July 1, 2023, **except January 1, 2024, as noted in the Article**

Related Change Request (CR) Number: [CR 13055](#) & [CR 13279](#)

Implementation Date: July 3, 2023

Related CR Transmittal Number: R12091OTN & **R12335OTN**

Related CR Title: Allowing Audiologists to Furnish Certain Diagnostic Tests Without a Physician Order

What's changed: We added 2 new CPT codes effective January 1, 2024, based on CR 13279.

Affected Providers

- Audiologists
- Physicians
- Non-Physician Practitioners (NPPs) billing Medicare Administrative Contractors (MACs) for audiology services they provide to Medicare patients

Action Needed

Make sure your billing staffs knows about billing and coding requirements for these diagnostic tests using the AB modifier:

- Limited to non-acute hearing conditions and diagnostic services related to implanted auditory prosthetic devices
- Excludes audiology services that are related to disequilibrium, hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids
- Covered once per patient per 12-month period
- Unexpected discovery of an acute condition

Background

Audiologists may provide diagnostic and balance assessment services under Section 1861(II)(3) of the [Social Security Act](#) (the Act). Medicare generally covers hearing and balance assessment services, termed audiology services, as “other diagnostic tests” under Section 1861(s)(3) of the Act. Physicians and NPPs, including physician assistants (PAs), nurse practitioners (NPs), and

clinical nurse specialists (CNSs) when authorized by state law and scope of practice, may also provide these services.

Before 2023, by regulation [42 CFR 410.32\(a\)](#), payment for these diagnostic services provided by audiologists had to have an order from physicians or NPPs who are treating the patient. While all services provided by audiologists must be personally provided, audiologists don't need the supervision of a physician or NPP.

During CY 2023 Physician Fee Schedule (PFS) rulemaking, CMS finalized a regulatory provision at 42 CFR 410.32(a)(4) allowing an exception to the treating physician or NPP order requirement so audiologists can provide certain diagnostic tests for non-acute hearing conditions and diagnostic services related to implanted auditory prosthetic devices. These tests are on a finalized list of 36 CPT codes we show in [Appendix A](#) of CR 13055. Although the regulatory exception we adopted in the CY 2023 PFS final rule allows audiologists to use the AB modifier and its policies since January 1, 2023, the edits implementing this policy in CR 13055 are effective for dates of service on or after July 1, 2023.

You may provide these services once every 12 months using modifier AB, which we created for this purpose. These services are also part of a list on the [Audiology Services](#) page of the PFS website.

Modifier AB – long descriptor: Audiology service furnished personally by an audiologist without a physician or NPP order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per patient.

Modifier AB

- Use it with any of the 36 codes on Appendix A of CR 13055, but only when the patient has come directly to you without a physician or NPP order
- Don't use it when the patient presents with an order or referral from a physician or NPP

Effective January 1, 2024, we're adding 2 new CPT codes to use with modifier AB for diagnostic analysis and programming for auditory osseointegrated devices. All of the edits that apply to the 36 codes in Appendix A will apply to these 2 new codes. These codes and their descriptors are:

- CPT code 92622 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
- CPT code 92623 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)

The codes on the Audiology Services page on the PFS website include 14 CPT codes for vestibular function tests. Don't bill these 14 codes with the AB modifier. We'll return claims when the AB modifier is billed with a CPT code for which it isn't applicable.

Each patient may only have 1 visit to an audiologist without a physician or NPP order every 12

months. You may only bill using modifier AB once every 12 months, regardless of the number of applicable CPT codes billed with the modifier on that date of service. For example, if you bill 1 CPT code with the AB modifier on a certain date, none of the codes on the list of 36 applicable CPT codes will be payable under the PFS for another 12 months without a qualifying order.

The diagnostic services may show 1 or several codes typically used for that particular visit with the patient. Diagnostic tests you provide can include those that are split into a Professional Component (PC) and a Technical Component (TC) and those that aren't.

You must document in the medical record the actual tests you provide and their results for purposes of medical review.

In the event of the unexpected discovery of an acute condition during a visit with an audiologist without the order of the treating physician or NPP, you may bill modifier AB with each of the services you provided. The presence of the acute condition won't be cause to deny the claim, provided that good faith efforts were made, as documented in the medical record, to avoid providing audiology services for acute conditions without the order of the treating physician or NPP.

After getting care from an audiologist they accessed directly, the patient needs to wait 12 months before getting additional diagnostic tests from an audiologist without a physician or NPP order. During this interim period the patient may seek care from their treating physician or NPP that could result in a referral to an audiologist for diagnostic testing.

When necessary, we'll update the Appendix A list of CPT codes to use with the AB modifier annually.

More Information

We issued CR 13055 to your MAC as the official instruction for this change.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
November 6, 2023	We added 2 new CPT codes effective January 1, 2024, based on CR 13279.
June 20, 2023	We made no substantive changes to the Article other than to update the web address of the CR transmittal.
June 1, 2023	Initial article released.

View the [Medicare Learning Network® Content Disclaimer and Department of Health & Human Services Disclosure](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).

CPT only copyright 2022 American Medical Association. All rights reserved.