

<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 1470</b>	<b>Date: FEBRUARY 29, 2008</b>
	<b>Change Request 5717</b>

**SUBJECT: Update to Audiology Policies**

**I. SUMMARY OF CHANGES:** Updates manual language by highlighting coding issues, including auditory implants as auditory prosthetic devices, differentiates the functions of speech-language pathologists and audiologists in aural rehabilitation, describes automated hearing testing.

**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

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
<b>R</b>	12/Table of Contents
<b>R</b>	12/30.3/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: 1470	Date: February 29, 2008	Change Request: 5717
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**SUBJECT: Update to Audiology Policies**

**Effective Date: April 1, 2008**

**Implementation Date: April 7, 2008**

## I. GENERAL INFORMATION

**A. Background:** Audiology policies were last revised when the Internet Only Manual was issued in October of 2003. Since that time Medicare changed its definition of hearing aids to exclude auditory osseointegrated devices known as BAHA. Also, a number of questions have arisen concerning application of the audiology policies, for example that diagnostic tests are payable when provided by an audiologist. This instruction is designed to clarify and add examples to improve understanding of the policies for audiology services.

**B. Policy:** Audiologists and speech-language pathologists each furnish separate services to hearing impaired beneficiaries. Osseointegrated auditory implants are prosthetic devices. Audiological services require the skills of an audiologist.

## 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 A C	F I	C A R R I E R	R H H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
5717.1	Contractors shall pay audiologists for the global service when audiologists perform both the technical and professional components of services that have both components.	X		X	X					
5717.2	Contractors shall pay audiologists for the technical component of audiological tests when they perform only the technical component and a physician or qualified nonphysician practitioner provides the professional component of services that have both components.	X		X	X					
5717.3	Contractors shall 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.	X		X	X					
5717.4	Contractors shall pay for osseointegrated prosthetic devices under provisions of the applicable payment system.	X		X	X					
5717.5	Contractors shall pay for timed codes 92620 and 92621 when billed for appropriately provided evaluation of auditory processing disorders.	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	
5717.6	Contractors shall pay for appropriately provided auditory rehabilitation evaluation as a speech-language pathology benefit when furnished by a speech-language pathologist.	X		X	X						
5717.7	Contractors shall pay for appropriately provided auditory rehabilitation testing as a diagnostic test benefit when furnished by an audiologist.	X		X	X						
5717.8	Contractors shall pay for appropriately provided speech-language pathology services after implantation of auditory devices.	X		X	X						
5717.9	Contractors shall pay for appropriately provided services of an audiologist for diagnostic evaluation of cochlear implants.	X		X	X						
5717.10	Contractors shall 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.	X		X	X						
5717.11	Contractors shall not pay for services documented as audiological services when they have been furnished through the use of tests administered by computers that do not require the skills of an audiologist.	X		X	X						
5717.12	Contractors shall make any changes necessary to their policies to conform to instructions in this change request.	X		X	X						
5717.13	Contractors shall remove any edits that do not conform to this change request.	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	
5717.14	<p>A provider education article related to this instruction will be available at <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 1 week of the availability of</p>	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	
	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.										

#### 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:
5717.4	The only osseointegrated device that meets the definition at the time of publication of this transmittal is the "BAHA" device produced by Cochlear Corporation. The device is currently paid under a "pass-through" payment. Contractors shall pay for the covered device using whatever payment system is appropriate.
5717.5	The timed code 92506 is one of the "always therapy" codes listed in Pub. 100-04, chapter 5, section 20 that must be furnished by a speech-language pathologist under the standards and conditions for speech-language pathology services (See Pub. 100-02, chapter 15 sections 220& 230). Audiologists may not be paid for these codes, nor may physicians be paid the codes for therapeutic services to hearing impaired (or any other) beneficiaries incident to their services unless they are furnished by speech-language pathologists.
5717.9	At the time of issuance of this CR, the codes for diagnostic analysis of cochlear implants are 92601, 92602, 92603 and 92604.
5717.11	Otograms and other automatic computer- administered devices that do not require audiological skills may be recognizable by their logo on their printed test results, lack of an audiologist's identification, or sometimes by a disclaimer in small print indicating results are not to be used for diagnosis.  Some contractors have LCDs that identify audiology services. There may be other services provided by technicians that do not require the skills of an audiologist. Contractors should use discretion and the guidance provided in the manual changes to identify the services that do not require skills and clinical judgment achieved through licensing or certification requirements for audiologists.
5717.13	Contractors are not required to add any edits to their systems, but should remove any systems requirements that do not conform to this change request. Note that there is no limit on the number of covered diagnostic audiological tests if there are appropriate reasons for the tests.

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

## V. CONTACTS

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

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

## VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs), Carriers 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 Claims Processing Manual

## Chapter 12 - Physicians/Nonphysician Practitioners

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### Table of Contents

*(Rev. 1470, 02-29-08)*

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

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

*(Rev. 1470; Issued: 02-29-08; Effective: 04-01-08; Implementation: 04-07-08)*

#### **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, section 20. Policies for outpatient therapy services are in Pub. 100-02, chapter 15, section 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, section 80.3*

*Audiologists may bill for the global service if they perform both technical and professional components of the diagnostic tests that have both components. Since the services are diagnostic tests, the audiologist's NPI is required on all claims for services furnished by audiologists.*

*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 OPSS, 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, sections 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, sections 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, section 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.*