Empowered Patients. Efficient Practices.

Cracking Coding and Reimbursement in the US

Presenters:

- Andrea Overton, Au.D.
- Lindsey VanLooy, Au.D.

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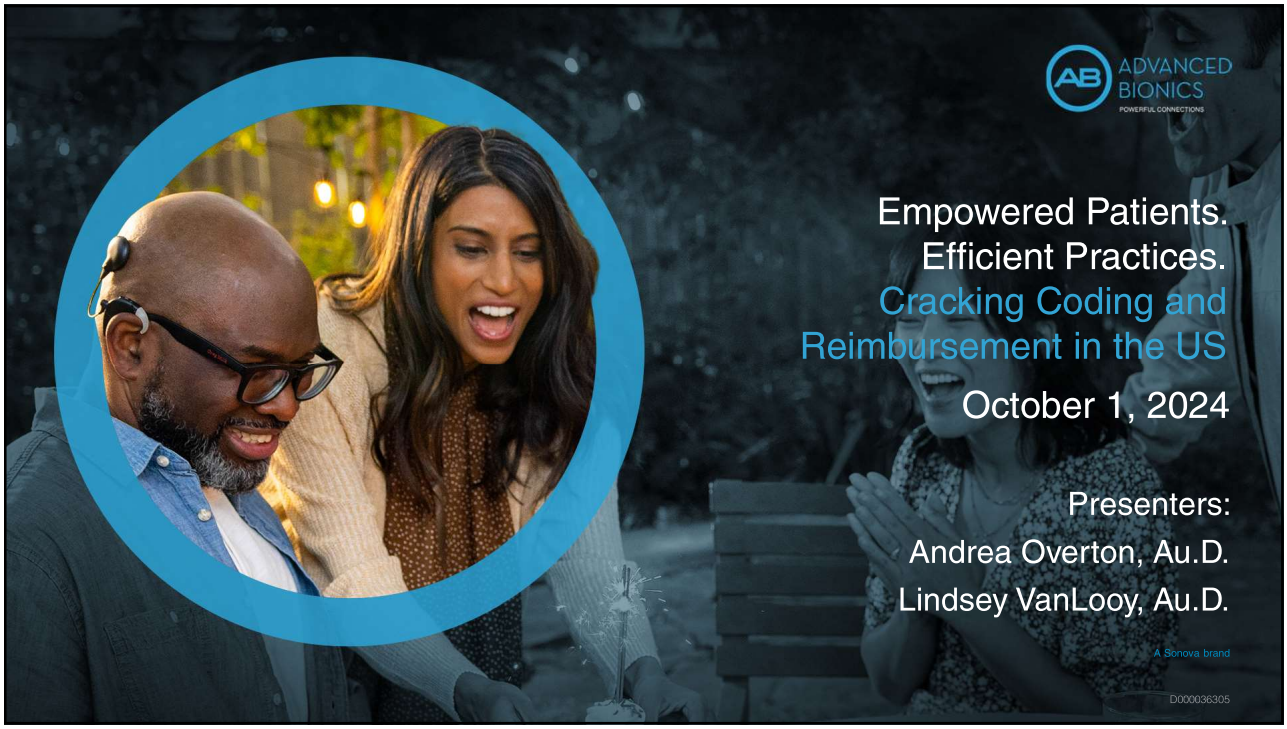

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Billing and Reimbursement

Course goals and objectives

After this course, participants will be able to:

- identify one important consideration when billing for services for CI recipients
- explain one consideration when billing for services for bimodal recipients
- identify one consideration when billing for telehealth services for CI recipients

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Billing and Reimbursement

Andrea Overton, Au.D.

University of North Carolina Health System

Chapel Hill, NC, US

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Andrea Overton and Lindsey VanLooy are paid consultants for Advanced Bionics, LLC. The comments provided by them are their own opinions and do not reflect the opinion of Advanced Bionics.

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Billing and Reimbursement

Billable time

Place of service

Insurance

Reimbursement

NCCI coding edits

Advanced beneficiary notice

CMS

Billing

ICD-10

Revenue

Medicaid

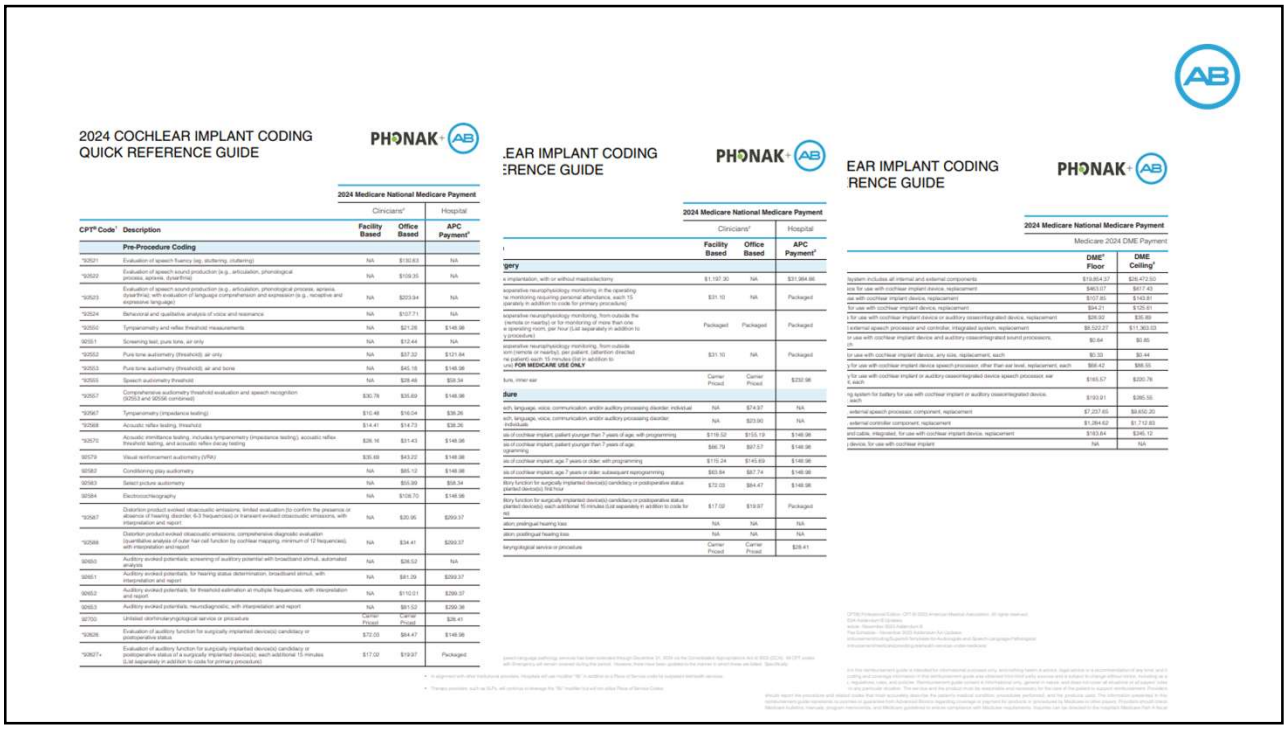
Coding

Modifier

CPT Codes

OCE coding edits

Commercial payer



UNC HEALTH CARE SYSTEM

NCCI Coding Edits

Column 1 CPT Code (one)	*Column 2* Paired With (one)	Can be bypassed by modifier -59? (Yes/No)	
		Office setting (CCI edits)	Outpatient hospital/facility setting (OCE edits)
92601	92507, 92508, 92521, 92522, 92523, 92524, 92550, 92567, 92568, 92570, 92602, 92626, 92650, 92651, 92652, 92653	Y	Y
92601	92552, 92553, 92555, 92556, 92557, 92558, 92561, 92562, 92563, 92564, 92565, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92597, 92603, 92604, 97755, 0208T, 0209T, 0210T, 0211T, 0212T	N	N
92602	92507, 92508, 92521, 92522, 92523, 92524, 92550, 92567, 92568, 92570, 92626, 92650, 92651, 92652, 92653	Y	Y
92602	92552, 92553, 92555, 92556, 92557, 92558, 92561, 92562, 92563, 92564, 92565, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92597, 92603, 92604, 97755, 0208T, 0209T, 0210T, 0211T, 0212T	N	N
92603	92507, 92508, 92521, 92522, 92523, 92524, 92550, 92567, 92568, 92570, 92604, 92626, 92650, 92651, 92652, 92653	Y	Y
92603	92552, 92553, 92555, 92556, 92557, 92558, 92561, 92562, 92563, 92564, 92565, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92597, 92602, 97755, 0208T, 0209T, 0210T, 0211T, 0212T	N	N
92604	92507, 92508, 92521, 92522, 92523, 92524, 92550, 92567, 92568, 92570, 92626, 92650, 92651, 92652, 92653	Y	Y
92604	92552, 92553, 92555, 92556, 92557, 92558, 92561, 92562, 92563, 92564, 92565, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92597, 97755, 0208T, 0209T, 0210T, 0211T, 0212T	N	N

https://www.asha.org/practice/reimbursement/coding/cci-edit-tables-audiology/

https://www.audiology.org/national-correct-coding-initiative-cci-edits-for-audiology-procedures/

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92626/92627—What can be included?

- Case history
- Discussion of Questionnaires
- Same day amplification optimization/programming (REMs)
- Aided soundfield and speech perception tests
- Perceptual tasks—ESP, open-set and closed-set tests

https://www.audiology.org/news-and-publications/audiology-today/articles/coding-and-reimbursement-specialty-series-cochlear-implants/

https://www.asha.org/practice/reimbursement/coding-and-payment-for-aural-rehabilitation-services/

https://leader.pubs.asha.org/do/10.1044/2020-0831-audiology-billing-coding/full/

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SUPPORT

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Release of Medical Record

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Patient Request for Access to Protected Health Information (PHI)

HIM# 1409s

Person/Company that you wish to receive your records

Name: Advanced Bionics/Cochlear Americas/MED-EL Corp.

Address: 28515 Westinghouse Pl, Valencia CA

13059 E Peakview Avenue Centennial, CO / 2645 Meridian Parkway Durham, NC

Phone Number: 877-829-0026/800-523-5798/919-572-2222

Fax (if applicable):

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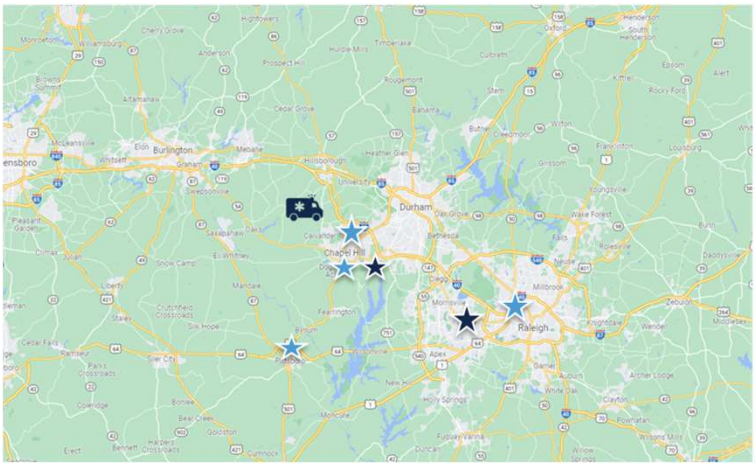
Hospital-Based Care vs Provider-Based Care



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FY25 HOSPITAL BASED COCHLEAR IMPLANT CHARGES

MODIFIERS:
22 = Increased Procedural Services
50 = Bilateral
RT = RIGHT
LT = LEFT
59 = Distinct Procedural Service
52 = Reduced Services
XS = separate organ/structure
XE = separate encounter, same day (ex. testing pt for 2nd time)
XU = unusual, non-overlapping service
ELP = Elective procedure

CI PRE-SURGERY AUDIOLOGY CHARGES

(CPT 92557)	COMP AUDIO EVAL & SPEECH RECOG
(CPT 92550)	TYMPANOMETRY & REFLEX THRESHOLD MEASURE
(CPT 92567)	TYMPANOMETRY
(CPT 92587)	OTOACOUSTIC EMISSIONS LIMITED EVAL
(CPT 92626)	EVAL AUDITORY FUNCTION 1ST HOUR – *requires start and end time*
(CPT 92627)	EVAL AUDITORY FUNCTION (extra 15 min)

CI SURGERY AUDIOLOGY CHARGES

(CPT 92584)	CI NEUROTELEMETRY

CI POST-SURGERY AUDIOLOGY CHARGES

(CPT 92601)	COCHLEAR IMPLANT PROGRAMMING - < 7 years
(CPT 92602)	COCHLEAR IMPLANT REPROGRAMMING < 7 years
(CPT 92603)	COCHLEAR IMPLANT PROGRAMMING > 7+ years
(CPT 92604)	COCHLEAR IMPLANT REPROGRAMMING > 7+ years
(CPT 92626)	EVAL AUDITORY REHAB 1ST HOUR- *requires start and end time*
(CPT 92627)	EVAL AUDITORY REHAB (extra 15 min)
(CPT 92550)	ESRTs: TYMPANOMETRY & REFLEX THRESHOLD MEASURE w/ modifier 59 & 52 (1 ear)
(CPT 92584)	ECAP/TELEMETRY *only* – ELECTROCOCHLEOGRAPHY

Commonly Used Codes Per Appointment Type

CI INITIAL ACTIVATION
- 92603 - COCHLEAR IMPLANT PROGRAMMING
- 92550 - TYMPANOMETRY & REFLEX THRESHOLD MEASURE w/ modifier 59 & 52 if conducting ESRT

CI UNILATERAL FOLLOW-UP
- 92604 - COCHLEAR IMPLANT REPROGRAMMING
- 92626 - EVAL AUDITORY REHAB 1ST HOUR w/ modifier 59
- 92550 - TYMPANOMETRY & REFLEX THRESHOLD MEASURE w/ modifier 59 & 52 if conducting ESRT

CI BILATERAL FOLLOW-UP
- 92604 - COCHLEAR IMPLANT REPROGRAMMING
- 92626/92627 - EVAL AUDITORY REHAB 1ST HOUR w/ modifier 59 + (extra 15 min) w/ modifier 59 (if applicable)
- 92550 - TYMPANOMETRY & REFLEX THRESHOLD MEASURE w/ modifier 59 if conducting ESRT bilaterally

CI TROUBLESHOOT
- 92584 - ELECTROCOCHLEOGRAPHY for ECAP (NRI/NRT/ART and telemetry)

CI TELEMEDICINE (only if synchronous)
- enter COCHLEAR IMPLANT REPROGRAMMING w/ 95 modifier, GT modifier, POS

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CI Evaluation Billing and Coding

- **92557** [COMPREHENSIVE AUDIO EVAL & SPEECH RECOGNITION]
- **92567/92550** [TYMPANOMETRY/TYMP & REFLEX]
- **92626** [EVAL AUDITORY REHAB 1st Hour]
  - -59 modifier, start and end time
  - **-XS modifier, comment**
- **92627** [EVAL AUDITORY REHAB +15 min]
  - -59 modifier
  - **-XS modifier, comment**
- **92587** [OTOACOUSTIC EMISSIONS LIMITED EVAL]

Hospital Based, Provider Based

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Modifiers

- **RT/LT** - Right/Left - determining laterality
- **59** – Distinct procedural service
- **50** – Bilateral procedure
- **22** – Increased procedural services
- **76** – Repeat procedure or service on same day
- **52** – Reduced or eliminated services
- **XS** – Separate structure, distinct service
- **XE** – Distinct and separate from other services on same day, occurred in separate encounter
- **XU** – Unusual non-overlapping service
- **XP** – Separate provider

MLN17837722 - Proper Use of Modifier 59, XE,XP,XS,XU (cms.gov)

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Billing and Coding for Unilateral CI Services

- **92626** [EVAL AUDITORY REHAB 1st Hour]
  - -59 modifier, start and end time
  - **-XS modifier, comment**
- **92550** [TYMP & REFLEX THRESHOLD MEASURE]
  - -59, -52 modifiers
  - **-XS modifier, comment**
- **92604** [COCHLEAR IMPLANT REPROGRAMMING]
  - As is
  - -RT/LT

Hospital Based, **Provider Based**

https://www.audiology.org/practice-resources/coding/coding-frequently-asked-questions/billing-and-coding-for-audiology-services/

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Billing and Coding for Bilateral CI Services

- **92626** [EVAL AUDITORY REHAB 1st Hour]
  - -59 modifier, start and end time
  - **-XS modifier**, and **comment**
- **92627** [EVAL AUDITORY REHAB +15 min]
  - -59 *(if applicable)*
  - **-XS modifier**, and **comment**
- **92604** [COCHLEAR IMPLANT REPROGRAMMING]
  - -22 modifier
  - -RT (first device), 92604 – LT + 76 modifier (second device)
  - -50 modifier
  - Completed on 2 separate dates of service
- **92550** [TYMP & REFLEX THRESHOLD MEASURE]
  - -59 modifier
  - **-XU modifier**, and **comment**

Hospital Based, **Provider Based**

https://www.audiology.org/news-and-publications/audiology-today/articles/coding-and-reimbursement-specialty-series-cochlear-implants/#:~:text=92604%20Diagnostic%20analysis%20of%20CI,%20age%207

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Billing and Coding for Bimodal Services

- **92626** [EVAL AUDITORY REHAB 1st Hour]
- **92604** [COCHLEAR IMPLANT REPROGRAMMING]
- **92550** [TYMP & REFLEX THRESHOLD MEASURE]

- **V5264** [DISPENSING OF EARMOLD]
- **V5257** [HEARING AID DIGITAL, MONAURAL, BTE]
- **V5011** [FITTING, ORIENTATION, CHECKING OF HEARING AID]

Hospital Based, **Provider Based**

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Billing and Coding for Acoustic Earhook

- **92626** [EVAL AUDITORY REHAB 1st Hour]
- **92604** [COCHLEAR IMPLANT REPROGRAMMING]
- **92550** [TYMP & REFLEX THRESHOLD MEASURE]

- **V5264** [DISPENSING OF EARMOLD]
- **V5020** [CONFORMITY EVALUATION] - real ear

Hospital Based, Provider Based

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Implementation of Telehealth

- Trialed telehealth for non-billable services
- Obtained hospital compliance approval
- Became familiar with the AB Remote Support app and Target CI

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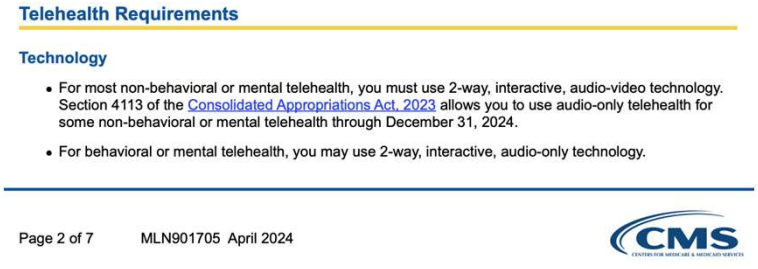
Billing and Coding for Telehealth Services

CMS Consolidated Appropriations Act of 2023 has extended telehealth coverage of audiology services paid under the fee schedule through December 31, 2024.



Telehealth Requirements

Technology

- For most non-behavioral or mental telehealth, you must use 2-way, interactive, audio-video technology. Section 4113 of the Consolidated Appropriations Act, 2023 allows you to use audio-only telehealth for some non-behavioral or mental telehealth through December 31, 2024.
- For behavioral or mental telehealth, you may use 2-way, interactive, audio-only technology.

Page 2 of 7 MLN901705 April 2024

CMS

AB platform provides real-time, video-audio interface, and provides full access to software. As a result, it meets all requirements for full coverage.

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Nassiri et al 2022

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Billing and Coding for Telehealth Services

ASLP-IC
Audiology & Speech-Language Pathology
Interstate Compact

https://aslpcompact.com/

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Billing and Coding for Telehealth Services

- **92604** [COCHLEAR IMPLANT REPROGRAMMING]
  - Possible modifiers: -95 modifier or -GT modifier
  - Possible POS sites: 02, 10

https://www.cms.gov/files/document/mln901705-telehealth-services.pdf

https://www.asha.org/practice/reimbursement/medicare/providing-telehealth-services-under-medicare/

https://www.audiology.org/practice-resources/coding/telehealth-billing-and-coding-for-audiology/

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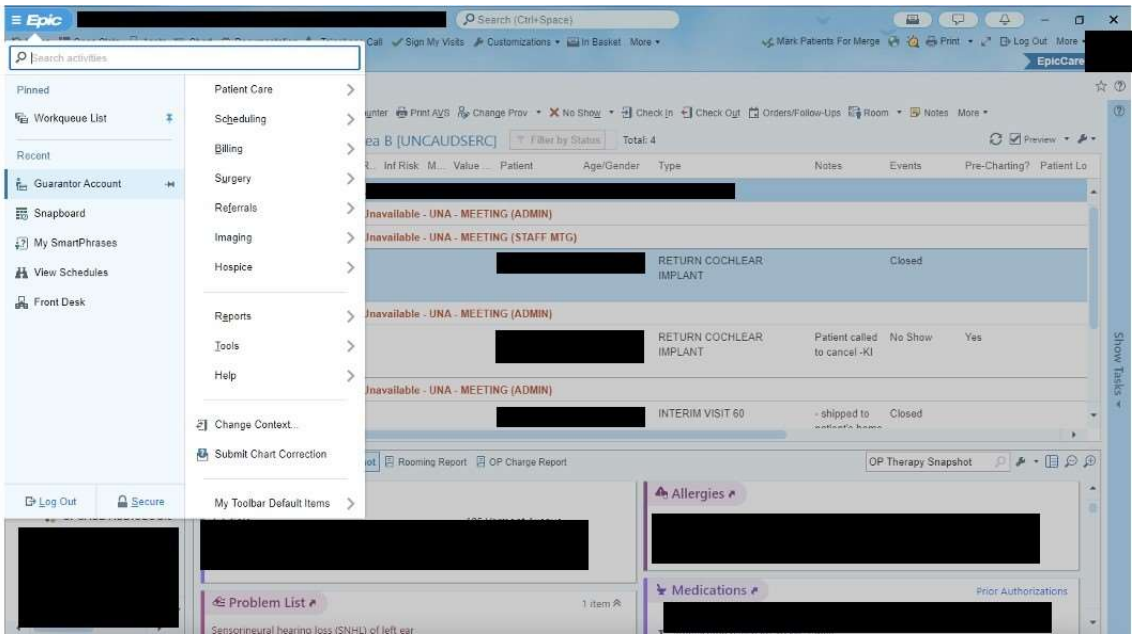
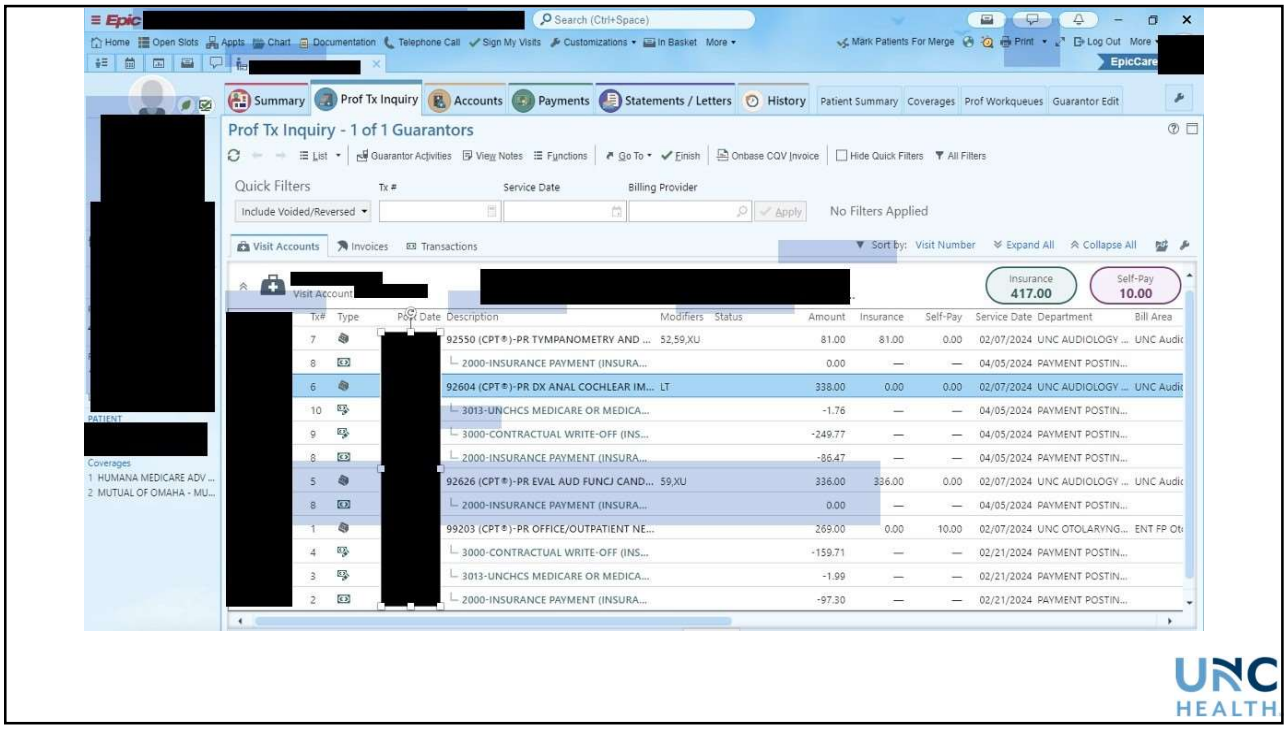
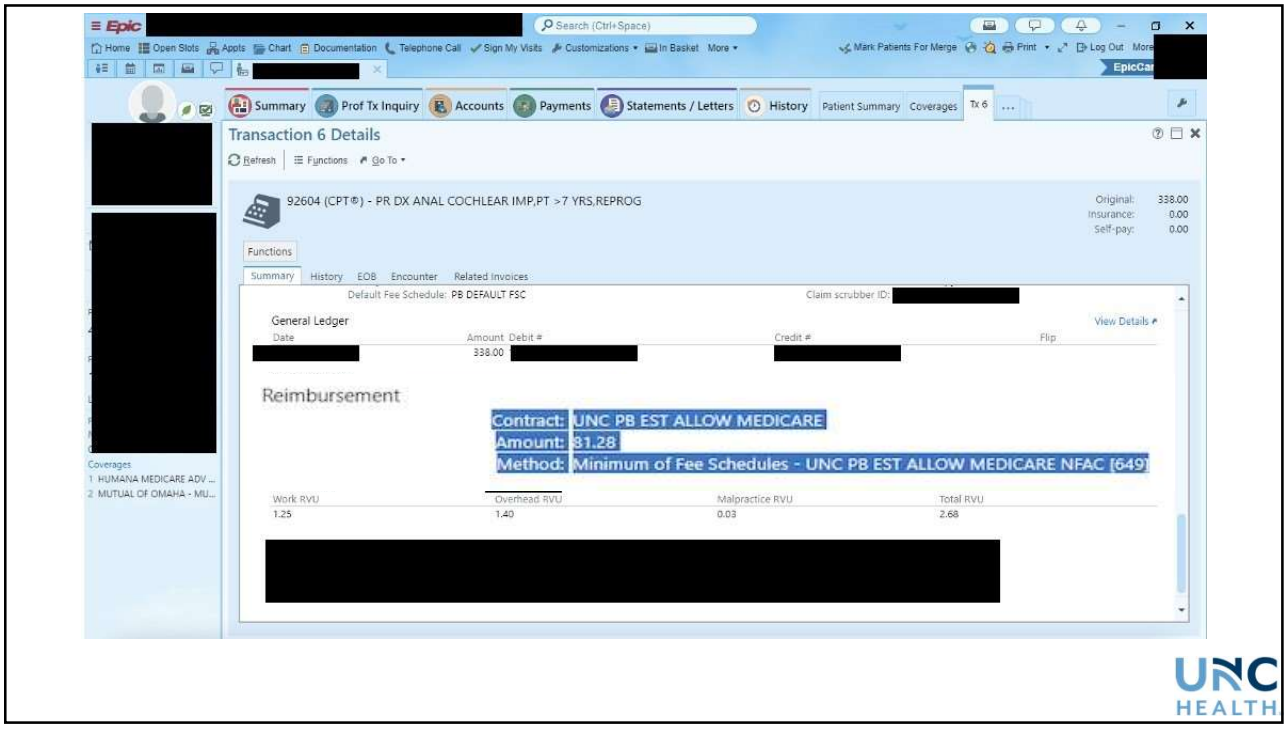


UNC HEALTH


Summary
Prof Tx Inquiry
Accounts
Payments
Statements / Letters
History
Patient Summary
Coverages
Prof Workqueues
Guarantor Edit
Prof Tx Inquiry - 1 of 1 Guarantors
Quick Filters
Include Voided/Reversed
No Filters Applied
Visit Accounts
Invoices
Transactions
Insurance 417.00
Self-Pay 10.00
92550 (CPT®)-PR TYMPANOMETRY AND ...
92604 (CPT®)-PR DX ANAL COCHLEAR IM...
92626 (CPT®)-PR EVAL AUD FUNCJ CAND...
99203 (CPT®)-PR OFFICE/OUTPATIENT NE...
1 HUMANA MEDICARE ADV ...
2 MUTUAL OF OMAHA - MU...


Summary
Prof Tx Inquiry
Accounts
Payments
Statements / Letters
History
Patient Summary
Coverages
Transaction 6 Details
92604 (CPT®) - PR DX ANAL COCHLEAR IMP,PT >7 YRS,REPROG
Original: 338.00
Insurance: 0.00
Self-pay: 0.00
Functions
Summary
History
EOB
Encounter
Related Invoices
Default Fee Schedule: PB DEFAULT FSC
General Ledger
Reimbursement
Contract: UNC PB EST ALLOW MEDICARE
Amount: 81.28
Method: Minimum of Fee Schedules - UNC PB EST ALLOW MEDICARE NFAC [649]
Work RVU
Overhead RVU
Malpractice RVU
Total RVU
1.25
1.40
0.03
2.68

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Reimbursement Examples

In Person

Cigna

- 69% for charges dropped
  - *Example:* 92604; billed $338 and reimbursed $231.84 (comment: minimum of fee schedule allowable for Cigna)

Medicare A&B

- 25% for charges dropped
  - *Example*: 92603; billed $570 and reimbursed $139.87 (comment: minimum of fee schedules)

Remote

Cigna

- 69% for charges dropped
  - *Example*: 92604; billed $338 and reimbursed $231.84 (comment: minimum of fee schedule allowable for Cigna)

Medicare A&B

- 25% for charges dropped
  - *Example*: 92603; billed $570 and reimbursed $139.87 (comment: minimum of fee schedules)

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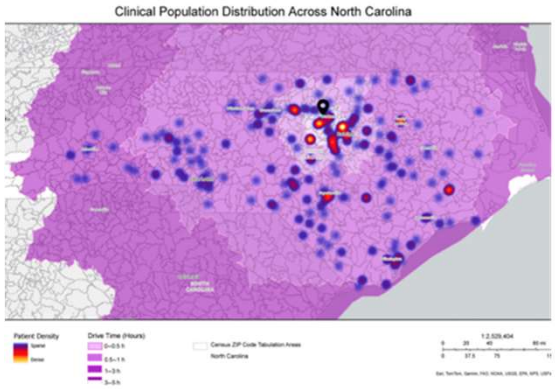
Transportation Challenges



Median Drive Time: 85 min (IQR 40-135 min)

Financial costs to patients (gas money, hotel, time off work, family member time off work)

Patients who are medically complex, live in assisted living facility, or are unable to travel

Nix et al. (2024)

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Current Adult Clinical Protocol

Newly Implanted Ear	• Initial Activation • 1-month follow up • 3-month follow up • 12-month follow up
Established Patients	• Annual Follow up

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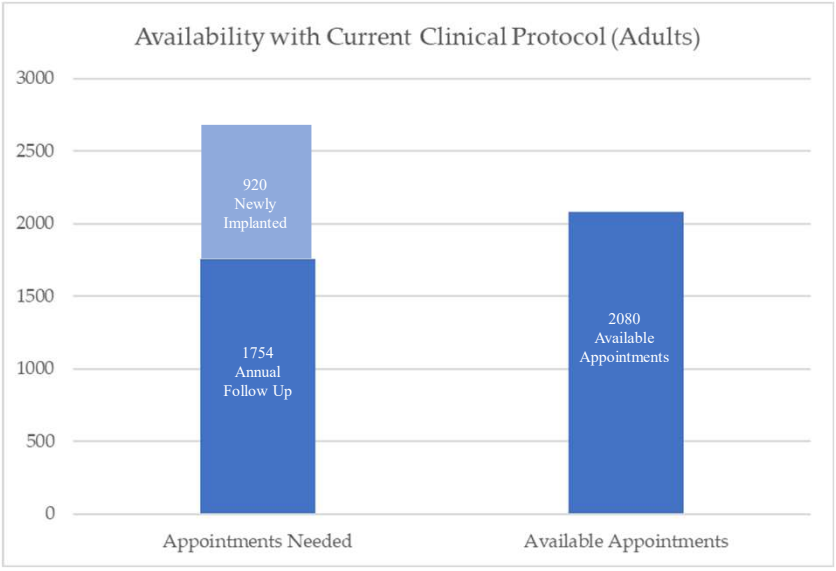

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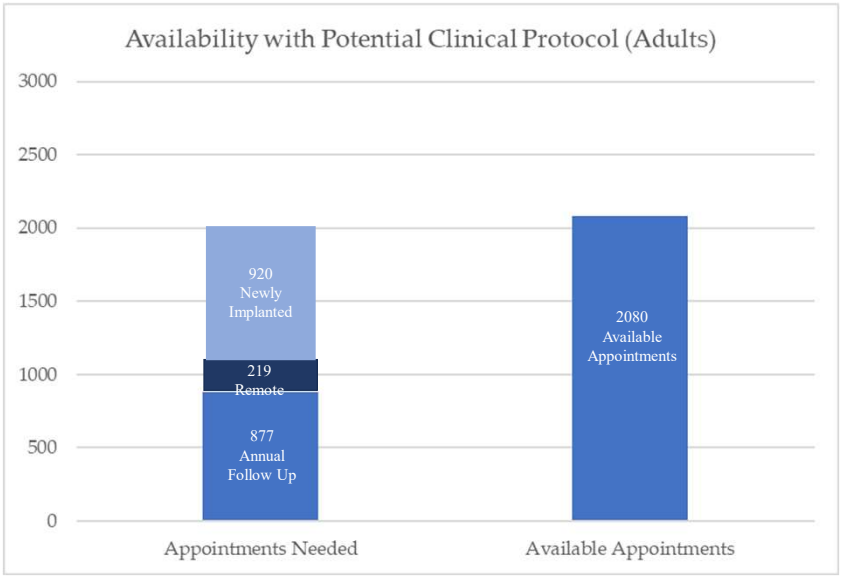

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Benefits of Utilizing Telehealth

- Improves access to care
- Reduces travel time and time taken off from work/school
- Programming convenience for patients and clinicians
- Can easily include family members/support

UNC HEALTH

Will each of you share one action to take to improve clinical efficiency?

QUESTIONS?

Thank you!

Please complete a short survey on today's training session.

https://forms.office.com/e/DyPb9yY94G

Learn more from about clinical efficiency with Dr. René Gifford on Thursday, November 7th!