1. This document was created to support maximum accessibility for all learners. If you would like to print a hard copy of this document, please follow the general instructions below to print multiple slides on a single page or in black and white.
2. This handout is for reference only. Non-essential images have been removed for your convenience. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.
3. Copyright: Images used in this course are used in compliance with copyright laws and where required, permission has been secured to use the images in this course. All use of these images outside of this course may be in violation of copyright laws and is strictly prohibited.
4. Social Workers: For additional information regarding standards and indicators for cultural competence, please review the NASW resource: Standards and Indicators for Cultural Competence in Social Work Practice
5. Need Help? Select the "Help" option in the member dashboard to access FAQs or contact us.

How to print Handouts

On a Mac

- Open PDF in Preview
- Click File
- Click Print
- Click dropdown menu on the right "preview"
- Click layout
- Choose # of pages per sheet from dropdown menu
- Checkmark Black & White if wanted.

On a PC

- Open PDF
- Click Print
- Choose # of pages per sheet from dropdown menu
- Choose Black and White from "Color" dropdown

Expanded CI Utilization
Clinic Efficiency

Presenter:

- Réne Gifford, Ph.D.

Webinar FAQs

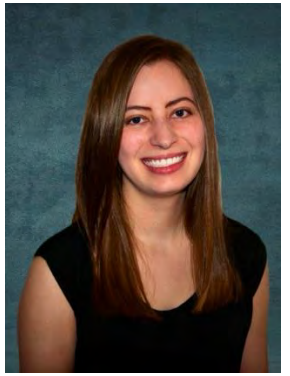
- **How to ask a question:**
  - Click Q&A, type your question and Send.
- **Resources Tab:**
  - Download the course handout
  - Link to course information page
  - View presenter information
- **How to view captions:**
  - Click Show Caption CC Button
- **How to earn CEUs:**
  - After the webinar, go to your Pending Courses and pass the multiple-choice exam.
- **For assistance or tech support:**
  - Call 800-753-2160
  - customerexperience@continued.com
  - Use the Q&A window

Expanding CI utilization: clinic efficiency

René Gifford, PhD, CCC-A

David Haynes, MD

Jourdan Holder, AuD, PhD



Katie Berg, AuD, PhD

Aaron Moberly, MD

VANDERBILT UNIVERSITY
MEDICAL CENTER

Rene Gifford is a paid consultant for Advanced Bionics, LLC. The comments provided by Dr. Gifford are her own opinions and do not reflect the opinion of Advanced Bionics.

Change is coming, are you ready?

88% of the original Fortune 500 companies are gone (1955-2016)

If you want things to be better in the future, you have to be ready to change.

It is not necessary to change. Survival is not mandatory.

- W Edwards Deming

Slide courtesy of David Haynes, MD

CI Utilization in adults and children

NIDCD (2021): As of late 2019 → 118,100 CIs in adults, 65,000 CIs in children

- **Adults**: ~2.3 to 12.7% utilization
  - *Sorkin (2013). Cochlear Implant Intl, 14: S4-S12; Sorkin & Buchman (2016). Otol Neurotol, 37(2):e161–e4; Perkins et al. (2021). Otol Neurotol, 42(6):815-823; Nassiri et al. (2022). Otol Neurotol*
- **Children**: ~50 to 59% utilization
  - *Sorkin & Buchman (2016). Otol Neurotol, 37(2):e161-164.*

Barriers: cochlear implantation

AWARENESS

Varied & overlapping indications

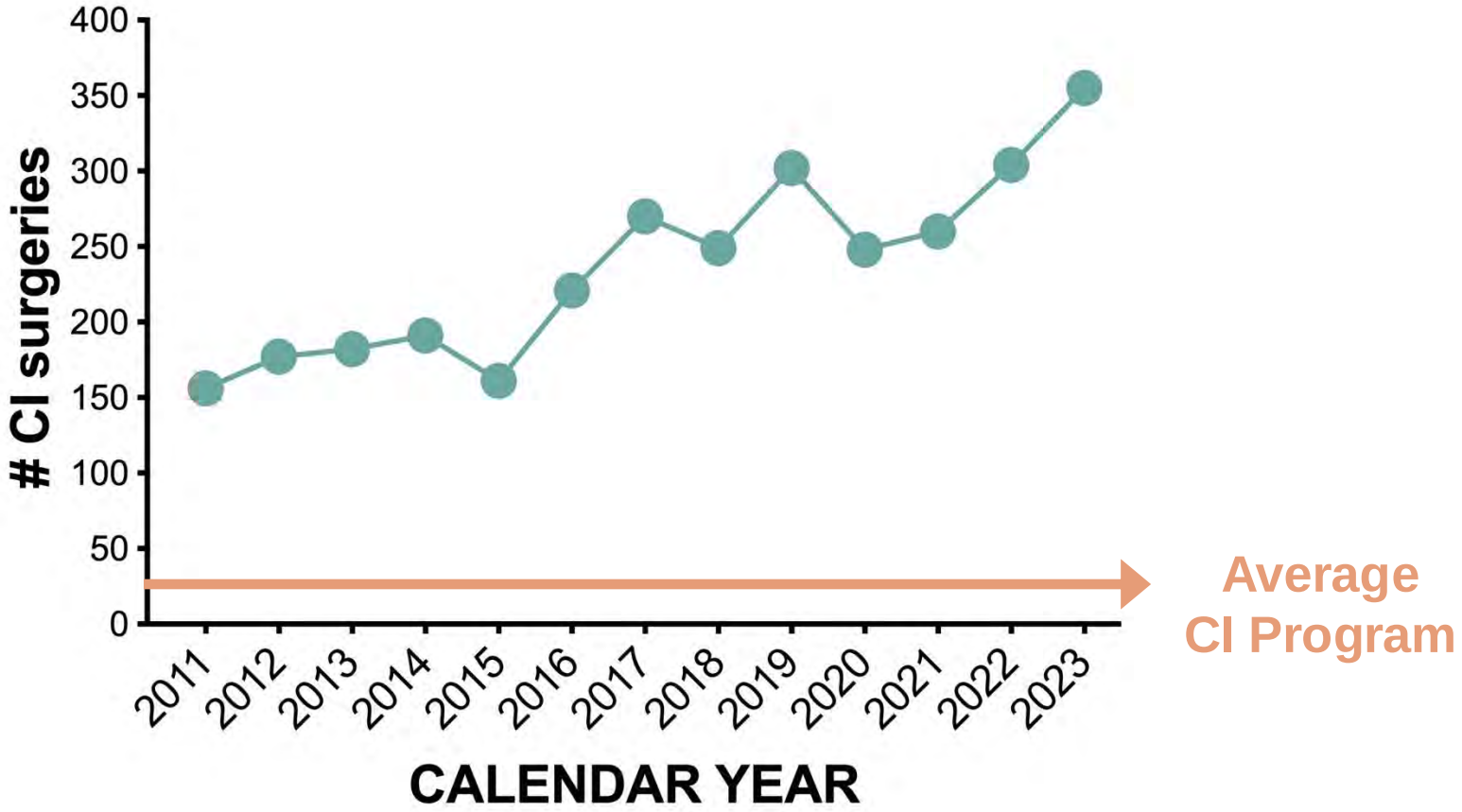
Lack of defined care pathways

Insurance/$$

Access to CI clinics

Outcome uncertainty

VANDERBILT UNIVERSITY MEDICAL CENTER

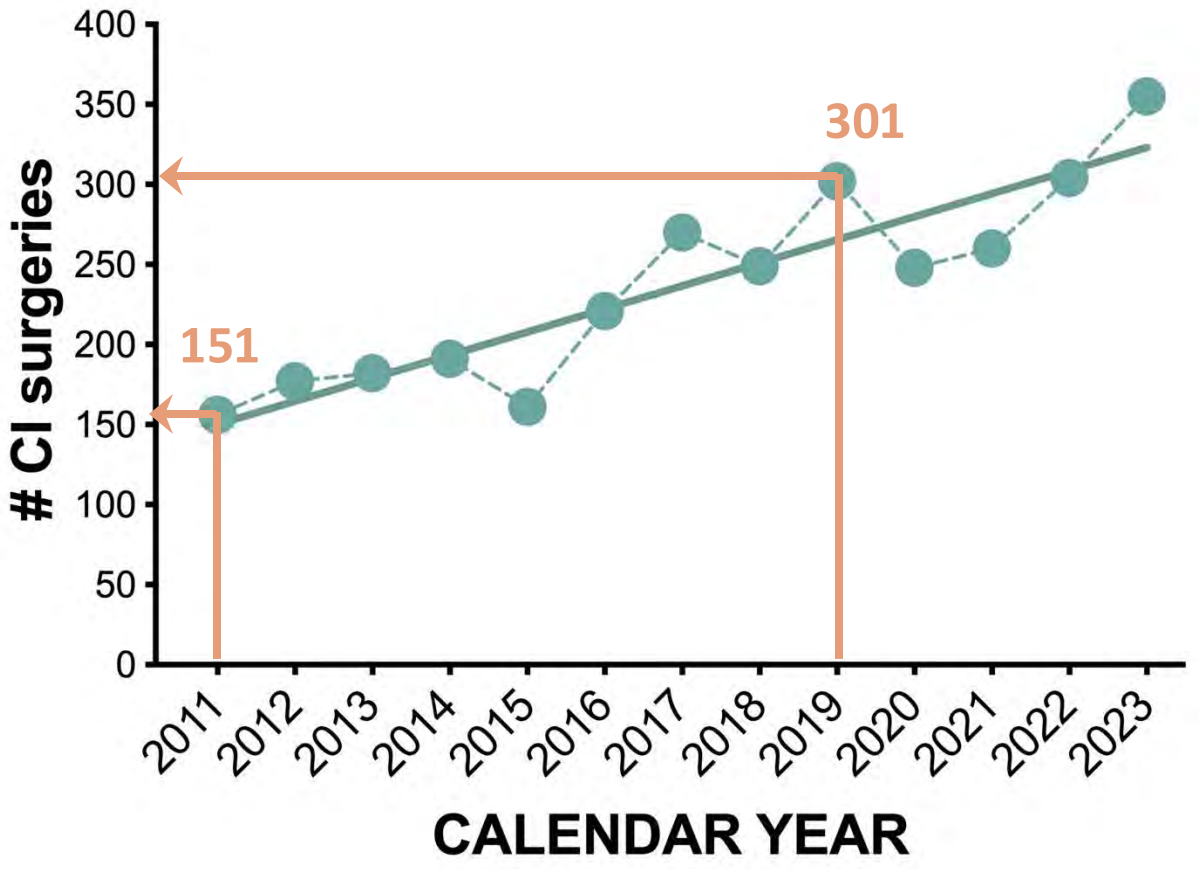


Expect Continued Growth:

- Expanded Indications
- 60,000 new cases of SSD/yr
- **Millions** of EAS/Hybrid candidates

Increasing prevalence of hearing loss

VANDERBILT UNIVERSITY MEDICAL CENTER



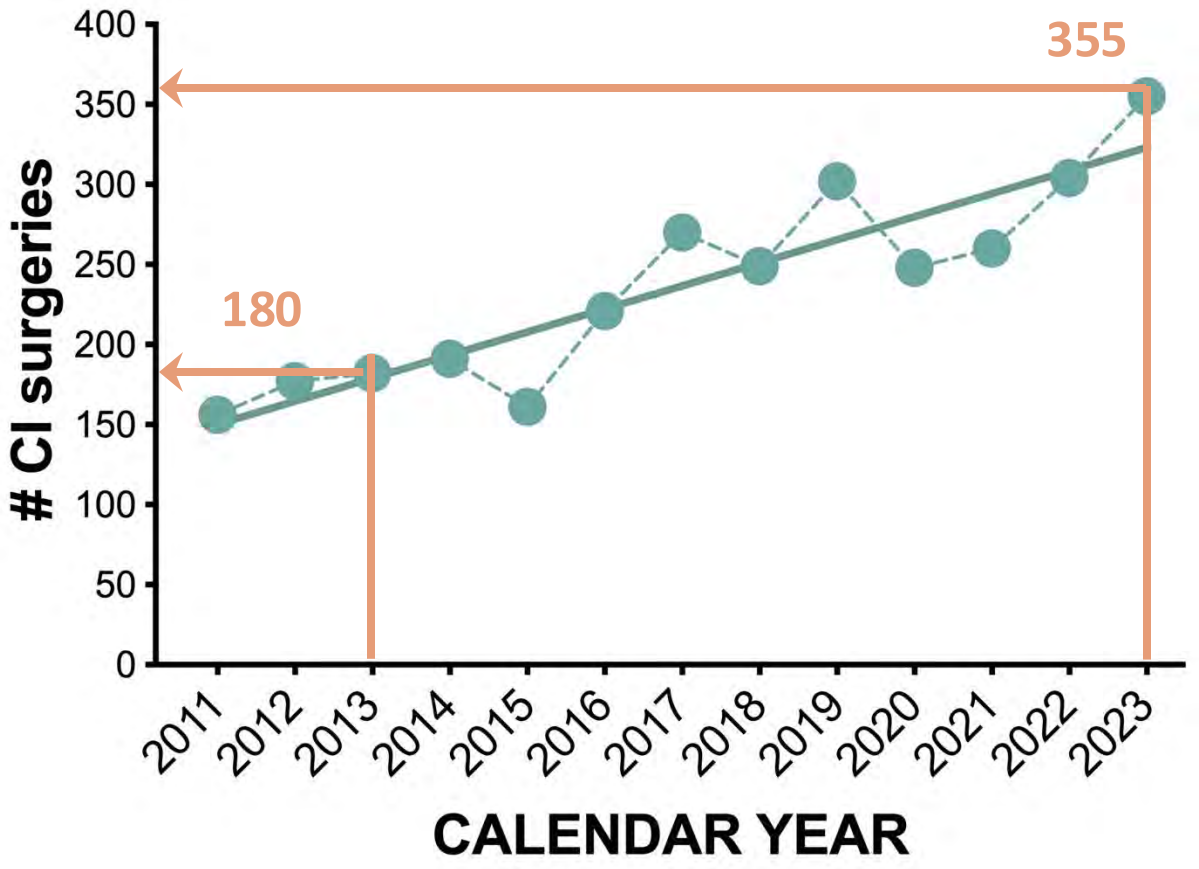
Expect Continued Growth:

- Expanded Indications
- 60,000 new cases of SSD/yr
- **Millions** of EAS/Hybrid candidates

Increasing prevalence of hearing loss

Program doubled in 8 years

VANDERBILT UNIVERSITY MEDICAL CENTER



Expect Continued Growth:

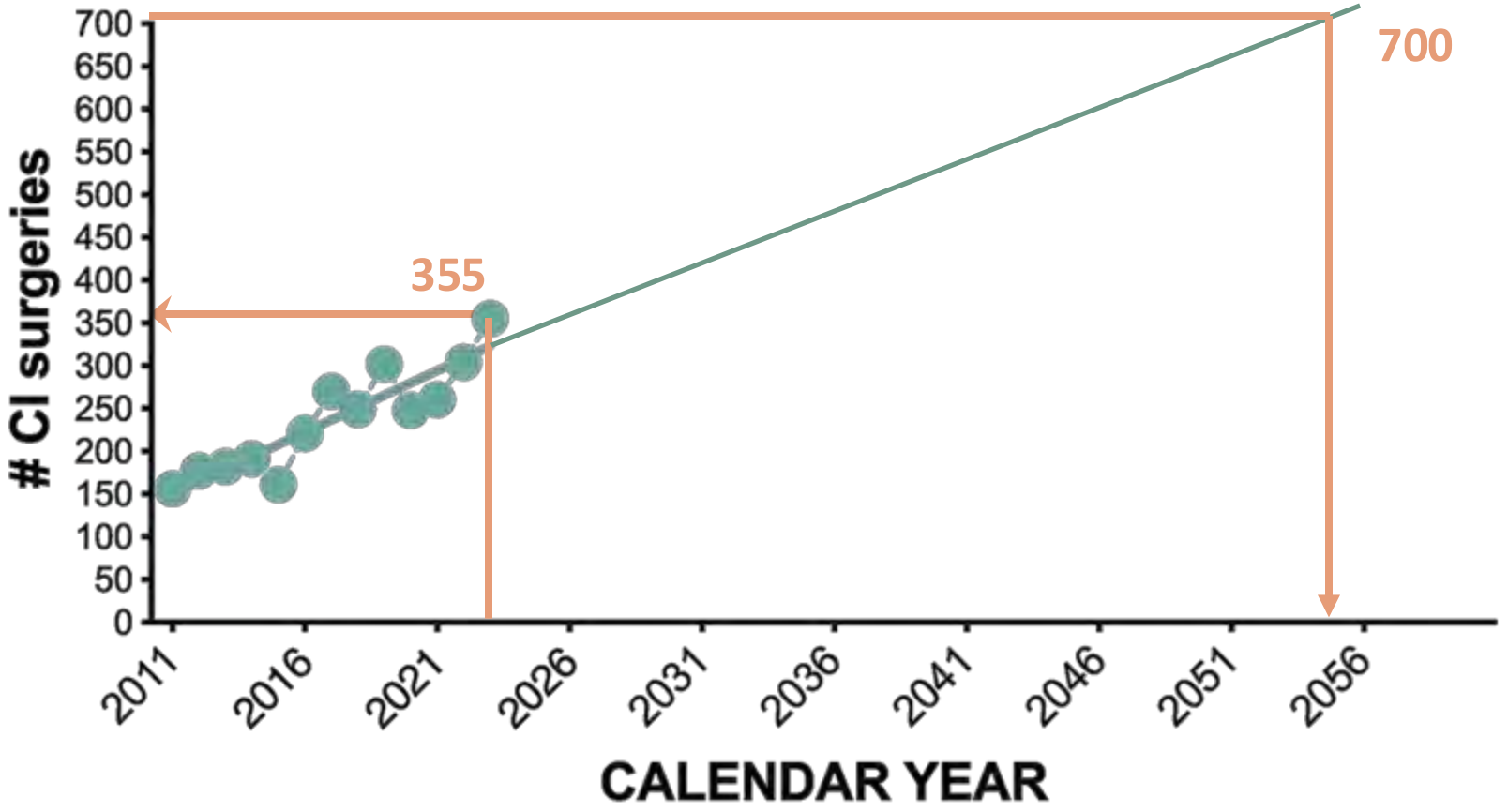
- Expanded Indications
- 60,000 new cases of SSD/yr
- **Millions** of EAS/Hybrid candidates

Increasing prevalence of hearing loss

Program doubling in 8-10 years

VANDERBILT UNIVERSITY

MEDICAL CENTER



Next projected doubling…

2054

Original Research

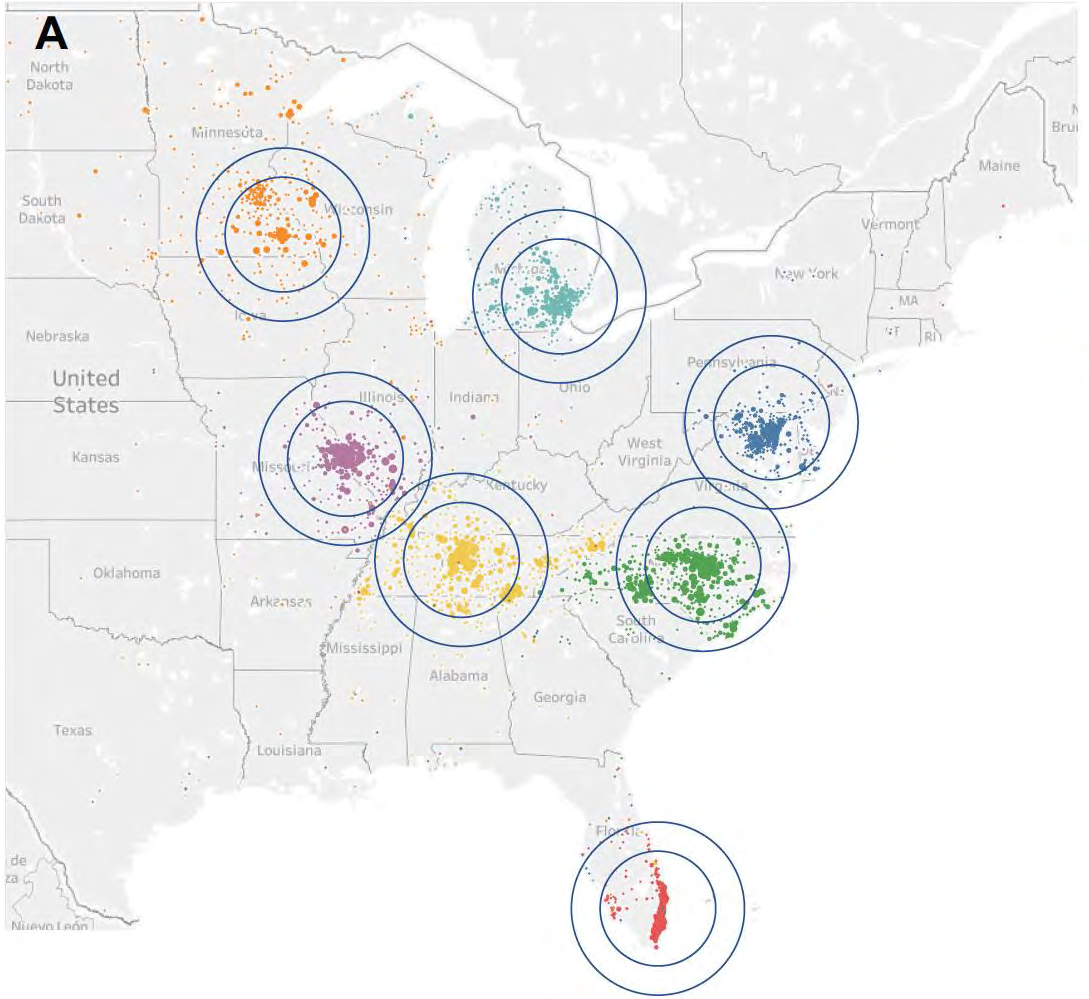
AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY FOUNDATION

Otolaryngology–Head and Neck Surgery
1–7

DOI: 10.1177/01945998211070993
http://otojournal.org
SAGE

Catchment Profile of Large Cochlear Implant Centers in the United States

Ashley M. Nassiri, MD, MBA[1], Meredith A. Holcomb, AuD[2], Elizabeth L. Perkins, MD[3], Andrea L. Bucker, AuD[4], Sandra M. Prentiss, PhD[2], Christopher M. Welch, MD, PhD[5], Nick S. Andresen, MD[6], Carla V. Valenzuela, MD, MSCI[7], Cameron C. Wick, MD[7], Simon I. Angeli, MD[2], Daniel Q. Sun, MD[6], Stephen P. Bowditch, AuD, MS[6], Kevin D. Brown, MD, PhD[4], Teresa A. Zwolan, PhD[5], David S. Haynes, MD, MMHC[3], Aniket A. Saoji, PhD[1], and Matthew L. Carlson, MD[1]

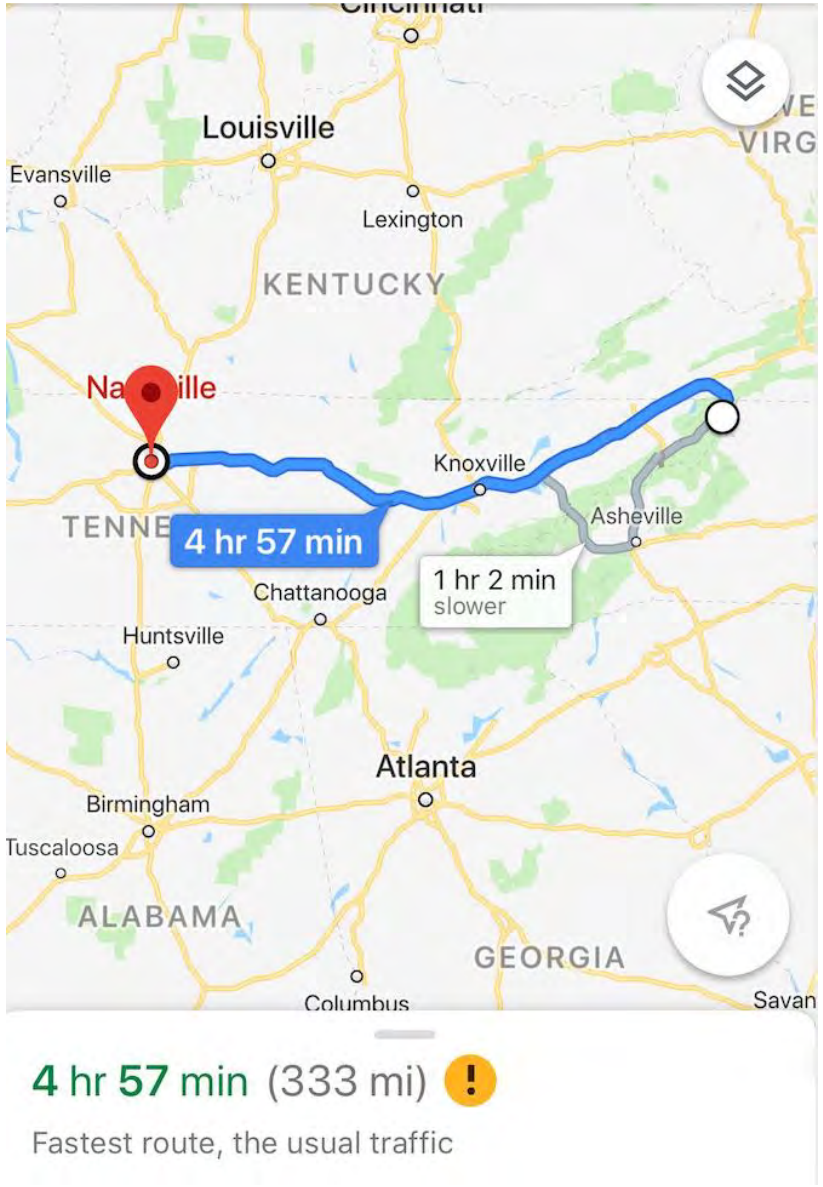


- 91% within 200-mile radius resulting in concentration of care
- Over 6-year period, the number of CIs in these centers increased by *43%*

Consider:

- Satellite programming/surgery
- Telehealth/remote programming
- Optimizing delivery process

Cochlear Implant: Patient Experience Project

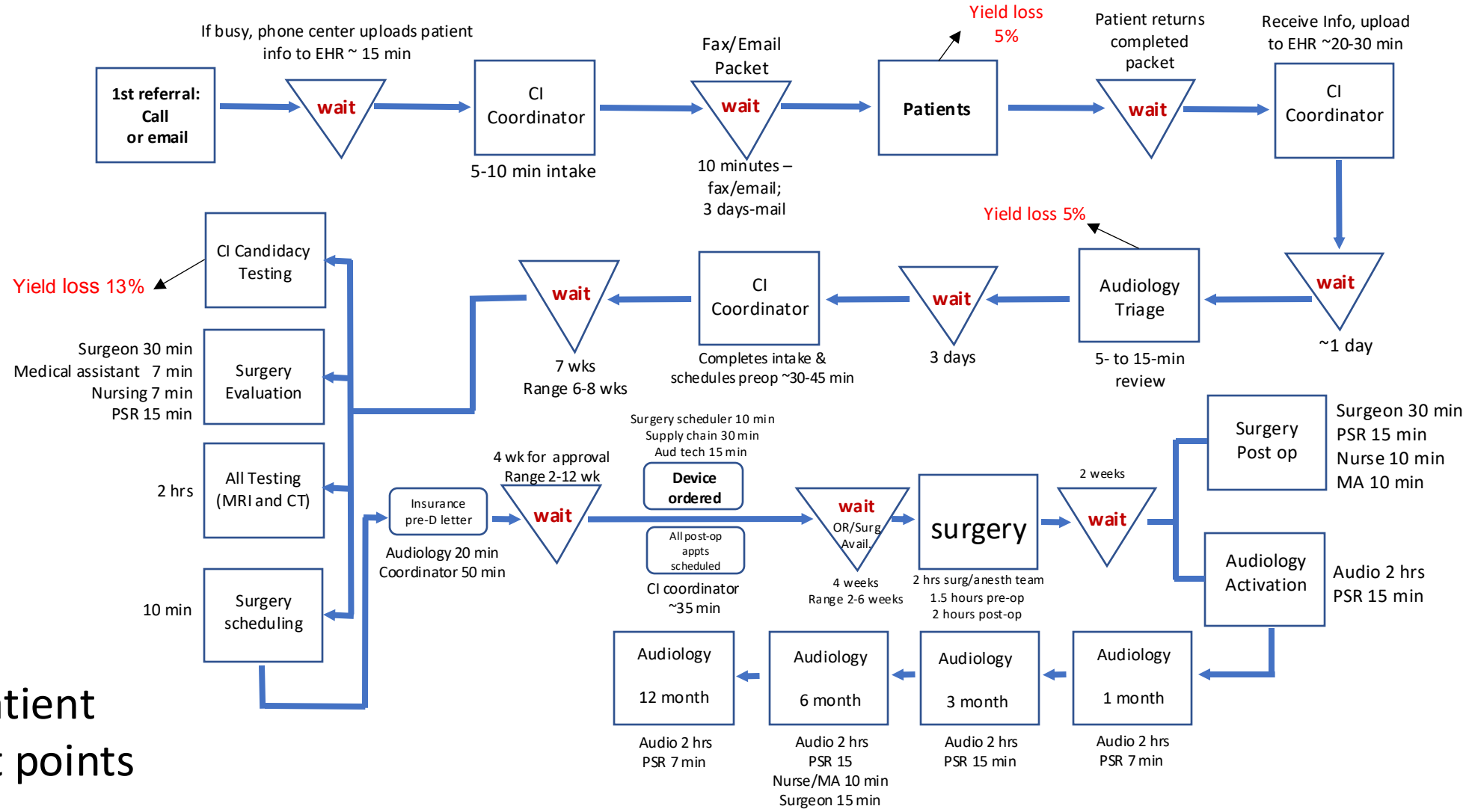


Surgeon (initial, Pre op, post op)
Audiology eval
Device selection eval
Imaging (CT and MR
Anesthesia pr
Surgery
Devi ning (4+ visits)

UNACCEPTABLE

- 8-12 days missed work/school
- 6-12 hotel stays
- ~60-120 hours travel
- ~4000+ miles, assuming 35 mpg @ $3.50/gallon = $400

Process map: Day 1 to 12 months post activation

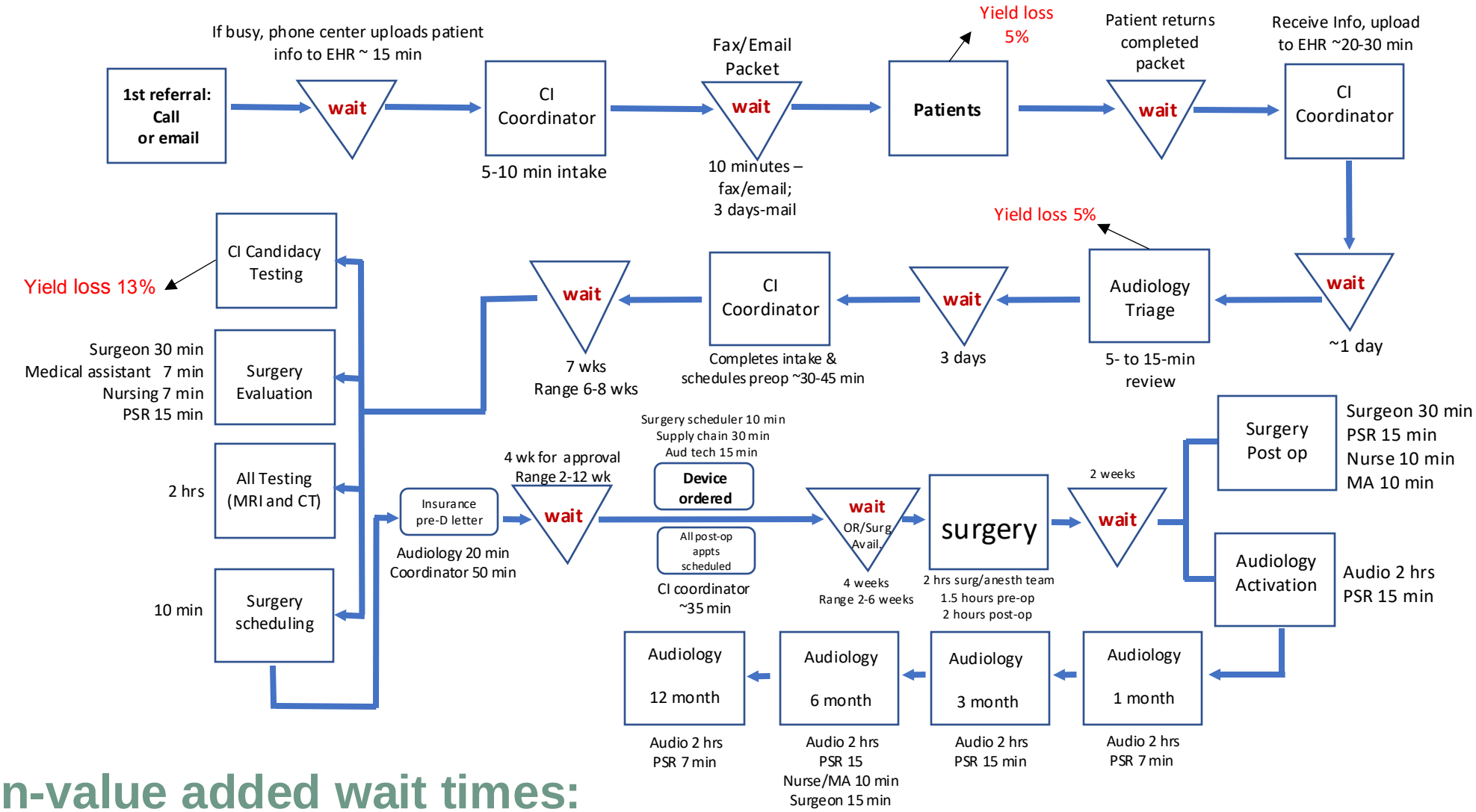


19 patient contact points

9 "**wait**" periods

Slide courtesy of David Haynes, MD

Process map: Day 1 to 12 months post activation



9 non-value added wait times: avg process 22 wks, 2 days

Slide courtesy of David Haynes, MD

Clinical Capsule Report

Same-Day Patient Consultation and Cochlear Implantation: Innovations in Patient-Centered Health Care Delivery

*Ashley M. Nassiri, *Robert J. Yawn, †René H. Gifford, †Jourdan T. Holder, ‡C. J. Stimson, *Roland D. Eavey, and *David S. Haynes

*Department of Otolaryngology–Head and Neck Surgery; †Department of Hearing and Speech Sciences; and ‡Department of Urology, Vanderbilt University Medical Center, Nashville, Tennessee

How can we drive change?

The Science of Behavior Change

Stages-of-change model

Prochaska & DiClemente (1983). J Consult Clin Psychol, 51(3): 390–395.

5 stages of change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

PRECONTEMPLATION
Build awareness for my need to change

CONTEMPLATION
Increase my pros for change
and decrease my cons

PREPARATION
Commit and plan

ACTION
Implement and revise my plan

MAINTENANCE
Integrate change into my lifestyle

Postoperative CI audiology follow-up: evidence-based practice

René Gifford, PhD, Katie Berg, AuD, PhD,
and Jourdan Holder, AuD, PhD

VANDERBILT UNIVERSITY
MEDICAL CENTER

Postoperative CI follow-up: evidence-based practice

Clinical care delivery

1991

Clarion clinical trial protocol

Schindler & Kessler (1992). Laryngoscope, 102: 1006-13.

Adults

- 12- to 16-hour activation
  - 3, 6, and 12 months

1997

N24 clinical trial protocol

Adults & Children

- **7-8 visits in 1st year**
  - 2-day activation, 2 weeks, 1 mo, 3 mo, 6 mo, 9 mo, and 12 mo

1997

Combi 40+ clinical trial

Adults & Children

- **5 visits in first year**
  - activation, 1 week (optional), 1 mo, 3 mo, 6 mo, and 12 mo

2019

AAA CI Clinical Practice Guidelines

Messersmith et al. (2019). JAAA. 30:827–844.

Adults

- **6 visits in 1st year**
  - Activation, 1 week, 1 month, 3 months, 6 months, and 12 months
  - Routine follow-up: every 6 to 12 months

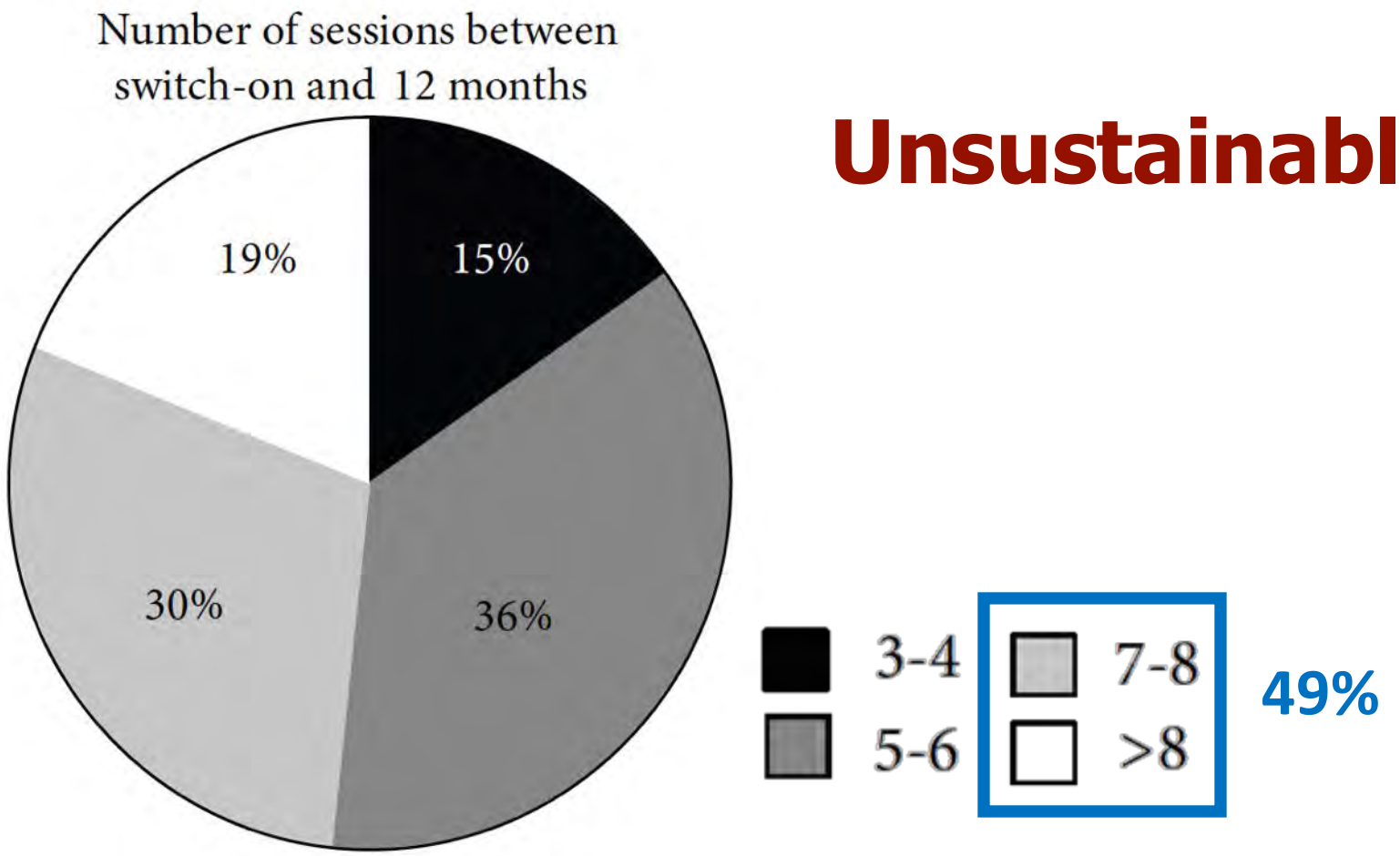
Children*:

- **7 visits in 1st year**
  - Activation, 1 week, 1 month, 3 months, 6 months, 9 months, and 12 months
  - Routine follow-up:
    - Younger children: every 3 months
    - Older children every 6 to 12 months

**Hemmingson & Messersmith (2018). JAAA (6.8 appts in 1st year)*

Clinical care delivery

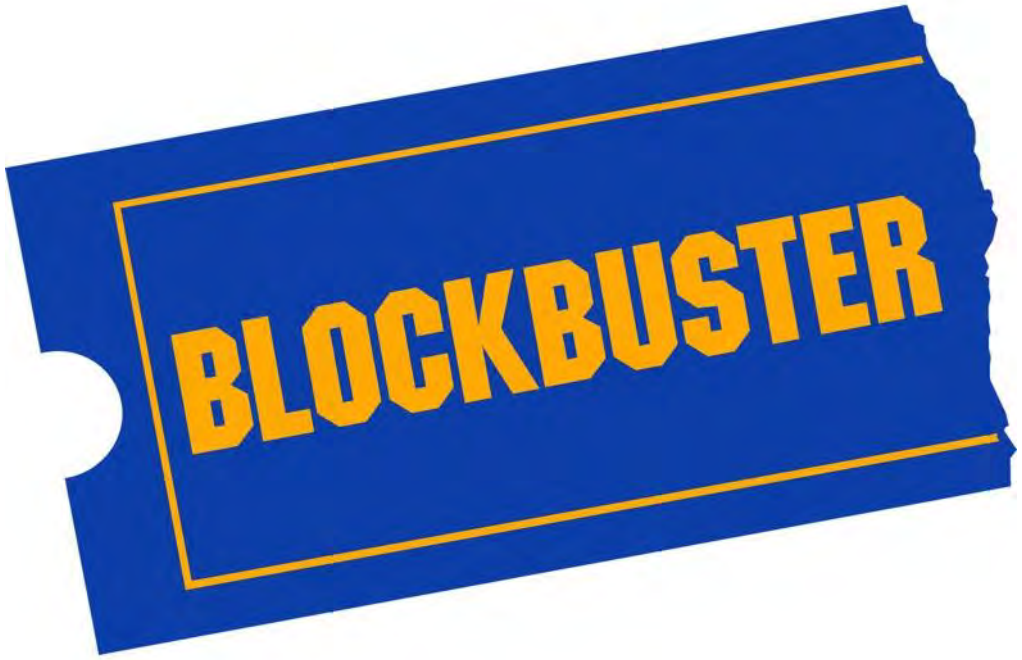
Vaerenberg et al. (2014). Sci World J. 2014:501738.



Unsustainable!

7 centers
17 countries
5 continents

Clinical care delivery

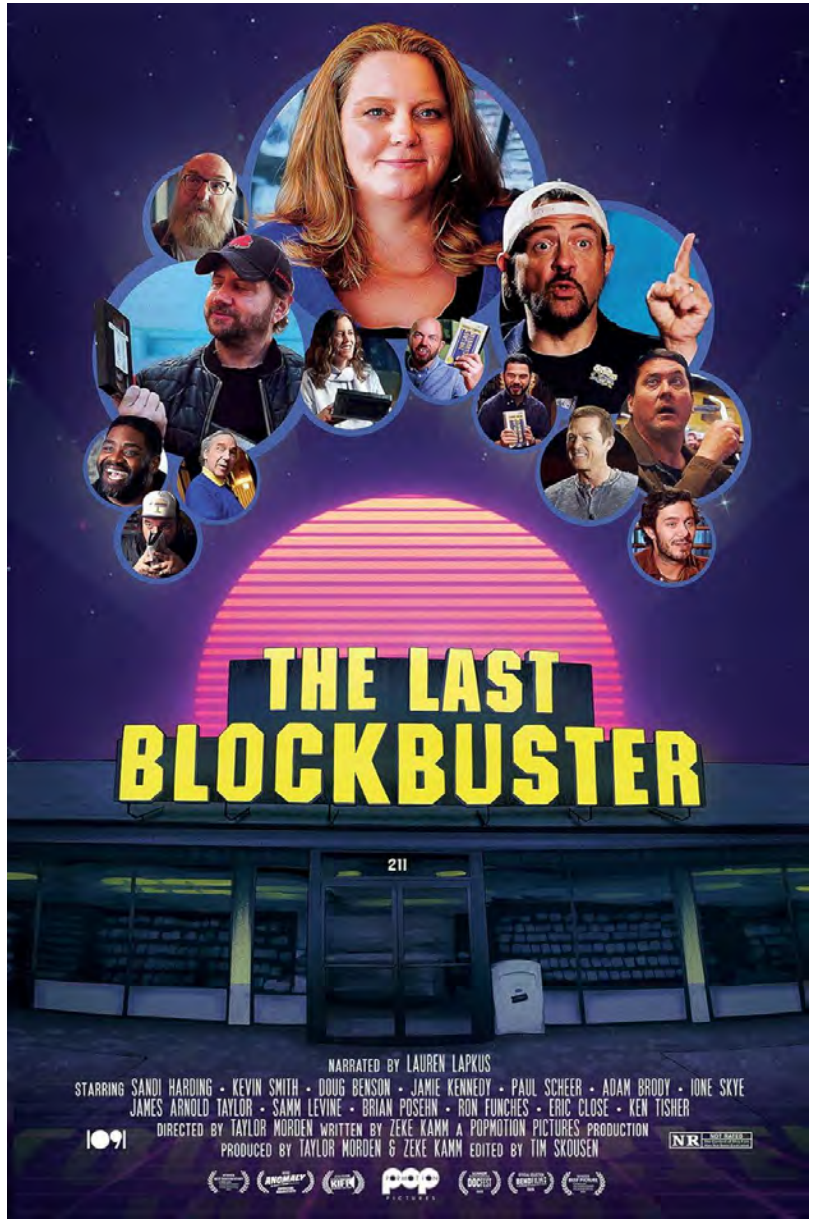


NETFLIX

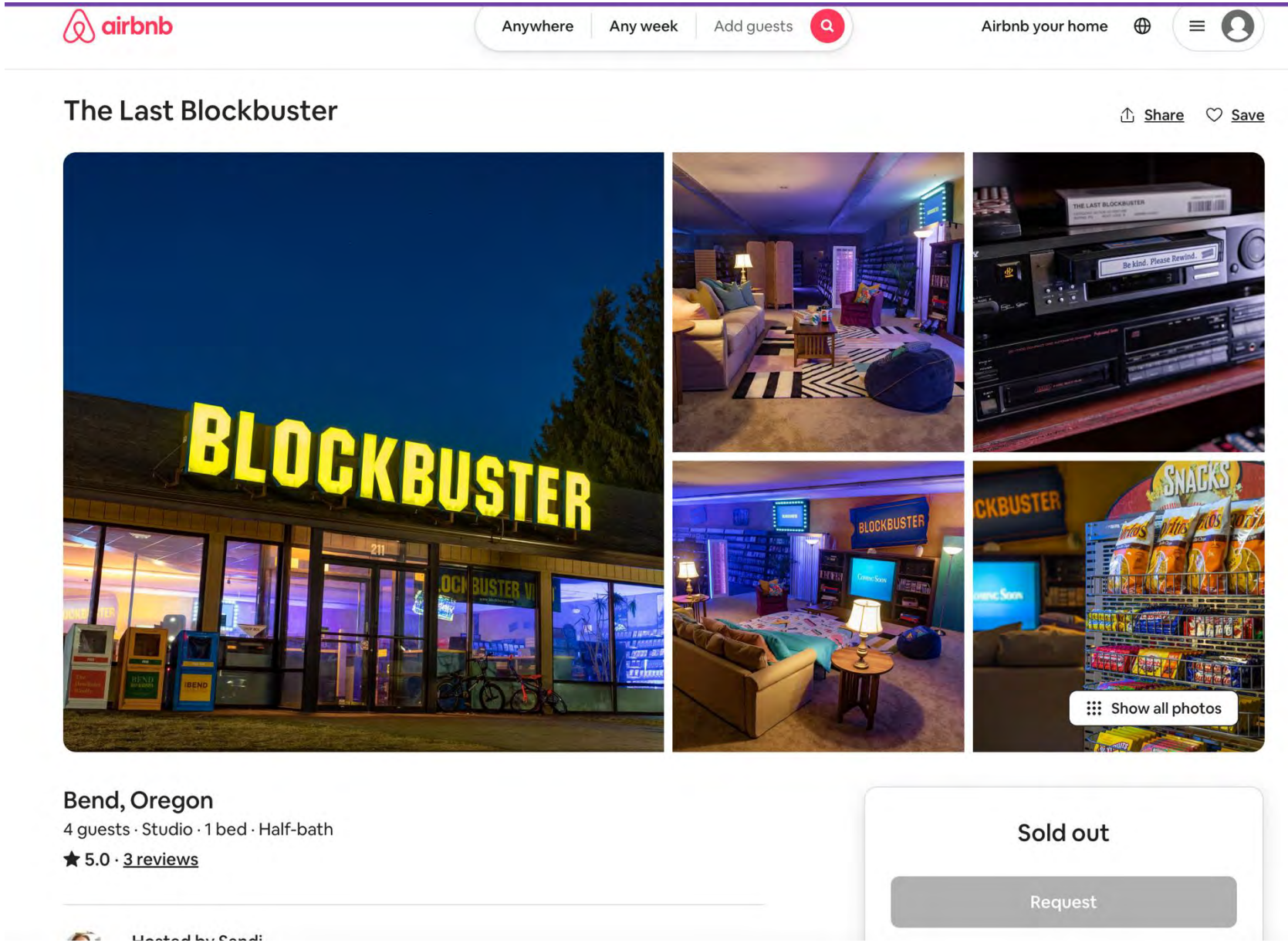
2000: Netflix offered to sell to Blockbuster for $50M

2024: Netflix is valued at ~$300B

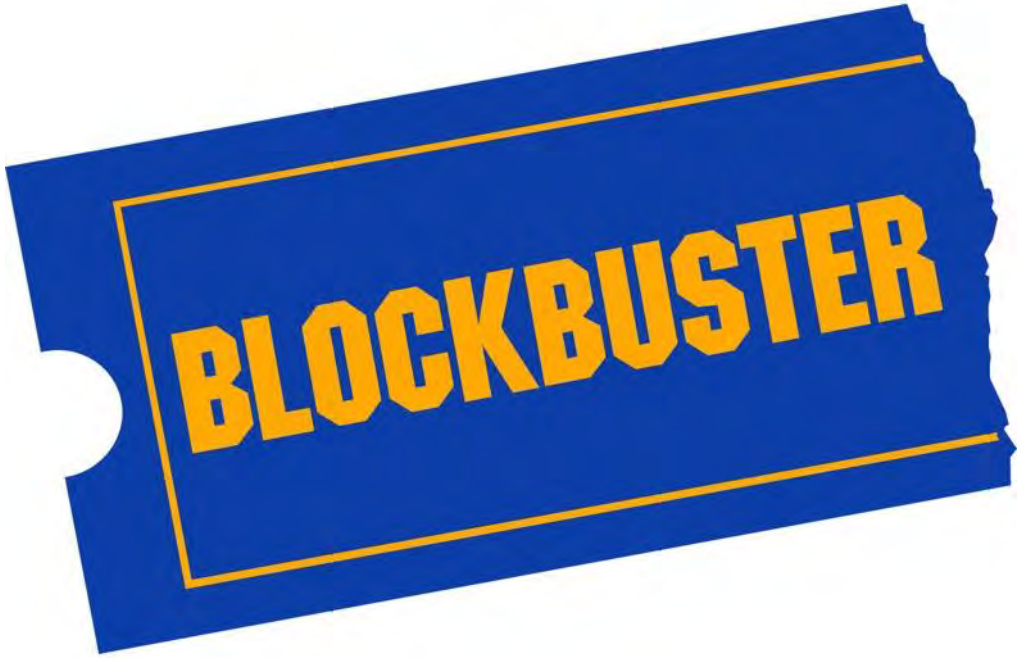
2020


THE LAST BLOCKBUSTER
211
NARRATED BY LAUREN LAPKUS
STARRING SANDI HARDING · KEVIN SMITH · DOUG BENSON · JAMIE KENNEDY · PAUL SCHEER · ADAM BRODY · IONE SKYE
JAMES ARNOLD TAYLOR · SAMM LEVINE · BRIAN POSEHN · RON FUNCHES · ERIC CLOSE · KEN TISHER
DIRECTED BY TAYLOR MORDEN WRITTEN BY ZEKE KAMM A POPMOTION PICTURES PRODUCTION
PRODUCED BY TAYLOR MORDEN & ZEKE KAMM EDITED BY TIM SKOUSEN
NR
pop

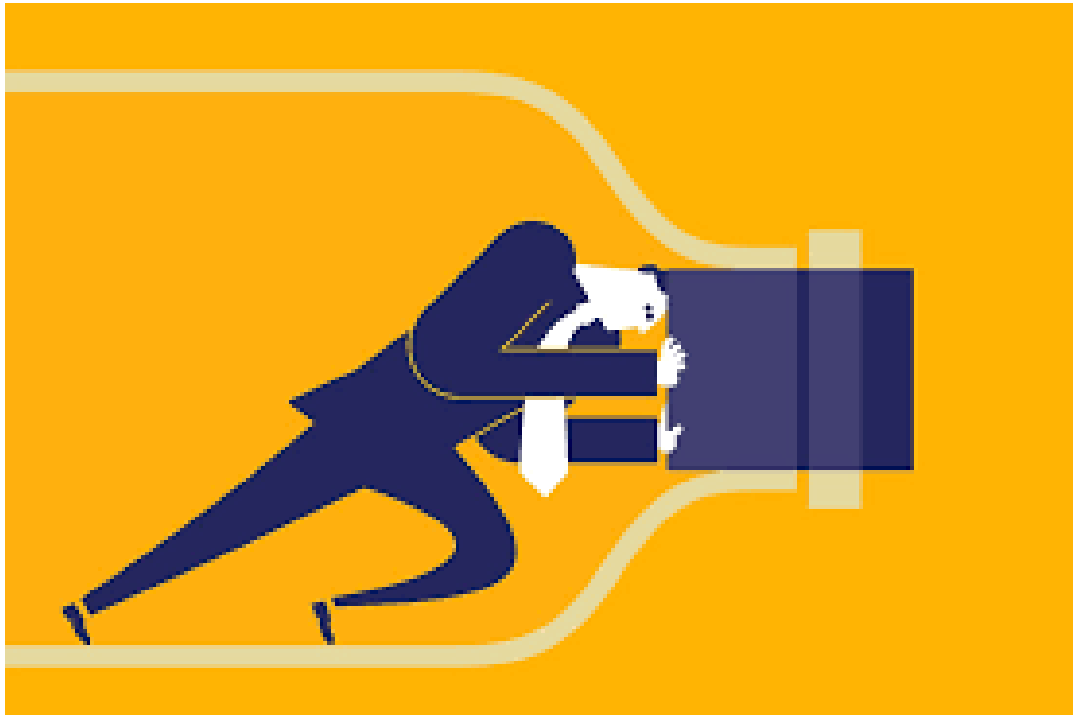
2024


airbnb
Anywhere
Any week
Add guests
Airbnb your home
The Last Blockbuster
Share
Save
BLOCKBUSTER
Be kind. Please Rewind.
SNACKS
Show all photos
Bend, Oregon
4 guests · Studio · 1 bed · Half-bath
★ 5.0 · 3 reviews
Sold out
Request

Clinical care delivery



Clinical care delivery



VANDERBILT UNIVERSITY MEDICAL CENTER

Clinical care delivery

2011

Adults (6-7 visits in 1st year)

- Activation Day 1
- Activation Day 2 (optional)
- 1 week
- 1 month
- 3 month
- 6 month
- 12 month

Children (7-8 visits in 1st year)

- Activation Day 1
- Activation Day 2 (optional)
- 1 week
- 1 month
- 3 month
- 6 month
- 9 month
- 12 month

2016-2024

Adults (3-4 visits in 1st year)

- Activation
- 1 month
- 6 month (optional)
- 12 month

2018-present

Children (4-5 visits in 1st year):

- Activation
- 1 week (optional)
- 1 month
- 3 month (optional)
- 6 month
- 12 month

A long time ago (2015) in a galaxy far, far away (Nashville)

VUMC lost 3 CI audiologists and 2 surgeons

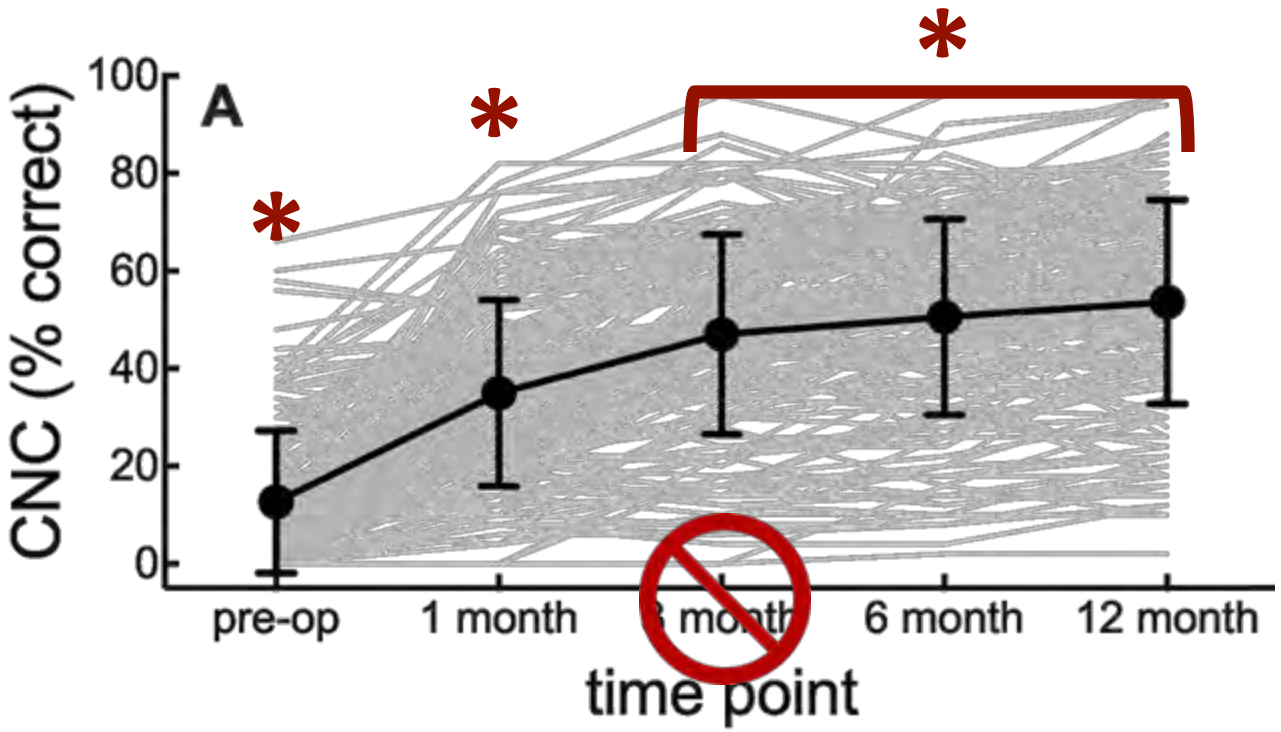
By May 1, 2016 → 9-month wait for pre-op eval

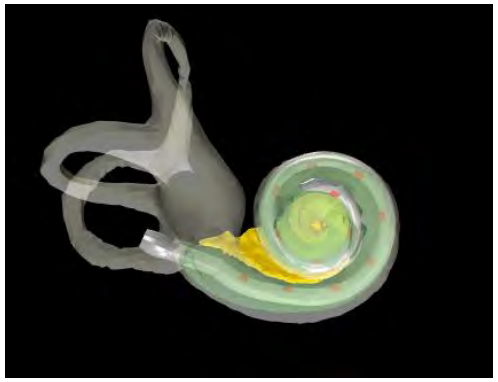
Little available times to schedule activations.

Berg et al. (2023). Otol Neurotol, 44(8):e635-e640

Retrospective review

- **18+ years**
- **CI-aided detection (20-30 dB HL)**
- **ESRTs at 1 month**
  - Shape C/M/MCL profile
- **Oto-pilot**: VUMC CT imaging data available to audiologist at activation
  CNC at 1, 3, and 6 mo
- 171 adults (178 ears)



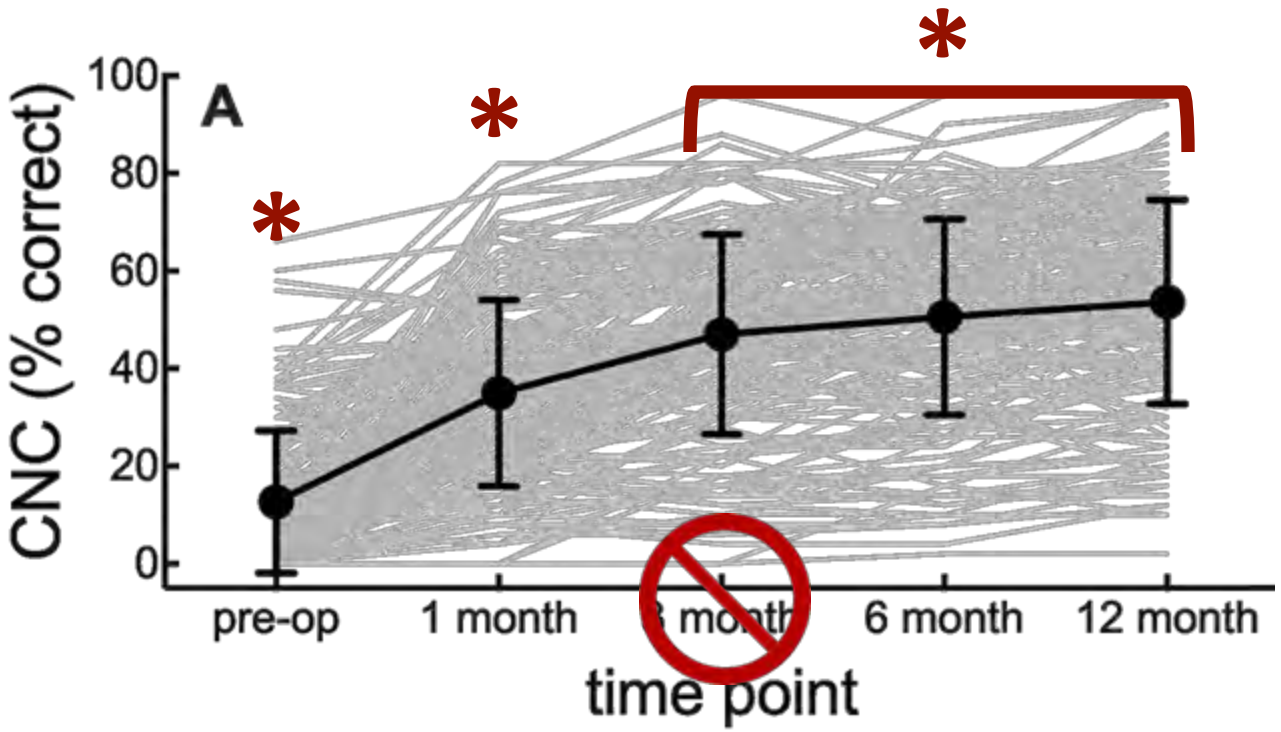


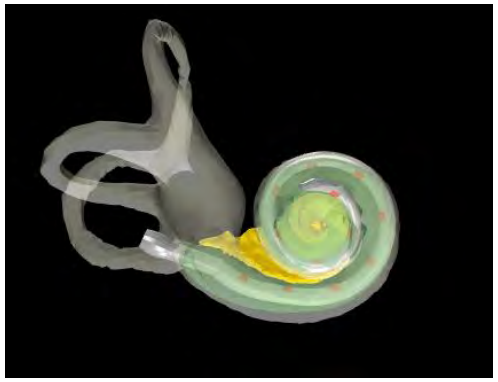
Streamlined protocol: 2015 (161 CIs) → 2019 (301 CIs) → 2023 (330 CIs)

Berg et al. (2023). Otol Neurotol, 44(8):e635-e640

Retrospective review

- **18+ years**
- **CI-aided detection (20-30 dB HL)**
- **ESRTs at 1 month**
  - Shape C/M/MCL profile
- **Oto-pilot**: VUMC CT imaging data available to audiologist at activation
  CNC at 1, 3, and 6 mo
- 171 adults (178 ears)



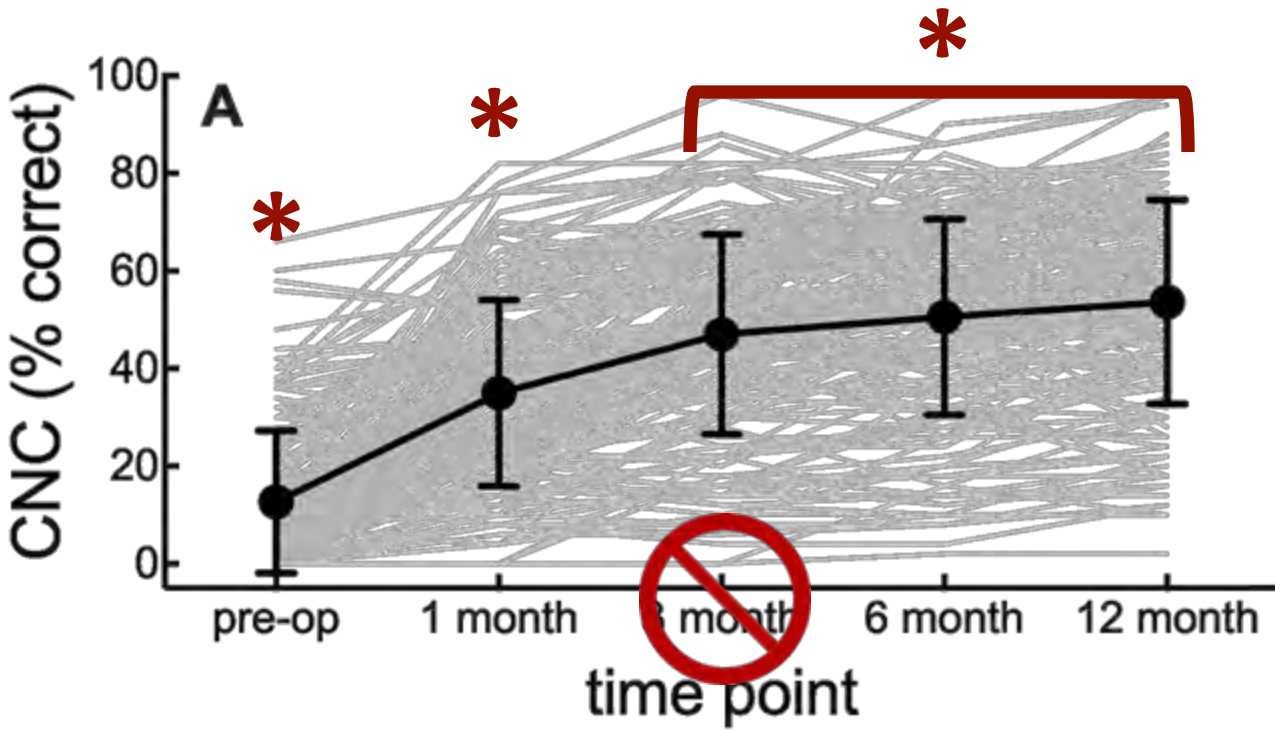


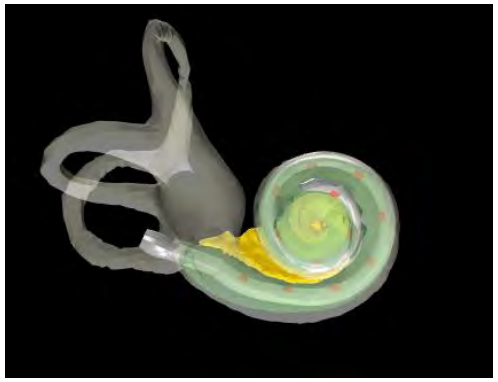
Streamlined protocol: 2015 (161 CIs) → 2019 (301 CIs) → 2023 (330 CIs)

Berg et al. (2023). Otol Neurotol, 44(8):e635-e640

Retrospective review

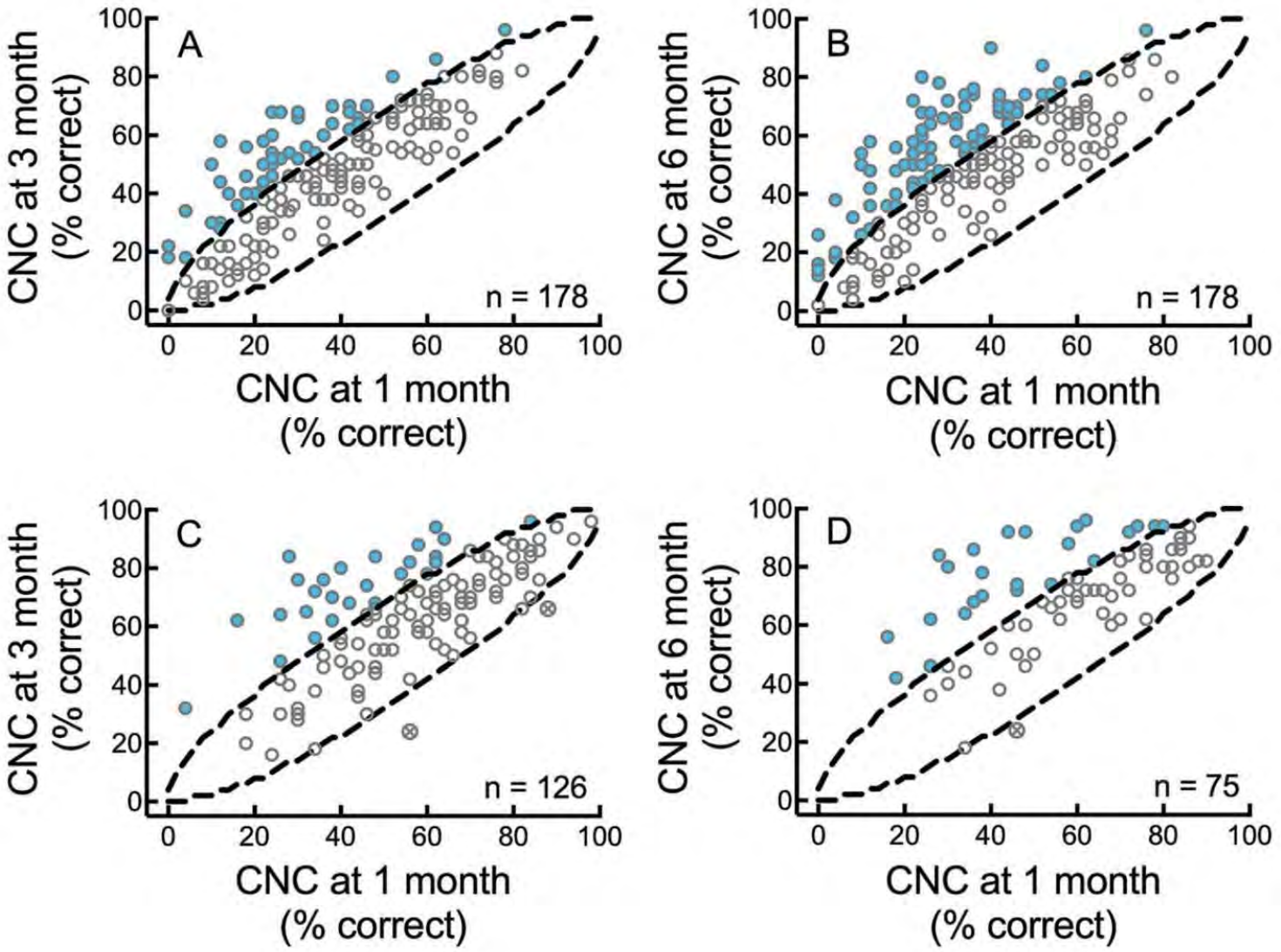
- **18+ years**
- **CI-aided detection (20-30 dB HL)**
- **ESRTs at 1 month**
  - Shape C/M/MCL profile
- **Oto-pilot**: VUMC CT imaging data available to audiologist at activation
  CNC at 1, 3, and 6 mo
- 171 adults (178 ears)





Streamlined protocol: 2015 (161 CIs) → 2019 (301 CIs) → 2023 (330 CIs)

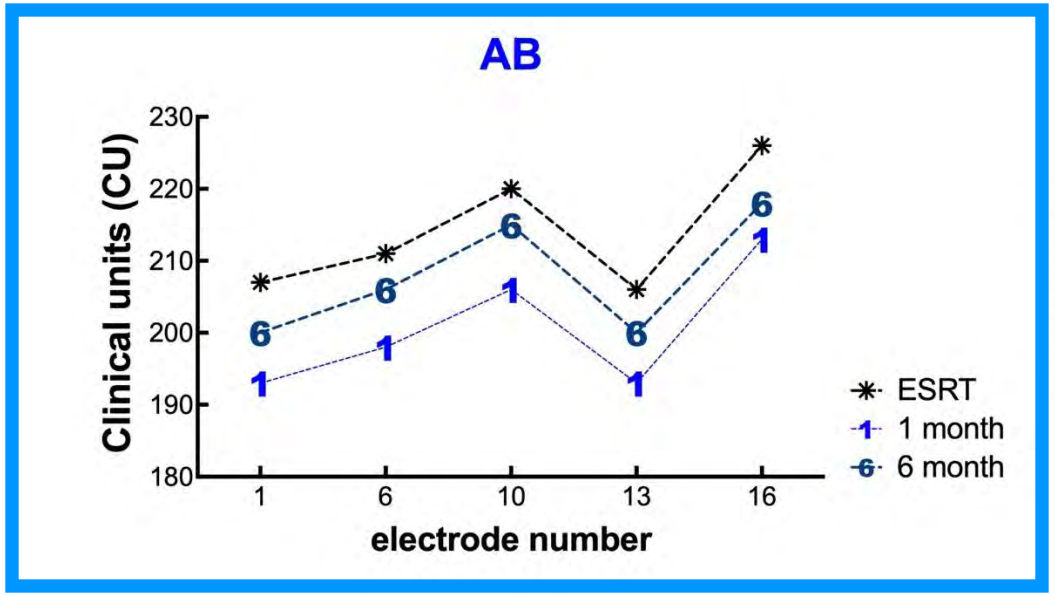
Berg et al. (2023). Otol Neurotol, 44(8):e635-e640

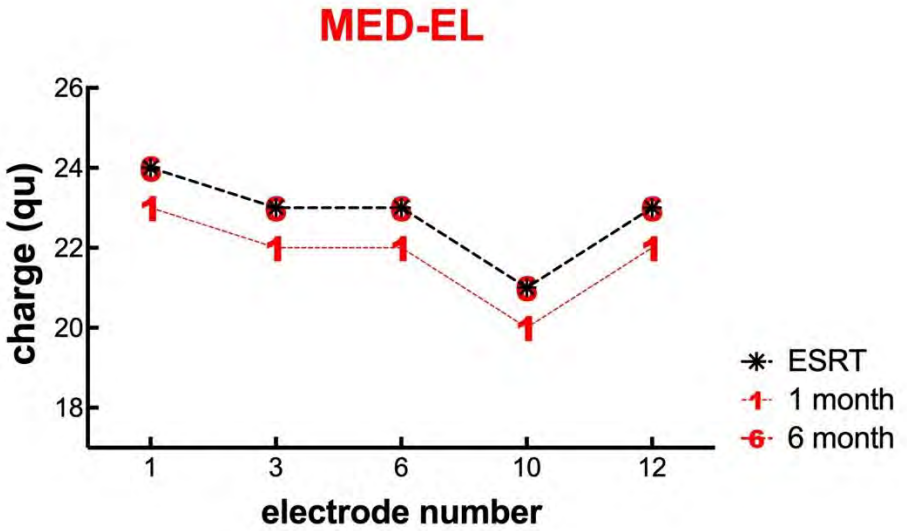


Top row:
CI ear

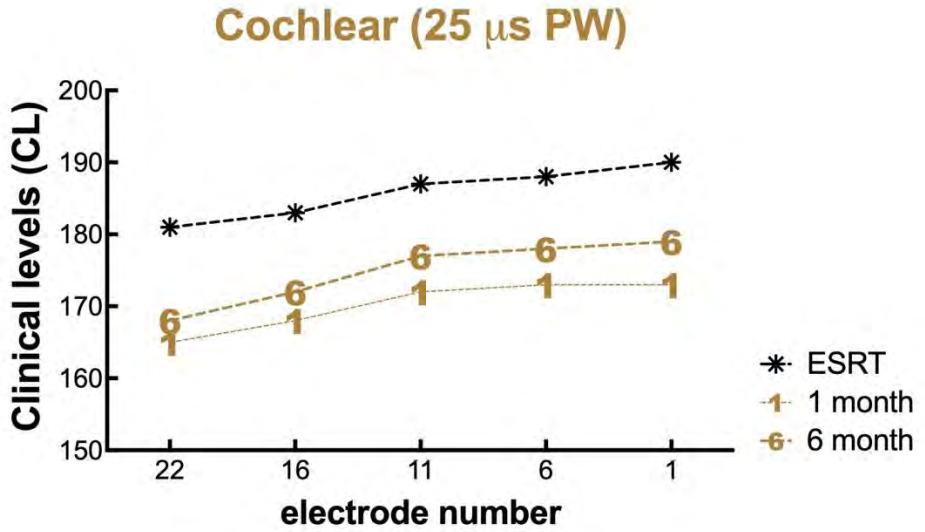
Bottom row:
Best aided

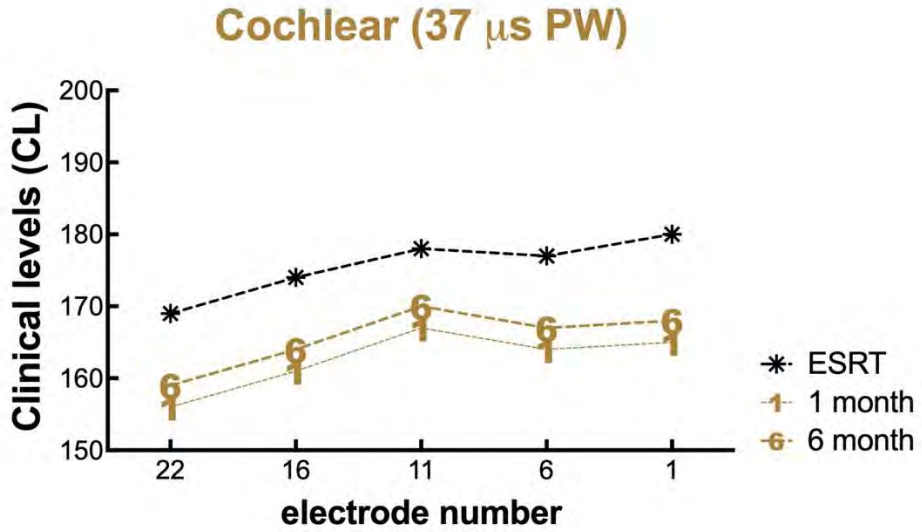
Holder et al. (in press). Otol Neurotol.

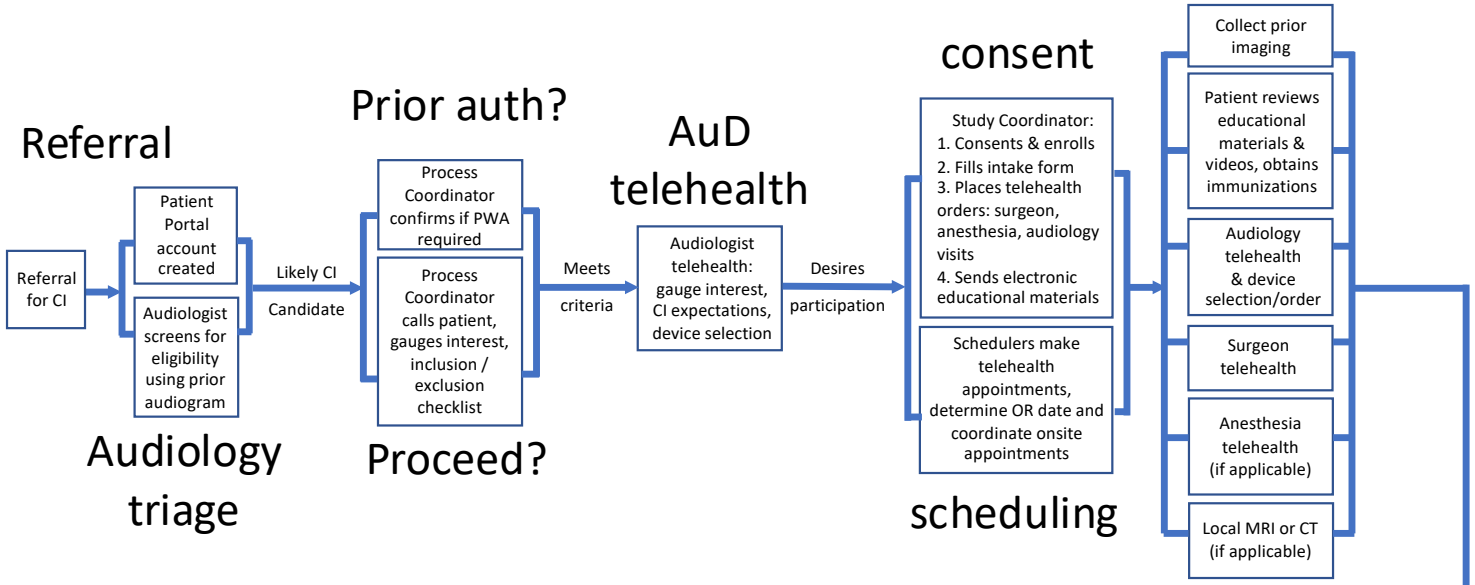




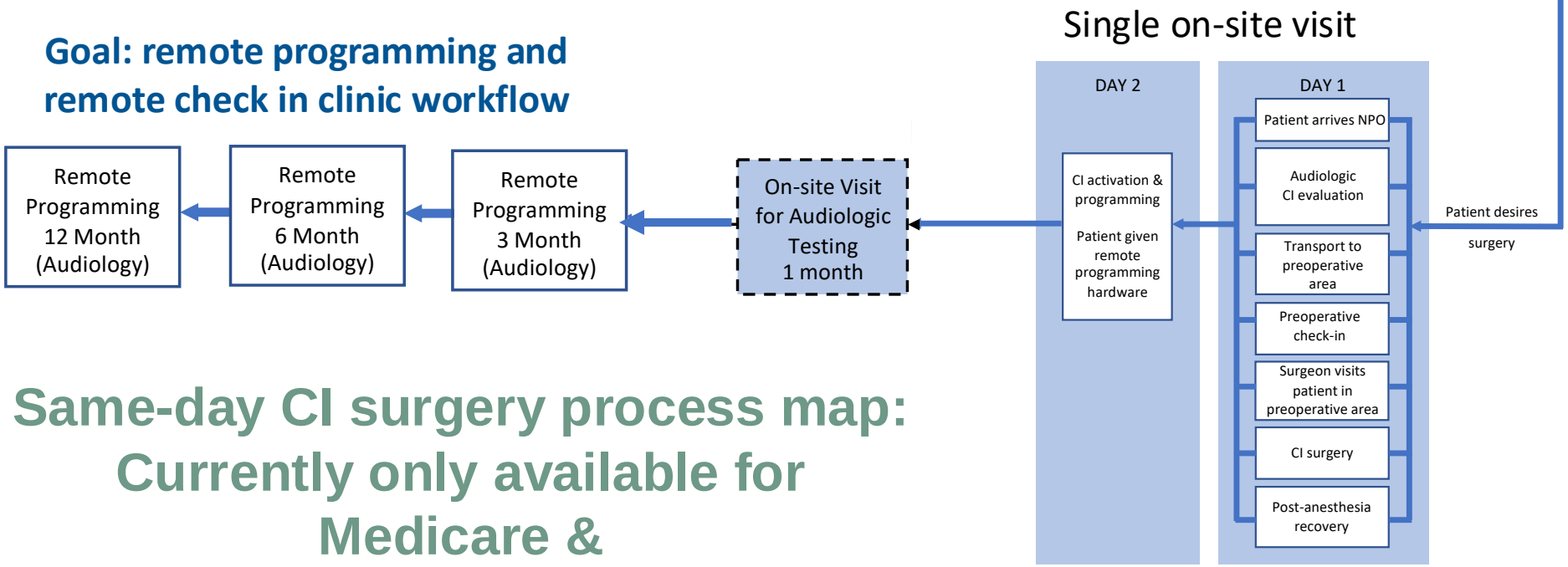
n = 414







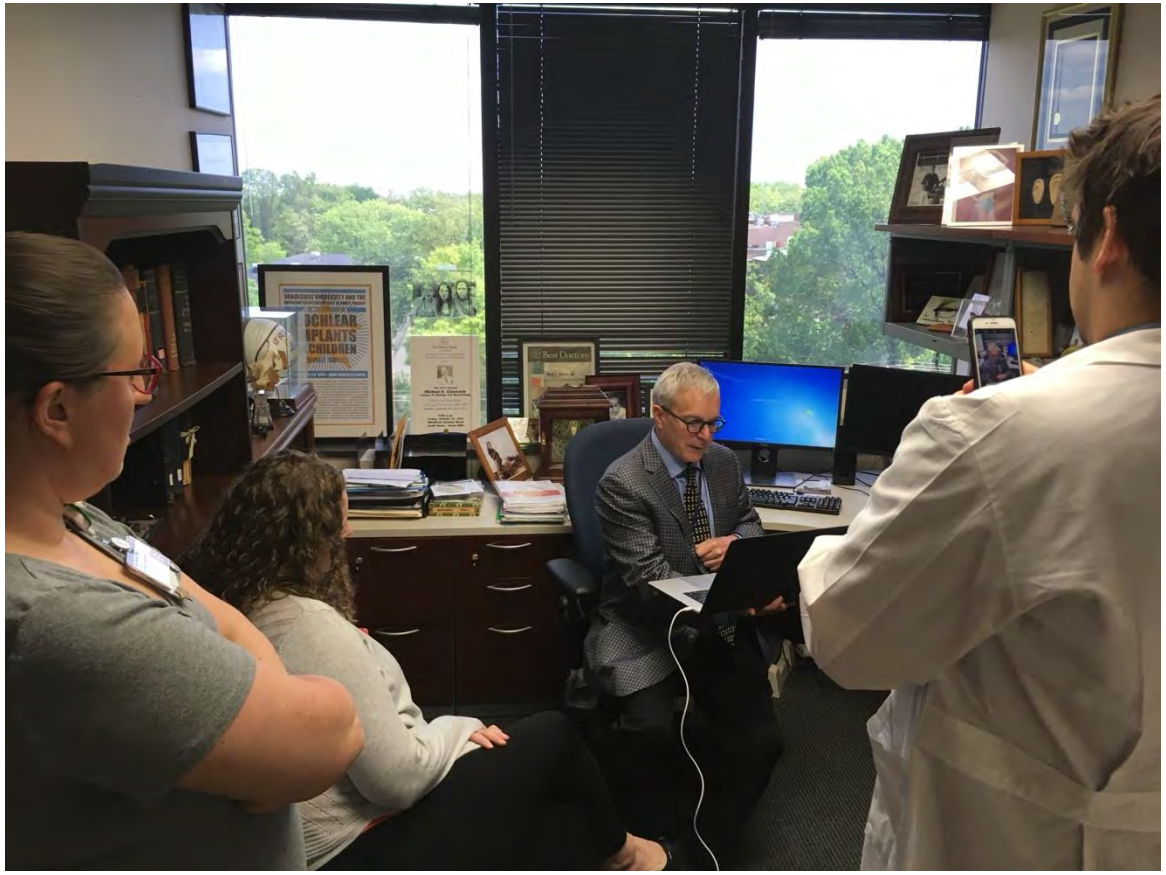
Goal: remote programming and remote check in clinic workflow

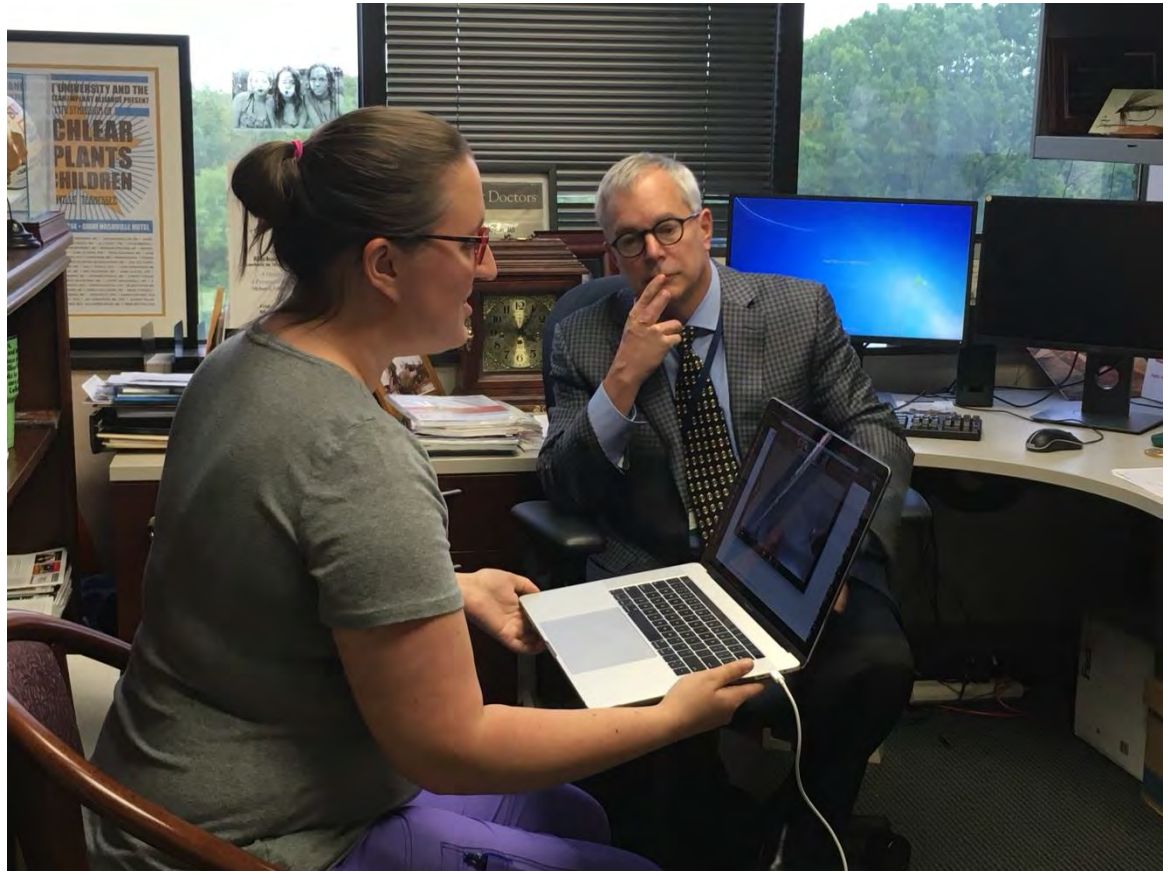


Same-day CI surgery process map: Currently only available for Medicare &

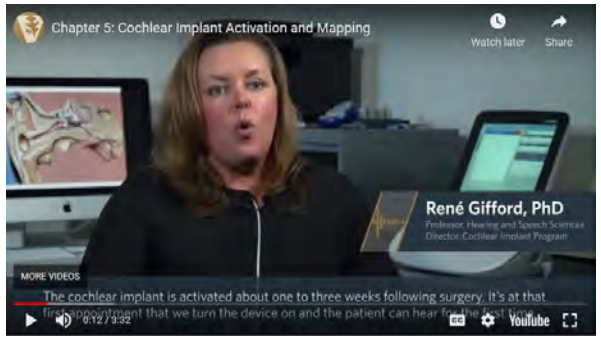
Same-day surgery & “My Hearing Health” bundle:

Communication/Telehealth





Pre-visit patient education



https://www.vanderbilthealth.com/patient-resource/cochlear-implant-educational-videos

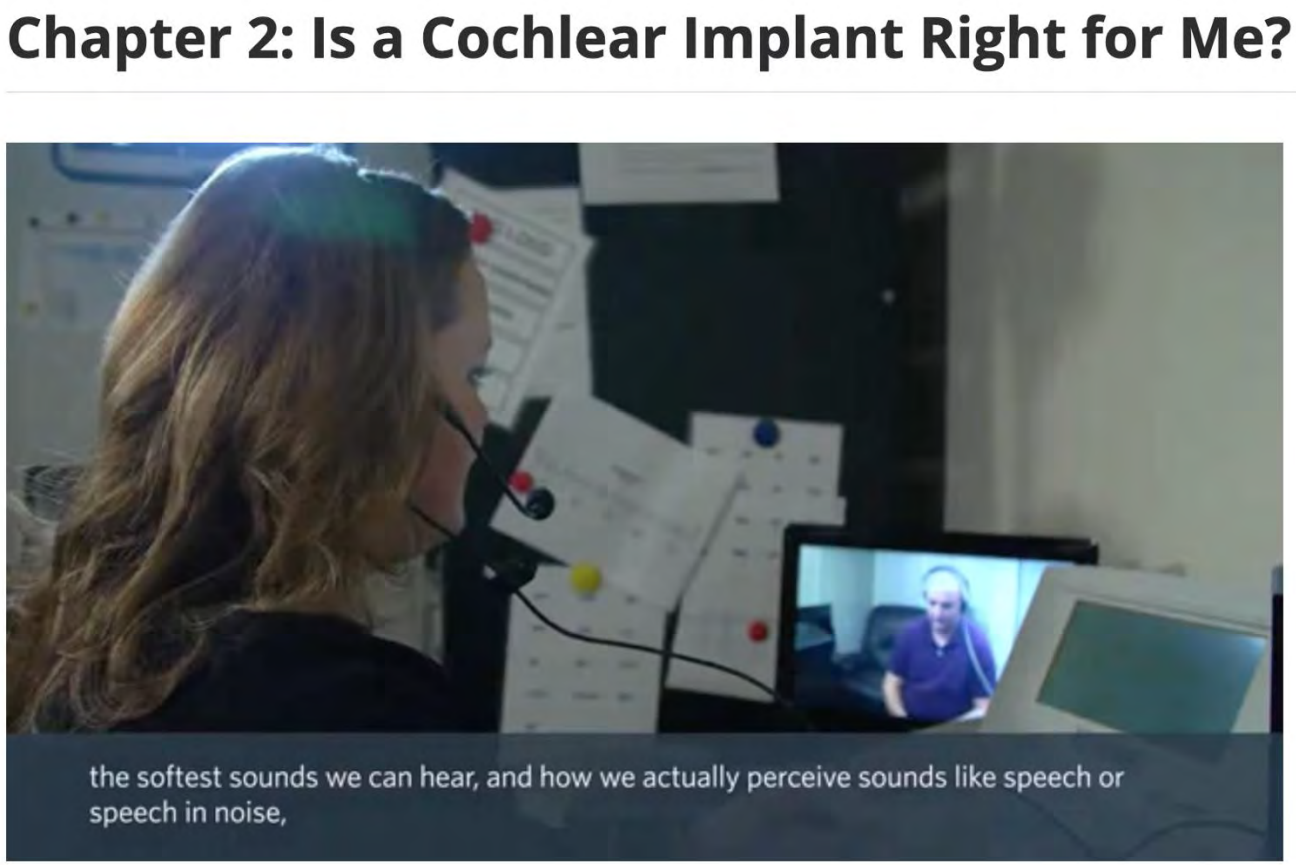
Pre-visit patient education

Chapter 1: What Is a Cochlear Implant?

4:53 min

https://www.vanderbilthealth.com/patient-resource/cochlear-implant-educational-videos

Pre-visit patient education



3:15 min

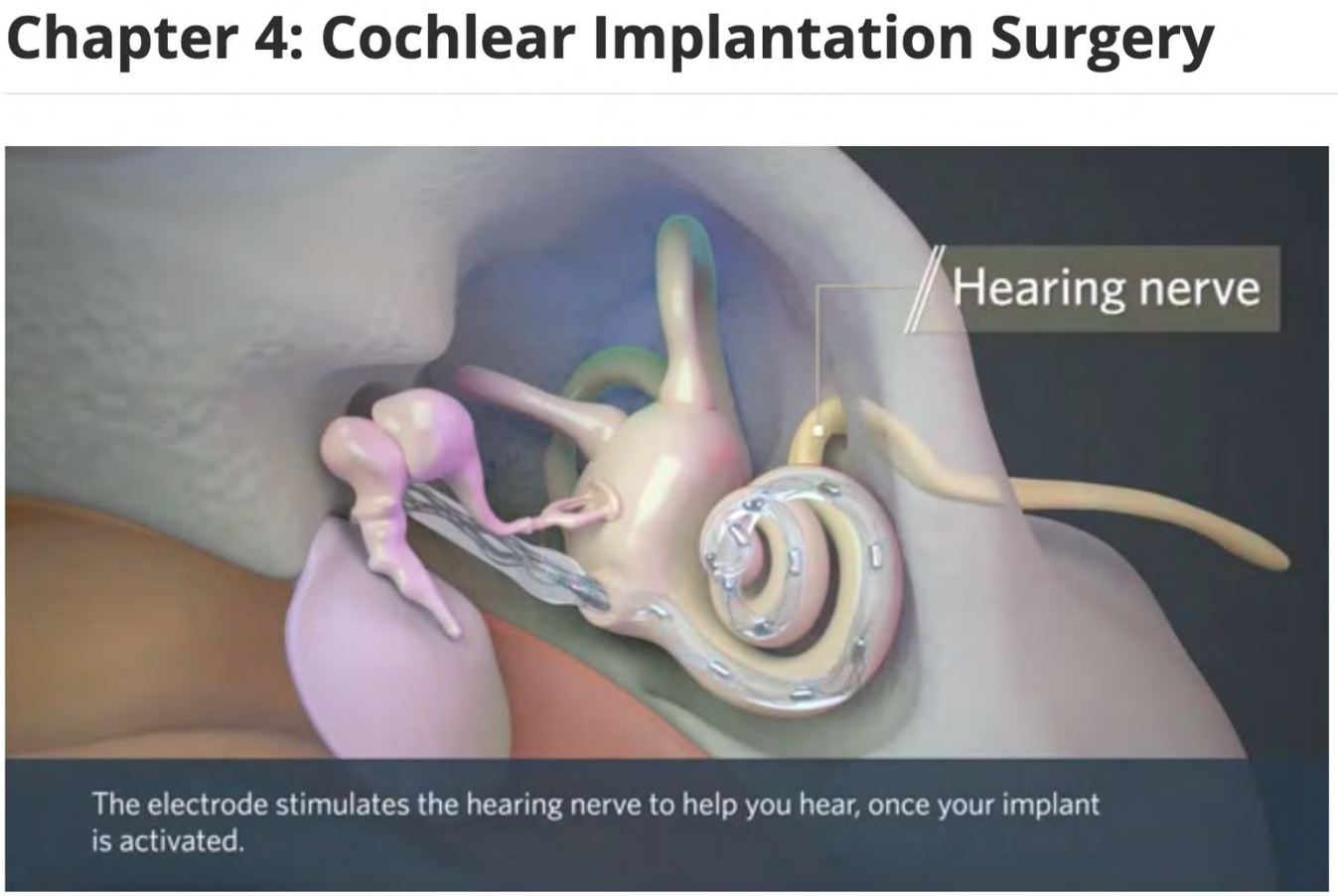
https://www.vanderbilthealth.com/patient-resource/cochlear-implant-educational-videos

Pre-visit patient education

2:44 min

https://www.vanderbilthealth.com/patient-resource/cochlear-implant-educational-videos

Pre-visit patient education



5:19 min

https://www.vanderbilthealth.com/patient-resource/cochlear-implant-educational-videos

Pre-visit patient education

3:32 min

https://www.vanderbilthealth.com/patient-resource/cochlear-implant-educational-videos

Invited Original Study

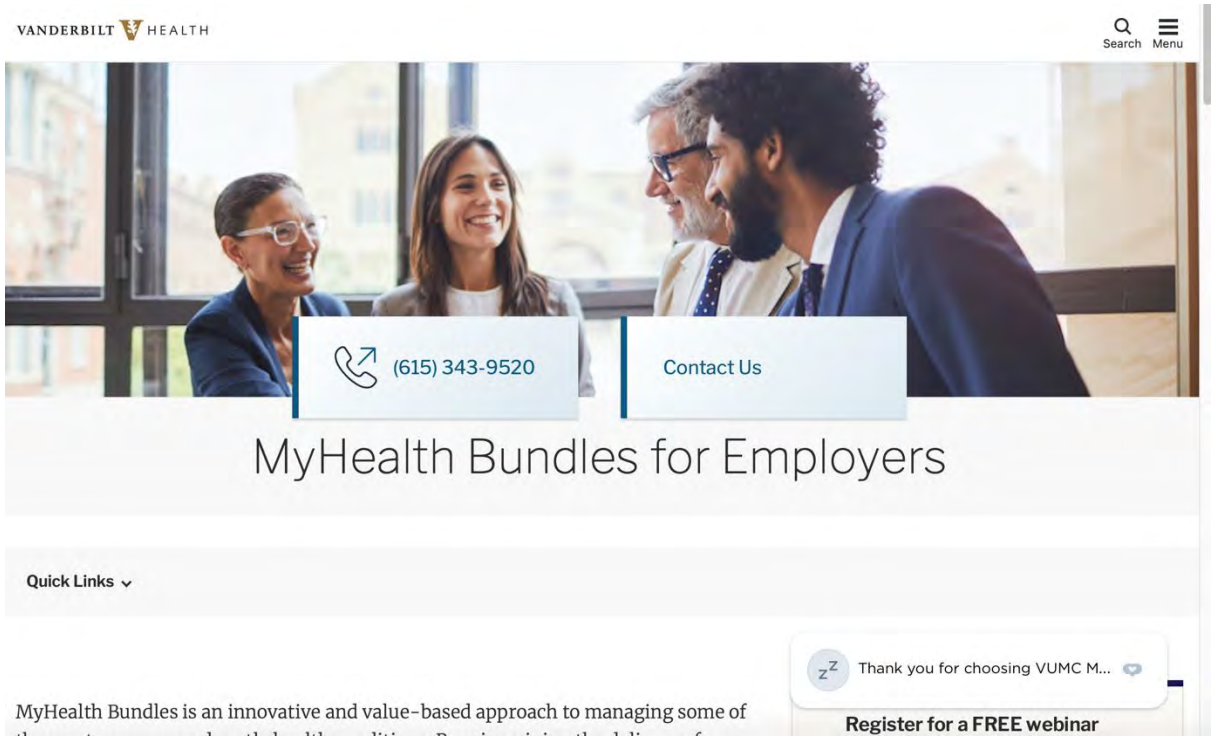
OPEN

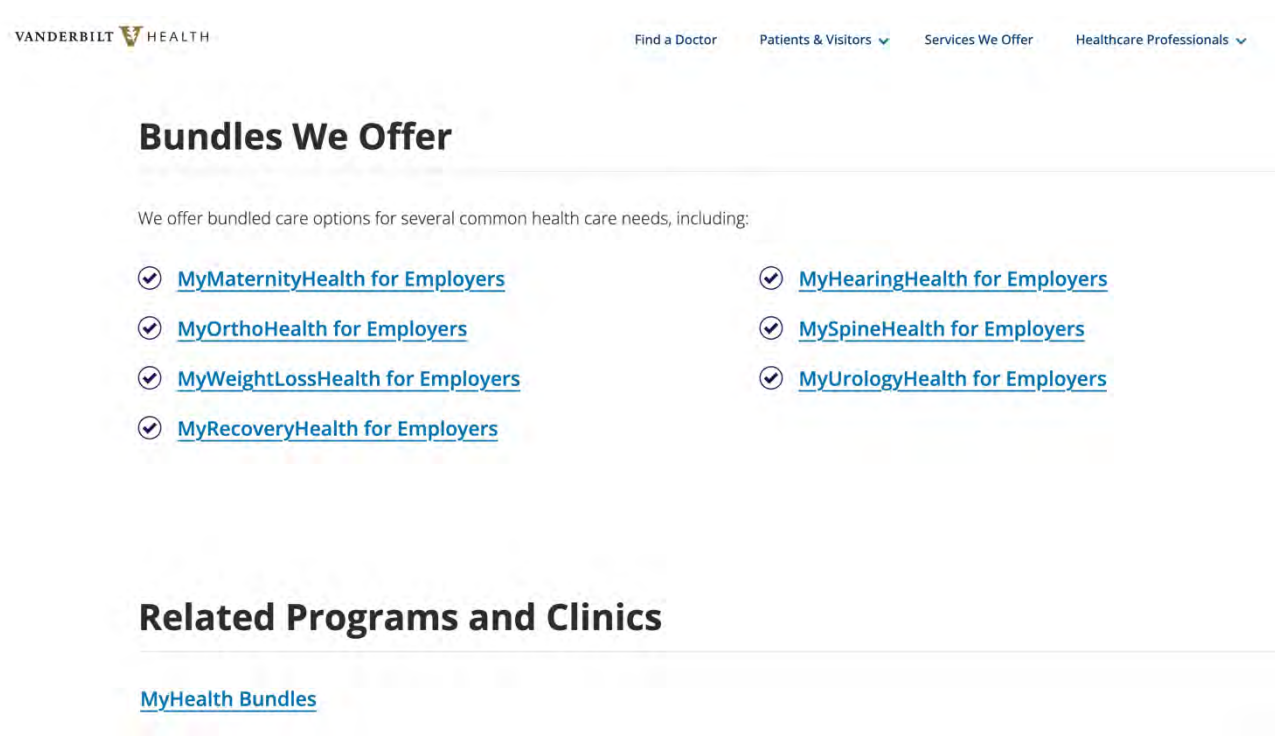
Implementation Strategy for Highly-Coordinated Cochlear Implant Care With Remote Programming: The Complete Cochlear Implant Care Model

*Ashley M. Nassiri, *Aniket A. Saoji, *Melissa D. DeJong, *Nicole M. Tombers, *Colin L. W. Driscoll, *Brian A. Neff, †David S. Haynes, and *Matthew L. Carlson

*Department of Otolaryngology—Head and Neck Surgery, Mayo Clinic, Rochester, Minnesota; and †Department of Otolaryngology—Head and Neck Surgery, Vanderbilt University Medical Center, Nashville, Tennessee

Bundled services





Single comprehensive payment covering all services associated with an ***episode of care***

Episode of care

- All services provided to treat a clinical condition or “procedure”
    - In this case, CI surgery + 3 months (medical episode of care)
- Bundled services, value-based care and insurance reimbursement

Same-Day Bundled Cochlear Implants

Current subscribers:

Vanderbilt
Nashville Metro Schools System
Gaylord Entertainment

What are your goals?

- Build a destination center? Grow your CI practice? Streamlined patient onboarding? *Significantly greater CI utilization?*
- Improved processes inside and outside the operating room?
- Process analysis to improve your care delivery model?
- Streamline your processes to prepare bundled payments?
- App-based programming and increased use of telehealth?
- Overcome IT barriers re: PHI?

Deliver care differently

VANDERBILT UNIVERSITY MEDICAL CENTER

Clinical care delivery

2011

Adults (6-7 visits in 1st year)

- Activation Day 1
- Activation Day 2 (optional)
- 1 week
- 1 month
- 3 month
- 6 month
- 12 month

Children (7-8 visits in 1st year)

- Activation Day 1
- Activation Day 2 (optional)
- 1 week
- 1 month
- 3 month
- 6 month
- 9 month
- 12 month

2016-present

Adults (3-4 visits in 1st year)

- Activation
- 1 month
- 6 month (optional)
- 12 month

2018-present

Children (4-5 visits in 1st year):

- Activation
- 1 week (optional)
- 1 month
- 3 month (optional)
- 6 month
- 12 month

VANDERBILT UNIVERSITY MEDICAL CENTER

Clinical care delivery: ADULTS

2016-April 2024

Adults (3-4 visits in 1st year)

- Activation
- 1 month
- 6 month (optional)
- 12 month

Since April 2024

Adults (2 in-person visits in year 1)

- Activation (eSRTs optional, CI-aided audiogram, unaided audiogram*)
- 1 month (eSRTs, unaided audiogram, EAS fitting, CNC in CI ear)
  - *3 & 6 months: clinician discretion*
- 12 months (programming *only if needed*, CI-aided audiogram, unaided audiogram, contra ear audiogram, EAS/HA verification)
  - Remote check?
- follow-up, as needed
  - Assuming ~260 adults/year, cutting 2 aud visits in year 1
    - Cuts 520 visits/year
      - 1040 hrs/yr for 2-hr appts
      - 780 hrs/yr for 90-min appts
      - 520 hrs/yr for 1-hr appts

*for EAS candidates

VANDERBILT UNIVERSITY MEDICAL CENTER

Clinical care delivery: CHILDREN

2018-present

Children (4-5 visits in 1st year)

- Activation
- 1 week (optional)
- 1 month
- 3 month (optional)
- 6 month
- 12 month

Protocol: "under construction"

Children (~3-4 in-person visits in year 1)

- Activation (CI-aided audiogram, if possible)
  - *1 week at clinician discretion*
- 1 month (attempt eSRTs, PMSTB word rec, CI-aided audiogram, questionnaires)
- 3 month (eSRTs if not obtained at 1 mo, PMSTB, CI-aided audiogram, questionnaires)
  - *6 month (goal: remote programming with SLP/AVT guidance; visit optional with demonstrated month-for-month growth)*
- 12 month (eSRTs if not obtained previously, PMSTB, CI-aided audiogram, questionnaires, unaided audiogram & HA verification)

*for EAS candidates

The future of clinical care delivery

Remote tools

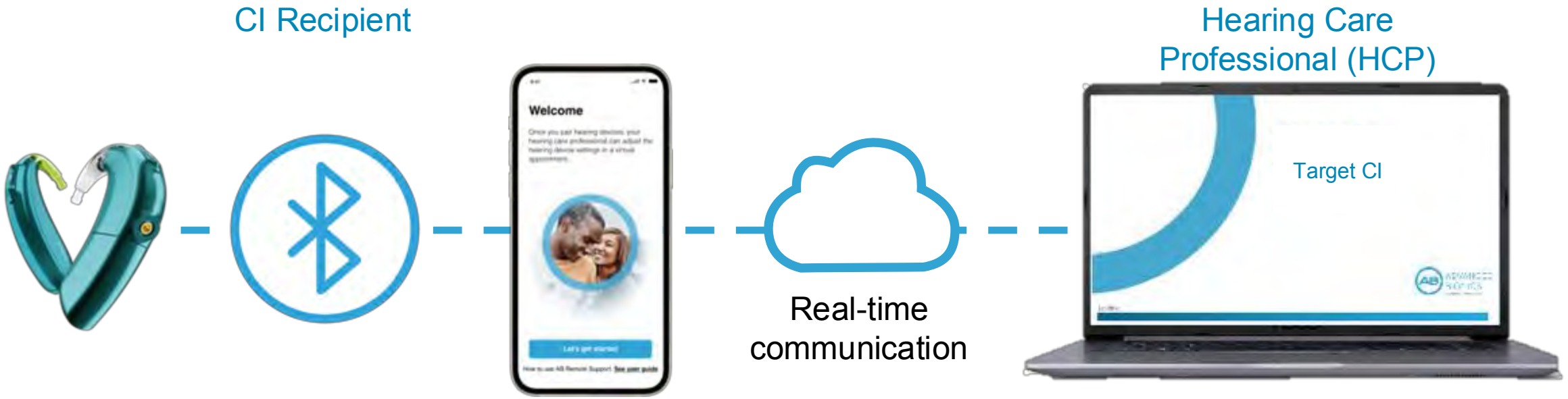
Considerations:

- Hospital vs. professional billing
- Licensure
- Patient/parent comfort with tech
- Cell phone and Wi-Fi service

Remote Programming
by Advanced Bionics

AB Remote Programming

Participating in a Remote Programming session is quick and simple.



Slide courtesy of AB

AB: Unique Remote Capabilities

AB and other manufacturers offer remote support.

1. Subjectively assess how your patient is progressing and discuss any concerns
2. Make global adjustments (master volume), bass and treble; adjustments of sound processor settings
3. Check impedances and datalogs
4. Enable Live speech

ONLY AB offers Remote Programming.

- Measure NRI
- Create a new map
- Measure upper and lower stimulation levels
- Measure sides individually for bilateral recipients
- Make advanced adjustments
- Create and download programs
- Conduct bimodal Remote Programming (CI + HA)

Slide courtesy of AB

Benefits For AB Recipients

- Access to care for those living far from their HCP
- Flexibility and convenience to accommodate busy work and school schedules
- Real-world cochlear implant adjustments
- Receive the same quality of programming without the cost and time associated with traveling
- Freedom to choose where to receive healthcare

Slide courtesy of AB

Benefits For The Professional

- Now professionals can provide service from any location
- Flexibility in scheduling appointments and potential to reduce no-show rate or late arrivals
- Opportunity to provide more patient management solutions for patients who live at a distance
- Provide programming services that are as effective as in-person appointments
- Support patients in real-life hearing environments and increase patient satisfaction

Slide courtesy of AB

Benefits to the Industry

SUSTAINABILITY

Remote Programming drives the transition to a resource-efficient future, as well as patient savings in time and costs.

DIFFERENTIATING CARE

The future of healthcare will demand that hospitals and clinics deliver better value, offer improved outcomes, and lower costs.

CLINICAL EFFICENCIES

Hearing care professionals seek significant clinical benefits, efficiency, and ease of use from new technologies.

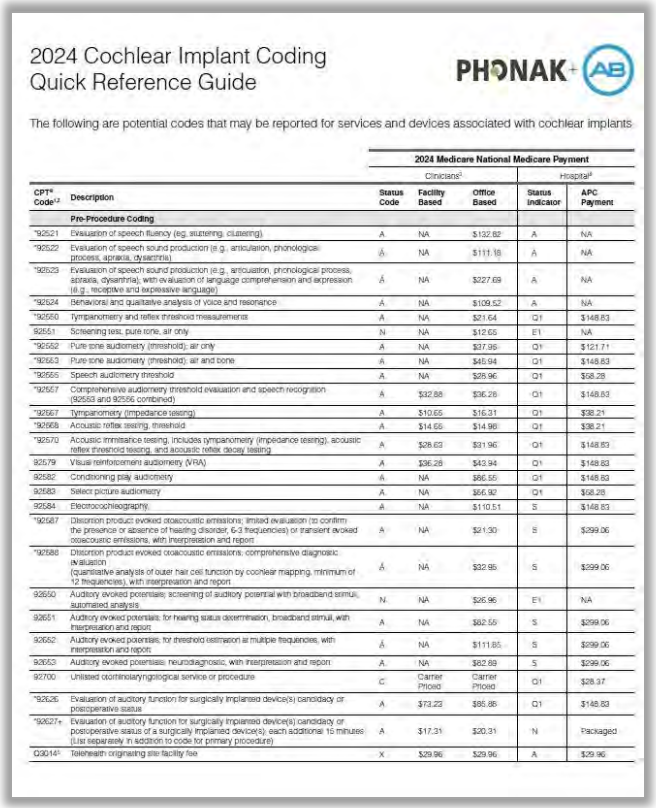
References:

https://hbr.org/2015/09/better-value-in-health-care-requires-focusing-on-outcomes
https://www.forbes.com/sites/forbesbusinesscouncil/2021/05/17/how-to-differentiate-a-medical-practice-from-the-competition/?sh=6f11ee75cf6a
https://hitconsultant.net/2019/04/01/consumerization-of-healthcare-why-differentiation-is-critical-for-clinics/

Slide courtesy of AB

Remote Programming and Reimbursement Resources

2024 Cochlear Implant Coding Quick Reference Guide



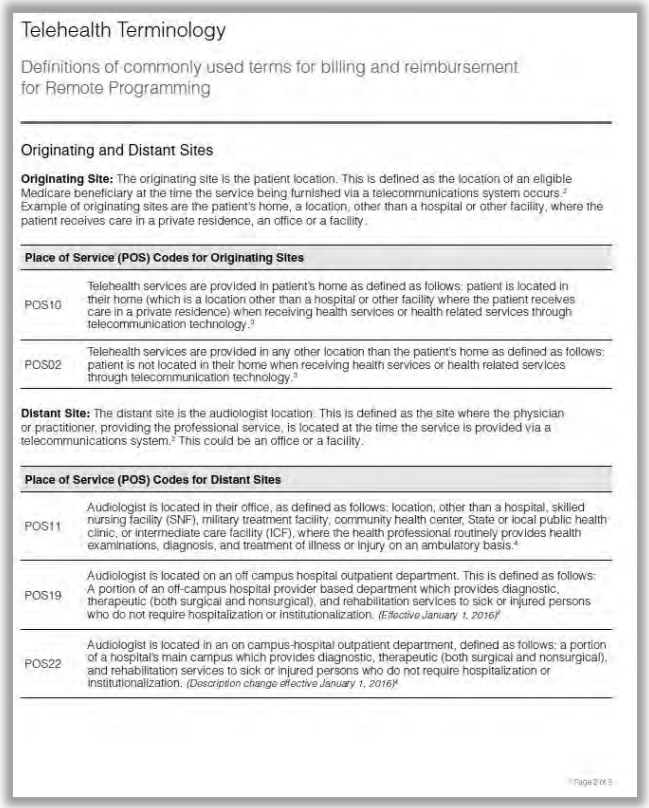
2024 Cochlear Implant Coding Quick Reference Guide

PHONAK AB

The following are potential codes that may be reported for services and devices associated with cochlear implants

		2024 Medicare National Medicare Payment				
			Clinicians[1]		Hospital[2]	
CPT® Code[1,2]	Description	Status Code	Facility Based	Office Based	Status Indicator	APC Payment
	Pre-Procedure Coding					
*92521	Evaluation of speech fluency (eg, stuttering, cluttering)	A	NA	$132.62	A	NA
*92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	A	NA	$111.18	A	NA
*92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	A	NA	$227.69	A	NA
*92524	Behavioral and qualitative analysis of voice and resonance	A	NA	$109.52	A	NA
*92550	Tympanometry and reflex threshold measurements	A	NA	$21.64	Q1	$148.83
92551	Screening test, pure tone, air only	N	NA	$12.65	E1	NA
*92552	Pure tone audiometry (threshold); air only	A	NA	$37.95	Q1	$121.71
*92553	Pure tone audiometry (threshold); air and bone	A	NA	$45.94	Q1	$148.83
*92555	Speech audiometry threshold	A	NA	$28.96	Q1	$58.28
*92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	A	$32.88	$36.26	Q1	$148.83
*92567	Tympanometry (impedance testing)	A	$10.65	$16.31	Q1	$38.21
*92568	Acoustic reflex testing, threshold	A	$14.65	$14.98	Q1	$38.21
*92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	A	$28.63	$31.96	Q1	$148.83
92579	Visual reinforcement audiometry (VRA)	A	$36.28	$42.94	Q1	$148.83
92582	Conditioning play audiometry	A	NA	$86.55	Q1	$148.83
92583	Select picture audiometry	A	NA	$66.92	Q1	$58.28
92584	Electrocochleography	A	NA	$110.51	S	$148.83
*92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 6-3 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	A	NA	$21.30	S	$299.06
*92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	A	NA	$32.95	S	$299.06
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	N	NA	$26.96	E1	NA
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	A	NA	$82.55	S	$299.06
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	A	NA	$111.85	S	$299.06
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	A	NA	$82.89	S	$299.06
92700	Unlisted otorhinolaryngological service or procedure	C	Carrier Priced	Carrier Priced	Q1	$28.37
*92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status	A	$73.23	$85.86	Q1	$148.83
*92627+	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s), each additional 15 minutes (List separately in addition to code for primary procedure)	A	$17.31	$20.31	N	Packaged
G0410[1]	Telehealth originating site facility fee	X	$29.96	$29.96	A	$29.96

Remote Programming Coding Guide for Reimbursement from Medicare and Other Plans



Telehealth Terminology

Definitions of commonly used terms for billing and reimbursement for Remote Programming

Originating and Distant Sites

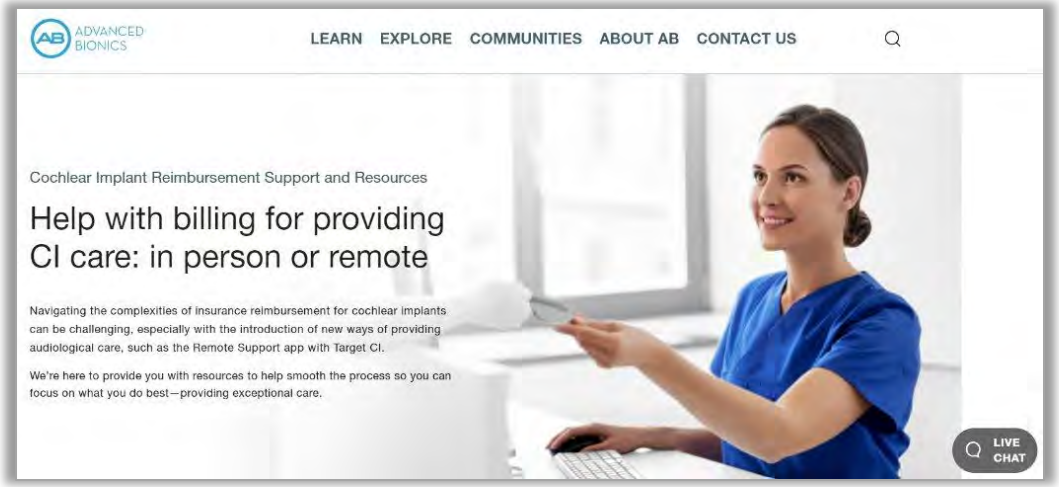
Originating Site: The originating site is the patient location. This is defined as the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs.[2] Example of originating sites are the patient's home, a location, other than a hospital or other facility, where the patient receives care in a private residence, an office or a facility.

Place of Service (POS) Codes for Originating Sites	
POS10	Telehealth services are provided in patient's home as defined as follows: patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.[3]
POS02	Telehealth services are provided in any other location than the patient's home as defined as follows: patient is not located in their home when receiving health services or health related services through telecommunication technology.[3]

Distant Site: The distant site is the audiologist location. This is defined as the site where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system.[2] This could be an office or a facility.

Place of Service (POS) Codes for Distant Sites	
POS11	Audiologist is located in their office, as defined as follows: location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.[4]
POS19	Audiologist is located on an off campus hospital outpatient department. This is defined as follows: A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. *(Effective January 1, 2016)*[4]
POS22	Audiologist is located in an on campus-hospital outpatient department, defined as follows: a portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. *(Description change effective January 1, 2016)*[4]

Dedicated web page on billing for CI care



Slide courtesy of AB

SUMMARY

- Poor CI utilization
- Typical clinical protocol: 12+ clinic visits from pre-op → 12 months
- Optimization of clinical protocols
  - eliminate follow-up visits that are not evidence based
  - **remote programming!!**
  - time for new and complex patients

Benefits patients, clinic, health care economy, etc.

- Evidence-based CI programming →
  - superior auditory outcomes
  - fast track to max performance
  - free-up schedule
  - “top of license”

Thomas Balkany Institute for Cochlear Implant Training

Cochlear Implant Team Efficiency Course

Best Practices For Cochlear Implant Programs

January to September, 2025

Course Director

Sarah Sydlowski, AuD, PhD, MBA

Director, Hearing Implant Program Associate Chief Improvement Officer Cleveland Clinic

cochlearimplanttraining.com

CI Team Efficiency

Learn to analyze your CI program and to implement best practices for improving

- PROGRAM OUTCOMES
- PATIENT EXPERIENCE
- TEAM SATISFACTION

CI Surgeons

Audiologists

Administrators

Advanced Bionics Virtual Workshop Series: Empowered Patients. Efficient Practices.

Topics include:

- Continuous Clinical Improvements
- Candidacy and Evaluation
- Surgery and Activation
- Digital Solutions for Personalized Patient Care
- Cracking Coding and Reimbursement in the US

Thank you!

Questions?

Comments?

Thank you!

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

https://forms.office.com/e/Dh2rYD4jbW