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Decoding the New Hearing Device Services: Real-World Applications, in partnership with the American Academy of Audiology

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Annette A. Burton is the Director of the Easterseals Center for Better Hearing in Connecticut. Dr. Burton currently serves on the Practice Policy Advisory Committee for the American Academy of Audiology. Dr. Burton currently serves as the CPT (HCPAC) advisor for the American Medical Association, representing the profession of audiology. She is a past chair of the American Academy of Audiology's Coding and Reimbursement Committee and continues to serve in an advisory role for this committee.

Dr. Burton has a passion for her patients and all things related to audiology coding and reimbursement. She has authored and co-authored numerous articles, educational guides and has presented regularly on various topics related to coding and reimbursement.

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Erin L . Miller, AuD, is a Professor of Instruction and the Audiology Graduate Coordinator at the University of Akron. She also serves as the Clinical Education Coordinator for the Northeast Ohio Au.D. Consortium (NOAC). Dr. Miller is a past president of the American Academy of Audiology (AAA), the Ohio Academy of Audiology, and the Northern Ohio Academy of Audiology and chaired legislative committees at the state and national level.

Dr. Miller continues to serve the profession as a member of the Board of Directors of the Hearing Health Collaborative, a steering committee member for the Audiology Clinical Education Network, and as a member of the AAA Practice Policy Advisory Committee. She was appointed by the AAA Board of Directors to serve as the audiology advisor to the American Medical Association RUC HCPAC.

Disclosures

- **Presenter Disclosure**: Financial: Annette A. Burton is employed by Easter Seal Rehabilitation of Greater Waterbury, CT. She received an honorarium for presenting this course. Non-financial: Annette A. Burton is a member of the American Academy of Audiology (AAA), American Speech-Language-Hearing Association, the AAA Practice Policy Advisory Committee, and AMA CPT/HCPAC Advisory Committee. Financial: Erin Miller is employed by the University of Akron. She received an honorarium for presenting this course. Non-financial: Erin Miller is a member of the American Academy of Audiology (AAA), a member of the AAA Practice Policy Advisory Committee, a member of the RUC HCPAC Review Board (Audiology Advisory); Secretary, Board of Directors, Hearing Health Collaborative; Steering Committee, Audiology Clinical Education Network.
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- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Outcomes

After this course, participants will be able to:

- Describe the twelve new CPT® codes for hearing device services.
- Explain the rationale, development process, and evolution from legacy codes to the modernized code set.
- Accurately select and document hearing device service codes according to clinical scenarios to ensure effective implementation in clinical practice.

Setting the Stage

Rationale, issues with legacy codes, development process and evolution from legacy codes to the modernized code set

Issues with legacy hearing aid codes

- No vignette or description of service (DOS)
  - DOS describes the “work” performed by the audiologist/professional
  - Resulted in:
    - Challenges for payers (and other professionals) to appreciate “work” involved
    - Difficult to advocate for reimbursement of services with no codes descriptors

92590 – Hearing aid examination and selection; monaural
92591 – Hearing aid examination and selection; binaural
92592 – Hearing aid check; monaural
92593 – Hearing aid check; binaural
92494 – Electroacoustic analysis for hearing aid; monaural
92595 – Electroacoustic analysis for hearing aid; binaural

Why develop new hearing aid codes?

- Increase in Medicare Part C plans with supplemental HA coverage
- Growing audiology community concerns regarding recognition of hearing aid services by third-party administrators managing device(s) and services reimbursement
- H.R. 5376 - Build Back Better legislation (late 2021) that included language for coverage of hearing aids for Medicare beneficiaries
  - Passed out of house, included federal funding

Creating the Modernized Code Set

- Advice from coding professionals/experts
- Input from audiology societies representing segments of the profession
- Collaboration of clinical experts providing the service, across the lifespan
- Evidenced based practice standards and guidelines created structure
- Practice analyses helped establish current practice

Quiz Hint

Q2

Diagnostic vs. Evaluative and Therapeutic Svcs

- Very familiar with diagnostic CPT® codes
  - “Audiologic Function Tests” subsection (CPT® manual)
  - Precise in what must be provided
- New hearing aid services codes
  - “Evaluative and Therapeutic Services” subsection
  - Greater flexibility for clinical decision making

92557: Description and Time

Pre-service time: Briefly review referral, set up for test *(3 minutes)*

Intra-service time: Complete PT A/B, SRT & WRS *(20 minutes)*

Post-service time: Briefly review results, complete medical report & send to referring physician *(5 minutes)*

92628 (Hearing Aid Candidacy): Description (30 minute)

Pre-service time: Review of audiologic function tests and prior medical information

Intra-service time: Focused medical HX, perception of HL, impact on communication, and goals for Tx. Questionnaires, any additional testing (e.g., LDLs, SIN, etc.). Results discussed, overview of Tx plan.

Post-service time: Prepare report of outcomes of selection process and document encounter in the medical record

CPT® and V-Code Comparison

- Current Procedural Terminology Codes
  - medical code set used to report medical, surgical, and diagnostic procedures and services
  - uniform language for communicating information about medical services and procedures
  - Developed and owned by the AMA
- V-Codes (HCPCS Level II)
  - used to identify products, supplies, and services not included in the CPT standardized coding system
  - HCPCS codes are owned in the public domain, created by Centers for Medicare and Medicaid Services

CPT® and V-Code Comparison

- V-Codes (HCPCS Level II) **HAVE NOT** been changed
- CPT codes are created for **professional services**
  - Few V-codes for HA related services
  - All future professional service codes must be developed through the CPT process

Code Valuation

- Neither legacy or new hearing aid services codes were valued through the AMA RUC process
  - Not required as codes are not covered by CMS
  - Will need to advocate for carrier pricing

Payer Adoption

- Will take time
  - Often months (sometimes years) for adoption of new CPT codes
- Some payers will not choose to utilize the CPT codes, will continue to use available V-Codes
- Payer advocacy to be discussed later in presentation

Hearing Aid Services Codes

Reflection of the patient journey with air conduction hearing aids

Phases of Care

Candidacy

Selection

Fitting

Follow-Up

In-depth Review of Hearing Aid Services Codes

Hearing Aid Candidacy

- 92628 – Evaluation for hearing aid candidacy, unilateral or bilateral, first 30 minutes

- +92629 – each additional 15 minutes

Hearing Aid Selection

- 92631 – Hearing aid selection services, unilateral or bilateral, first 30 minutes

- +92632 – each additional 15 minutes

Hearing Aid Fitting

- 92634 – Hearing aid fitting services, unilateral or bilateral, first 30 minutes

- +92635 – each additional 15 minutes

Hearing Aid Post Fitting Follow-up

- 92636 – Hearing aid post fitting follow-up services, unilateral or bilateral, first 30 minutes

- +92637 – each additional 15 minutes

3 Verification Codes

- +92638 – Behavioral verification of amplification
- +92639 – Hearing aid measurement, verification with probe microphone
- 92641 – Hearing device verification, electroacoustic analysis

Hearing assistive device supplemental fitting

- 92642 – Hearing assistive device, supplemental technology fitting services

Use of Timed-Codes and Documentation

Timed Codes

CPT Code	Service Descriptor	Time in Code (minutes)	Time range needed to report (minutes)
92628	Evaluation for hearing aid candidacy	30	16 - 37
+ 92629	Evaluation for hearing aid candidacy	15	Each additional 15 minutes starting at 38 minutes
92631	Hearing aid selection services	30	16 - 37
+ 92632	Hearing aid selection services	15	Each additional 15 minutes starting at 38 minutes
92634	Hearing aid fitting services	60	31 - 67
+ 92635	Hearing aid fitting services	15	Each additional 15 minutes starting at 68 minutes
92636	Hearing aid post fitting follow-up services	30	16 - 37
+92637	Hearing aid post fitting follow-up services	15	Each additional 15 minutes starting at 38 minutes

Accounting for time

- Included activities on the date of the encounter
  - Before – reviewing the medical record
  - Eligible activities during the encounter
  - Documentation of the encounter

- Minimum time (50% + 1 minute)
  - 60 min code, minimum = 31 minutes
  - 30 min code, minimum = 16 minutes
  - 15 min code, minimum = 8 minutes

Multiple code examples – same date of service

92631 Hearing aid selection and 92634 Hearing aid fitting.

- Activities unique to each service need to be accounted for independently.
- Minimum time for each code must be reached to report both codes = 47 mins (16 base min 92631 + 31 base min 92634)

92628 Hearing aid candidacy and 1 unit add on + 92629.

- Minimum time to report both codes = 38 mins. (30 base full 92628 + 8 min 92629)

Multiple code examples – same date of service

92628 hearing aid candidacy and 2 units of +92629 add-on

- Minimum time to report = 53 mins. (92628 full 30 minutes) + (1 unit 92629 full 15 minutes) + (1 unit 92629 minimum 8 minutes)

Documentation for timed codes

- Only include activities that cannot be identified with another CPT/HCPCS code
- Medical record should provide a clear picture of the entire encounter
- Vague references such as just a start and stop time should be avoided. (what did you do during that time?)
- Follow your organization or specific payer guidance (e.g. including actual time or EMR time stamps) if that is required.

Documenting various elements

- Activities performed in the encounter
  - Narrative and findings (what was done, outcome)
- Objective measures
  - Test scores, graphs, printouts, interpretation of results
- Informal assessments
  - Narrative of findings
- Treatment recommendations and plans

Timed code with no other codes

“Total time spent for [**insert patient’s name**] evaluation for hearing aid candidacy today was [**x minutes**]. This includes time spent before the visit reviewing the chart, time spent during the visit, and time spent after the visit on documentation….”

Timed code with other codes

“Total time spent for [**insert patient’s name**] hearing fitting encounter today was [**x minutes**]. This includes time spent before the visit reviewing the chart, time spent during the visit, and time spent after the visit on documentation….”

“Total time excludes the time spent performing probe microphone verification.”

Clinical Treatment Scenarios

Examples of code use across services and lifespan

Evaluation for Hearing Aid Candidacy

Case Detail:

- 68 y.o. male patient initially seen for audiologic evaluation
- Pt. reports family noticing not hearing as well, experiencing intermittent “ear popping/crackling”
- Negative for middle involvement, results indicate moderate SNHL; *candidate for amplification*

Initial evaluation included Audiologic Function Tests:

- Report Codes:
  - **92557** - Comprehensive audiometry threshold evaluation and speech recognition assessment
  - **92567** - Tympanometry

Evaluation for Hearing Aid Candidacy

<u>Complete initial encounter for Dx Testing:</u>

- Following brief review of DX results, patient wants to explore treatment options

- ***Evaluation for Hearing Aid Candidacy, 92628 begins:*** ***(start monitoring time)***
  - Patient completes HHIA
  - Perform Loudness Discomfort Testing at 500, 2000, and 4000 Hz in each ear
  - Perform speech-in-noise testing (QuickSIN) in each ear & binaurally

Evaluation for Hearing Aid Candidacy

- Synthesize results of Dx evaluation and candidacy tests (LDL's and QuickSIN) and questionnaire, reviewed with patient
- Patient counseled on impact of loss on communicative function and overall health (psychosocial implications, etc.)
- Overview of patient's recommended plan of care and hearing device treatment options discussed; patient/family/caregiver questions answered
- ***Patient reports not ready to pursue amplification at this time; may consider in future***

Evaluation for Hearing Aid Candidacy

- Finalize Appointment/Encounter:
  - Outcome of candidacy evaluation (including test data collected, etc.) documented in medical record
  - Patient/family/caregiver provided with information on hearing aid selection services

92628 (+92629): Evaluation for Hearing Aid Candidacy

- Time spent during encounter (includes additional tests, counseling, answering patient questions, etc.) **40 minutes**
- Codes reported:
  - **92628 Evaluation for hearing aid candidacy (30 minutes)**
  - **+92629 (each additional 15 minutes)**
    - Met minimal threshold of 38 minutes

Documentation of Encounter

- *Total time spent caring for [68 y.o. patient] today was 40 minutes. This includes time spent before the visit reviewing the patients medical chart including prior diagnostic testing, time spent during the visit completing and reviewing patient questionnaire, speech-in-noise and LDL testing, review of results with the patient and counseling regarding treatment options and time spent after the visit completing documentation in the medical record.*

Hearing Aid Candidacy

9-year-old male, recently acquired unilateral sensorineural hearing loss, right ear, referred for hearing aid candidacy evaluation.

Hearing Aid Candidacy

- Review the referral information (ENT notes, audiologic testing, imaging report).
- Otoscopy
- Focused medical history from family/patient
- Discussion of any perceived hearing difficulties
- Unaided speech in noise testing

Hearing Aid Candidacy

- Reviews with patient/family previous initial findings, current test results and discuss impact of SSD.
- Demonstration of CROS including aided speech-in-noise testing
- Discuss results and options for treatment.
- Answer any additional questions

Family would like to proceed. Appointment made for selection.

Hearing Aid Candidacy

Total time for the encounter 53 minutes

Codes to Report:

1 unit – 92628 (30 minutes)

2 units – 92629 (15 + 8 minutes)

Hearing Aid Candidacy – Documentation

Typical narrative of what happened in the encounter, include any test scores performed, recommendations, plan and outcomes.

*Total time spent for [**insert patient's name**] evaluation for hearing aid candidacy today was [**53 minutes**]. This includes time spent before the visit reviewing the chart, time spent during the visit, and time spent after the visit on documentation.*

Hearing Aid Selection

80-year-old male, moderate bilateral sensorineural hearing loss seen for a hearing aid selection visit following candidacy evaluation from a different provider.

Hearing Aid Selection

- Review the medical record, (audiogram, LDL's, and SIN test results)
- Otoscopy
- Focused medical history (includes reported neuropathy in hands and limited shoulder mobility)
- Hearing needs assessment, hearing goals (e.g. difficulty on cellphone, TV too loud, unable to hear wife)

Hearing Aid Selection

- Reviews previous test results with patient.
- Discuss extent of hand and shoulder issues, type of phone
- Discuss style of devices and beneficial features.
- Recommendations and mutual decision. (rechargeable HS)
- Ear Impressions taken

Hearing Aid Selection

Total time for the encounter 65 minutes

HAS = 55 minutes, Ear Impressions = 10 minutes

Codes to Report :

1 unit – 92631 (30 minutes)

2 units - 92632 (15 + 10 minutes)

2 units - V5275 (10 minutes, time excluded)

Hearing Aid Selection – Documentation

Typical narrative of what happened in the encounter, recommendations and outcomes.

*Total time spent for [**insert patient's name**] hearing aid selection encounter today was [**55 minutes**]. This includes time spent before the visit reviewing the chart, time spent during the visit, and time spent after the visit on documentation.*

Total time excludes the time spent performing ear impressions.

Hearing Aid Fitting Services

Case Detail:

- 74 y.o. male patient returns to your office for fitting of monaural right hearing aid
- Moderate sloping to moderately-severe SNHL right ear, good WRS
- Severe to profound SNHL left ear, poor WRS
- Patient considering CI for left ear

Encounter Detail: (monitoring of time begins at start of encounter)

- Provider inspects device for conformity of the selection recommendations
- Otoscopy completed, provider determines physical fit of earmold
- Patient reports tight, uncomfortable; ear mold modified for comfort
- Physical fit ensured post modification, device connected via manufacturer software

Hearing Aid Fitting Services and Verification

- Continuation of encounter detail:
  - Run feedback manager per manufacturer recommendations; device programmed to selected prescriptive formula
  - Simple verification of sound quality, loudness judgment rating for speech, and/or patient perceived improved speech intelligibility determined
- ***Formal verification completed*:**
  - **Completed probe mic measurements (reported separately) right ear only**
  - Programming adjustments may be made based on verification procedures completed

Hearing Aid Fitting Services

- Continuation of encounter detail:
  - Feature settings reviewed and adjusted
  - Determine need for additional program memories for different listening environments
  - Finalize settings saved
  - Orient patient/family/caregiver to device
  - Demonstrate and train patient regarding cleaning, maintenance, battery charging (or replacement), insertion, removal, and use of the device

Hearing Aid Fitting Services

- Continuation of encounter detail:
  - Connect and verify hearing aid to telecommunication device, orient on use
  - Counsel regarding effective communication strategies, techniques to maximize effectiveness of the aid, and realistic expectations
  - Answers additional questions from the patient/family/caregiver
  - Document outcomes of the fitting encounter in the medical record
  - Patient provided with information on follow-up services/return

Quiz Hint

Q3, Q4

92634: Hearing Aid Fitting Services

- Time spent during encounter **62 minutes**
- Codes reported:
  - **92634 Hearing aid fitting services (60 minutes)**
    - 54 minutes for HAF
  - **+92639 (verification with probe-microphone)**
    - 8 minutes for probe-mic verification
    - Use -52 modifier, performed on right ear only

Documentation of Encounter

Total time spent caring for [74 y.o. patient] today was 54 minutes. This includes time spent before the visit reviewing the patient's medical chart and conformity of selection recommendations, time spent during the visit including otoscopy, which revealed minimal cerumen with visible landmarks; ensuring physical fit which required modification of canal circumference and helix area for comfort, programming and adjustments of device, orientation to and training for cleaning and care, charging, and connection to smart phone. Review of communication strategies, techniques to maximize monaural fitting and realistic expectations were discussed. Time also includes documentation of the visit in the medical record. Please note, total time excludes the time for completing probe mic measures, 92639.

Hearing Aid Post-Fitting Follow-Up Services

55-year-old female received hearing aids several years ago. They feel that they are not hearing as well when she first received them.

She also is having difficulty with her phone as it no longer seems to connect with the app.

Hearing Aid Post-Fitting Follow-Up Services

- Review previous medical record.
- Targeted focused history relating to chief complaints
- Otoscopy
- Audiogram. (92557)
- Discuss hearing test results – decrease in hearing noted
- Hearing aids examined (wax filters, domes changed, listening check)
- Connect to Noah and manf. Module
- Data logging reviewed
- Firmware update
- Re-programming for change in hearing.

Hearing Aid Post-Fitting Follow-Up Services

New settings verified using probe mic measures (+92639)

Verification of sound quality, comfort and loudness

Cleaning and replacement of filters and domes reviewed

Reconnect to app, review of additional features

Answer questions

Hearing Aid Post-Fitting Follow-Up Services

Total time for visit = 62 minutes

Total time for post fitting follow-up service = 23 minutes

Codes to report:

92557 (25 minutes, time excluded) *

92636 (23 minutes)

+93693 (14 minutes, time excluded) *

* Not time based

Hearing Aid Post-Fitting Follow-Up Services

Documentation

Narrative- Reason for the visit, chief complaint. What happened during visit visit. Audiogram performed (results), activities involving the hearing aid (clean, check, review of data logging, programming), probe mic verification (results), re-connection of phone and app. counseling and education.

Medical record: narrative (supports all activities of encounter, audiogram w/ report, probe mic measure print out.

Documentation

Typical narrative of what happened in the encounter, recommendations and outcomes.

*Total time spent for [**insert patient's name**] a hearing aid post-fitting follow up encounter today was [**23 minutes**]. This includes time spent time spent during the visit, and time spent after the visit on documentation related to post-fitting follow up.*

Total time excludes the time spent related to performing audiogram and probe mic verification.

Hearing Aid Post-Fitting Follow-Up Services

Case Detail:

- 82 y.o. female patient returns 13 months post-fitting
- Reports aids not functioning as well, inability to maintain consistent Bluetooth communication

Monitoring of time begins at start of encounter:

- Otoscopy completed: clear canals, visible landmarks, healthy ear
- Initial routine listening check reveals aids weak, not providing sufficient gain for patients HL

Hearing Aid Post-Fitting Follow-Up Services

- Details of encounter:
  - Aids checked, indicate partially blocked wax guards bilaterally
  - Wax guards replaced aids are cleaned and checked
  - Post cleaning listening check reveals good function; patient reports same, noticeable improvement
  - Aids connected to manufacturer software, Firmware updated; after disconnect patient checks Bluetooth connection and is functioning
    - Check datalogging to ensure consistent use and if any additional adjustments may be warranted
  - Review findings, reinstruct on replacement of wax guards and what to monitor

92636: Hearing Aid Post-Fitting Follow-Up Services

- Time spent during encounter: **23 minutes**
- Code(s) reported:
  - **92636 (30 minutes)**
    - Met minimal threshold of 16 minutes

Documentation of Encounter

- *Total time spent caring for [82 y.o. patient] today was 23 minutes. This includes time spent before the visit reviewing the patient's medical chart, time spent during the visit determining current benefit and issues with devices; otoscopy, which revealed clean canals with visible landmarks; and a listening check which indicated the aids were weak. Evaluation of the aids revealed wax guards were plugged. Wax guards were changed and the devices cleaned. Post cleaning listening check revealed good function. Firmware was updated which resolved patient concerns regarding Bluetooth connection. Time also includes documentation of the visit in the medical record.*

Key Takeaways

Summary and Key Takeaways

- **No change** to the current HCPCS Level II V-Codes
- Payers rarely have all CPT updates fully integrated in January
  - Not every payer will implement the newly released CPT codes
  - What is not a covered service may be self-pay
  - Review resources available to assist with payer advocacy

Summary and Key Takeaways

- Different acceptable methods of documenting for time
- These codes were designed to provide clinical flexibility. **Everything in the descriptor does not need to be performed**. Perform what is necessary and appropriate for the patient.

Resources and References

Resources Available

American Academy of Audiology

- https://www.audiology.org/practice-resources/coding/hearing-device-services-codes-resource-center/
- Email: reimbursement@audiology.org

American Speech-Language-Hearing Association

- https://www.asha.org/practice/reimbursement/coding/new-hearing-device-services-codes-modernizing-audiologic-services/
- Email: reimbursement@asha.org

Thank You

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