

# Codes, Billing, Reimbursement – Oh MY!

2017 IGAPS Conference  
Kansas City, MO

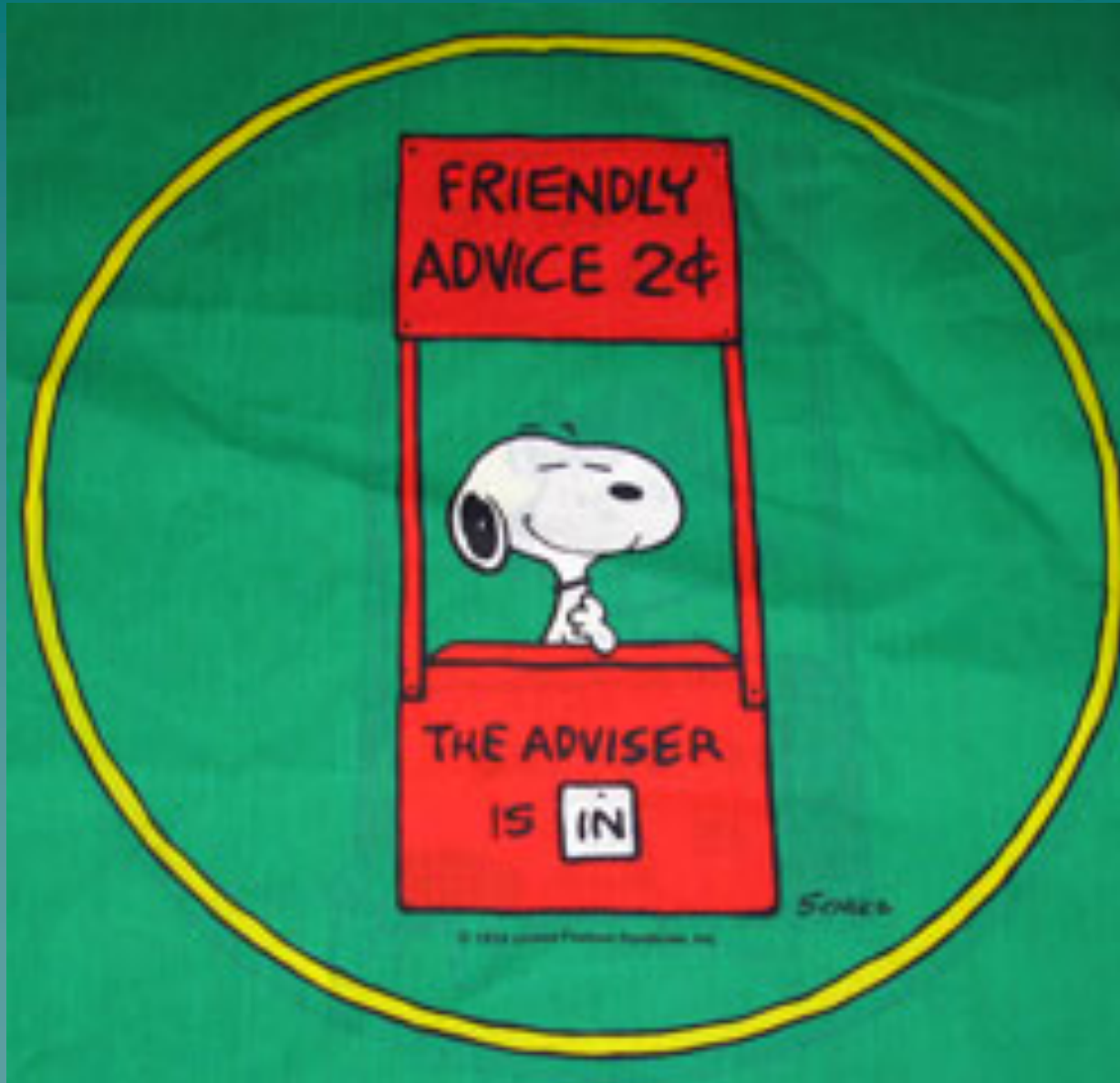


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# A business needs to earn \$



# Otherwise it is a hobby



# ASHA Scope of Practice for Audiologists re: APD services

## ◆ C. Assessment

- Evaluation and management of children and adults with auditory-related processing disorders;




## D. Rehabilitation #4

Provision of comprehensive audiologic rehabilitation services, including management procedures for speech and language habilitation and/or rehabilitation for persons with hearing loss or other auditory dysfunction, including but not exclusive to speechreading, auditory training, communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families/caregivers;

# Continued

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A stylized silhouette of a mountain range in a darker shade of teal, located in the bottom right corner of the slide.

# ASHA Scope of Practice for SLPs re: APD services

## **Auditory Habilitation and Rehabilitation**

- ◆ Speech, language, communication, and listening skills impacted by hearing loss, deafness
- ◆ Auditory processing

# AAA Scope for Audiologists

- ◆ Assessment of hearing includes the administration and interpretation of behavioral, physioacoustic, and electrophysiologic measures of the peripheral and central auditory systems.
- ◆ The audiologist is an integral part of the team within the school system that manages students with hearing impairments and students with central auditory processing disorders.

# AAA “Additional Expertise”

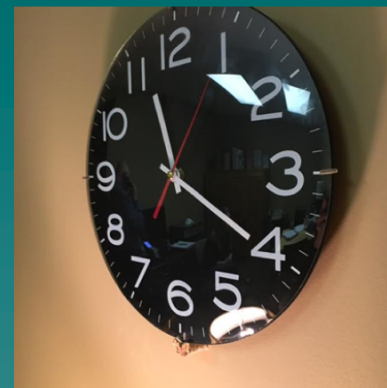
“Some audiologists, by virtue of education, experience and personal choice choose to specialize in an area of practice not otherwise defined in this document.”

<http://www.audiology.org/publications-resources/document-library/scope-practice>

# CPT Codes

- ◆ Current procedural terminology (CPT) codes describe:
  - medical, including psychiatric, procedures performed by physicians and other qualified health care professionals.
- ◆ The codes are developed and maintained by the American Medical Association and are used by Centers for Medicare and Medicaid (CMS) for reimbursement to providers.

# CPT Codes



## ◆ Designation of Time Codes

- ◆ There are only 5 audiology codes designated of time:

92620, 92621, 92626, 92627, 92640







# APD

- ◆ 92620: evaluation of central auditory function, with report; initial 60 minutes
- ◆ 92621: evaluation of central auditory function with report; each additional 15 minutes

# Auditory Rehabilitation

- ◆ 92626: evaluation of auditory rehabilitation status; first hour
- ◆ 92627: evaluation of auditory rehabilitation status; each additional 15 minutes

# Difference between Aural vs Auditory Rehabilitation

- ◆ Auditory rehabilitation was selected as a broader, more encompassing term that could apply to many clinical activities.
- ◆ Where aural rehabilitation originally focused primarily on helping patients adjust to listening with hearing aids, including speech reading, recent years have brought many advances. Activities now include basic auditory and listening training for children who were unable to hear before receiving a cochlear implant, for adults with a hearing loss who do not wear hearing aids, and for children and adults who lost hearing and regained auditory function either with hearing aids or cochlear implants.

# Auditory Brainstem Implant

- ◆ 92640: diagnostic analysis with programming of auditory brainstem implant, per hour



## Note:

A timed code is billed only if testing is at least 51% of the time designated in the code's descriptor



# CPT Codes: 15 minutes

- ◆ For CPT codes designated as 15 minutes, multiple coding represents minimum face-to-face treatment:
- ◆ 1 unit: 8 minutes to < 23 minutes
- ◆ 2 units: 23 minutes to < 38 minutes
- ◆ 3 units: 38 minutes to < 53 minutes
- ◆ 4 units: 53 minutes to < 68 minutes
- ◆ 5 units: 68 minutes to < 83 minutes
- ◆ 6 units: 83 minutes to < 98 minutes

# 92621

- ◆ 92621 1 unit means the time spent after the 1<sup>st</sup> hour (92620) is

8 minutes to 22 minutes

- ◆ 92621 2 units means the time spent after the 1<sup>st</sup> hour (92620)

23 minutes to 37 minutes

# 15 minute codes

- ◆ The 15 minute coding is based on anesthesiology coding.
- ◆ These codes are an “at risk for audits.”



# ASHA recommends that 92620

Part of a battery of site-of lesion tests;  
therefore 92620 / 92621 should not be  
billed in combination with 92571,  
92572, or 92576.



# Separate Codes

- ◆ 92571 Filtered Speech Test
- ◆ 92572 SSW Test
- ◆ 92576 Synthetic Sentence ID Test

# History of the codes

- ◆ In 2005 CMS approved the 2 new codes and after 2 years of ASHA advocacy – the codes were approved but undervalued by CMS.
- ◆ Clinicians advocated to include the other separate test codes.
- ◆ CMS denied such a request – as test battery is represented in 92620
- ◆ If the other tests used separately – then bill separate code

# CMS Reasoned:

- ◆ That 92620 / 92621 captures the time spent on the evaluation and other tests of CAP function often used to determine the presence of APD and;
- ◆ 92620 / 92621 avoids suggestions that the 3 individual CAP tests are required as part of the test battery allowing the audiologist to determine the tests to be administered.

# What services are not covered in the 92620?

CMS stresses that activities such as counseling, establishment of interventional goals, or evaluating potential for remediation are not included as diagnostic tests, and that time spent on these activities should not be included in billing for the five time codes!

- ◆ Bill these services separately to the client.

“Oh!... Just  
one more  
thing....”



# APD Therapy Codes

<b>92507</b> <b>Auds</b>	<b>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</b>	<b>Not covered. Medicare coverage is limited to diagnostic testing.</b>

# APD Therapy Codes

<b>92507</b> <b>SLP</b>	<b>Treatment of speech, language, voice, communication and/or auditory processing disorder; individual</b>	<b>Includes training &amp; modification of voice prosthetics. <u>[1]</u> Medicare directs SLPs to use 92507 for auditory rehabilitation.</b>
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◆ **Will other payers follow Medicare's lead regarding SLPs using 92507?**

“We do not know what the other payers will do, so it is best to check with each payer directly if you prefer to report 92507”



# More on 92507

- ◆ The American Medical Association (AMA) specifies that speech reading (lip reading) services should continue to be reported with code 92507.

# Simple and Effective Listserv

- ◆ “All codes by definition are medical codes that describe medical intervention, and some allied professions are permitted to provide what is called "limited medical service. It's a matter of industry practice that most insurance companies pick and choose for whose services they will reimburse. If the audiology profession considers itself qualified to provide a service, they are free to lobby for reimbursement. For example, some psychologists/neuro psychologists have successfully lobbied to be reimbursed for EEG evaluations.”

# Continued

- ◆ “92633 is definitely used as AR for post-lingual hearing loss. I am contracted with a few of the major insurance groups and most of them will not even cover this code, so its essentially non-covered”
- ◆ “I don't take insurance, but I provide superbills for parents and I use 92507 for CAPDOTS. Although this is an SLP code it is recommended by ASHA or AAA? as the code to use for auditory processing training. Some parents have reported full reimbursement and others have indicated they received no reimbursement at all.”

- ◆ “If you are billing through and participate with third-party insurance, you need to look very carefully at what the aural rehab codes require. They are very restrictive.”
- ◆ “...Tricare reimburses for CAP therapy by me with 92507. Jack said that the companies may argue that 92507 is only for SLPs, but that the wording will permit an audiologist (especially if the services aren't available from SLPs.”

# And one more

- ◆ “Furthermore, most audiologists cannot get reimbursed on 92507 since it’s really considered an SLP code.”

# Reimbursement

- ◆ Know what the insurance party will reimburse for each service you provide. Be aware of increases in the reimbursements.....
- ◆ Know your codes: BCBS case
- ◆ 92507 may be used by audiologists in your state
- ◆ SLP and AuD State Associations cannot lobby for reimbursement

# Payment Denial

- ◆ Appeal to the Insurance company- follow their online appeal process
- ◆ Education vs Medical
  - BCBS in WNY covers 92620, but other NYS areas do not cover (i.e., Central NY and Upstate NY).



# Appeals

- ◆ In appealing a denial, it is important to provide the information and documentation that supports how this service addresses the patient's specific medical needs.
- ◆ Before agreeing to submit an appeal on your patient's behalf, please consider the importance of taking this step because it may be the patient's only opportunity to obtain coverage for this service.

# Before drafting the appeal, you should:

- ◆ 1. review the insurance company's denial to understand why coverage for this service was denied. If you do not understand it, please call the insurance company to get more information and request the criteria that were used; and
- ◆ 2. review the medical records to ensure there is supporting information and documentation for the treatment you are recommending.

# OTHER

- ◆ Reports – The CPT 92620 covers the report time. Did you charge for the evaluation report prior to this code?

Language evaluation reports?

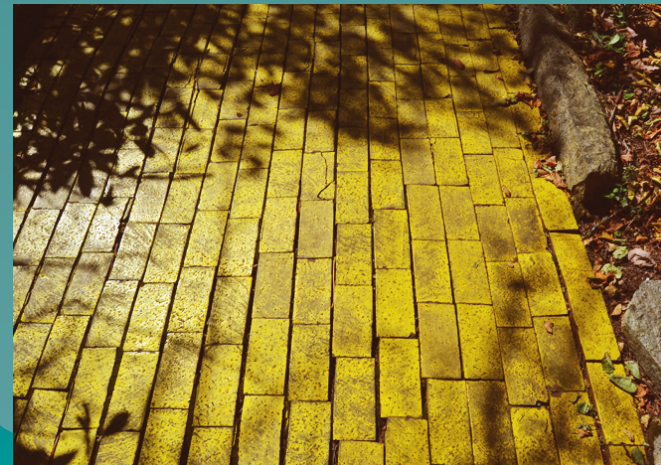
Vestibular reports?

- ◆ Psychologists charge the client for the evaluation report (not covered by insurance or codes).
- ◆ Missed appointments: WNY Psychologists charge for missed appointments and will not accept your presence at an appointment until payment is received!

# New Times Bring New Issues

## High Third Party Insurance Deductible Plans

Many physicians and professional specialists require payment at the time of the evaluation appointment.



# Discussion and Questions



# References

- ◆ [http://www.asha.org/practice/reimbursement/medicare/Aud\\_coding\\_rules/](http://www.asha.org/practice/reimbursement/medicare/Aud_coding_rules/)
- ◆ <http://leader.pubs.asha.org/article.aspx?articleid=2278312>
- ◆ <http://www.asha.org/policy/SP2004-00192.htm> ASHA scope audiology
- ◆ <http://www.healthlawadvocates.org/tools/publications/files/0017.htm> health insurance appeals
- ◆
- ◆ <http://www.healthlawadvocates.org/tools/documents/files/HLA-Guide-to-Appeals-2-15-13.pdf> HLA guide to appeals  
Health Law Advocates (Boston group)

# Continued

- ◆ <http://www.asha.org/policy/SP2007-00283/> ASHA SLP Scope of Practice
- ◆ <http://www.audiology.org/publications-resources/document-library/scope-practice>  
AAA Scope of Practice