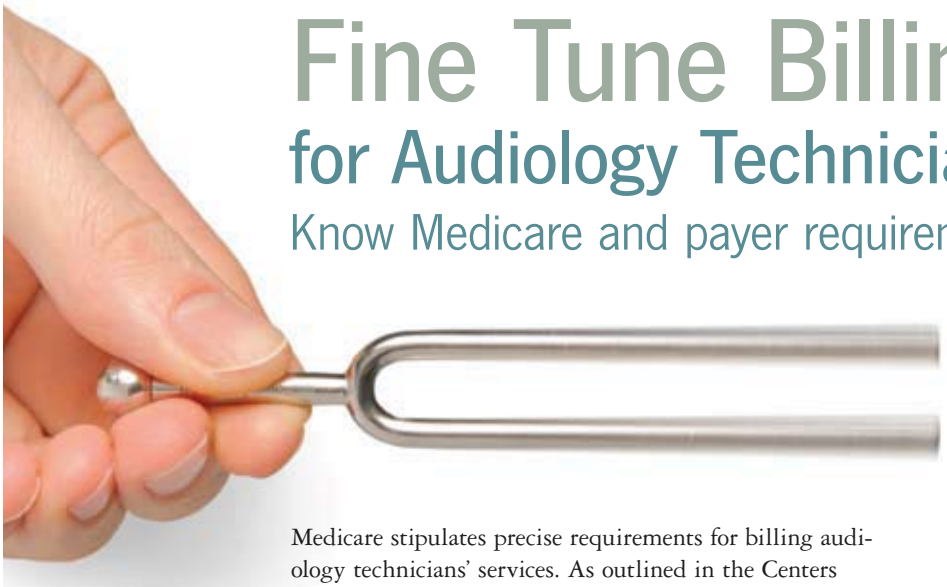

Fine Tune Billing
for Audiology Technicians
Know Medicare and payer requirements for accurate billing.

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Medicare stipulates precise requirements for billing audiology technicians' services. As outlined in the Centers for Medicare & Medicaid Services' (CMS) transmittal 84 (www.cms.hhs.gov/Transmittals/Downloads/R84BP.pdf), these requirements are distinct from those governing audiologists' billing.

Audiology Services Must Meet Basic Requirements

Audiology services, whether provided by an audiologist or audiology technician, must meet basic requirements under Medicare guidelines. These include the following:

- Audiology services must be diagnostic. Chapter 15, section 80.3 of the *Medicare Benefits Policy Manual*, as quoted in transmittal 84, states, "There is no provision in the law for Medicare to pay audiologists for therapeutic services."
- Audiologic testing must be ordered by a physician (or non-physician practitioner (NPP) acting within scope of practice, state, and local laws, and any policies applicable to the setting), "for the purpose of obtaining information necessary for the physician's diagnostic medical evaluation or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem."
- When a physician or qualified NPP orders a specific audiological test using the CPT® descriptor for the test, only that test may be provided on that order. **Orders for specific tests are required for technicians.**
- Computer-administered hearing tests that do not require the skilled services of an audiologist, physician, or NPP (for instance, "otograms" and pure tone or immittance screening devices) do **not** qualify as diagnostic audiological testing (the correct code to report computer-administered tests is 92700 *Unlisted otorhinolaryngological service or procedure*).
- Documentation must identify the name and professional identity of the audiologist or audiology technician who performs audiology services. Specific to technicians, transmittal 84, section 5717.13 stipulates, "Contractors shall not pay for the technical component of audiological diagnostic tests performed by a qualified technician unless the medical record contains the name and professional identity of the technician who actually performed the service."

Clinical Experience a Must for Technicians

Federal statute does not specify qualifications for audiology technicians. Rather, transmittal 84, section 5717.13, allows contractors to "determine the qualifications appropriate to provision of services that require the skills of an audiologist or a physician or a technician when the technician is under the direct supervision of a physician or nonphysician practitioner. This must include both a curriculum for audiological technicians and supervised clinical experience."

Note that some states may regulate audiological technicians, and may specify additional or more specific requirements.

Under federal statute, doctor of audiology (AuD) fourth-year students and other audiology students do not meet requirements to provide audiology services, but they may meet standards equivalent to audiology technicians.

Techs Can Perform Only Select Audiology Tests

Audiology technicians cannot bill for all diagnostic audiology services under Medicare guidelines. The *Medicare Benefits Policy Manual* (chap. 15, sec. 80.3) explains, "Some diagnostic audiological tests require, for both the technical and professional components, the skills of an audiologist to perform the test and interpret not only the data output, but also the manner of the patient's response to the test. These tests must be personally furnished by an audiologist or a physician."

PROFESSIONAL

Current Medicare guidelines do not list all services requiring an audiologist's skills, but the *Medicare Benefits Policy Manual* does allow, "The technical components of certain audiological diagnostic tests i.e., tympanometry (92567) and vestibular function tests (e.g., 92541) that do not require the skills of an audiologist may be performed by a qualified technician…"

From these instructions, we learn that an audiology technician may report the technical portion of the following services:

92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

92542 Positional nystagmus test, minimum of 4 positions, with recording

92543 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording

92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording

92545 Oscillating tracking test, with recording

92546 Sinusoidal vertical axis rotational testing

92548 Computerized dynamic posturography

92567 Tympanometry (impedance testing)

The 2009 National Physician Fee Schedule Relative Value File lists three audiological diagnostic codes, in addition to vestibular function tests (92541-92546 and 92548), with a technical component. An audiology tech may bill the technical portion of these services, as well.

92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive

92587 Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

92588 Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)

Note: 92586 *Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited* does **not** have a separate technical component, according to the Relative Value File. As such, there is no portion of this service an audiology technician may bill for Medicare.

Elsewhere in transmittal 84, CMS indicates, "With the exception of screening tests and tympanograms, audiologic function tests with medical diagnostic evaluation require the skills of an audiologist." This would indicate an audiology tech also could perform the technical portion screening tests:

92551 Screening test, pure tone, air only

92560 Bekesy audiometry; screening

Note, however, that both 92551 and 92560 are status "N" codes (not covered) for Medicare payers. Although screening tests are not payable, failure of a screening test may be an appropriate reason for diagnostic audiological tests (these must be ordered by the physician, as explained earlier).

Limited vs. Comprehensive Evoked Otoacoustic Emissions

A common issue for audiology service providers and coders is distinguishing between limited and comprehensive evoked otoacoustic emissions (OAE).

Both 92587 *Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)* and 92588 *Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)* require an interpretation and report to claim the full service, but that is where the similarities end.

You should consider the following three differences between limited and comprehensive otoacoustic emission services:

Frequency/Intensity Level

If documentation indicates limited (perhaps five or fewer) frequencies and one intensity level, report 92587.

Code 92588 describes testing for a wider range of frequencies and/or intensities, as indicated by "multiple levels" in the code descriptor.

Screening vs. Diagnostic

A "Quick Screen" protocol calls for 92587. Code 92587 is typically newborn and other screenings. Diagnostic OAE to determine hearing thresholds or the etiology of hearing loss is described more accurately by 92588.

Time

A limited OAE typically takes about five minutes. A comprehensive or diagnostic OAE, by contrast, may require 20 minutes or more.

— Barbara Cobuzzi

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Important: The technician may provide only the technical portion of the aforementioned services. Transmittal 84 instructs, "If a technician performs the technical component of a service that does not require the skills of an audiologist, the physician supervisor shall provide and document the physician's professional component of the service including, e.g., clinical decision making, and other active participation in the delivery of the service."

Techs Require Direct Supervision, Incident-to Billing

An audiology technician may perform the technical component of any of the 13 services, but must do so under the direct supervision of a physician or qualified NPP "who is responsible for all clinical judgment and for the appropriate provision of the service," according to the *Medicare Benefits Policy Manual*.

Per Medicare guidelines, direct supervision requires that the physician be present in the office suite (although not in the same room), and immediately available to provide assistance and direction throughout the time the auxiliary personnel are performing services.

When correctly provided and supervised, an audiology technician's services may be billed incident-to the supervising physician's or NPP's services, and will be paid at 100 percent of the allowable fee schedule amount.

For additional information on billing audiologists' services, see "Seven Tips Audiologist Billing Success," *Coding Edge* October 2009, p. 14-16. CE

Barbara Cobuzzi is president of CRN Healthcare Solutions and a past member of the AAPC National Advisory Board and its executive board. She has also earned her certification as a health care compliance consultant from Healthcare Compliance Resources. Barbara is a nationally-recognized consultant in compliance, coding, and billing.