Comprehensive Audiology Medicare Benefit – Good for Audiology?

Vic S. Gladstone, Steven C. White, Colleen O’Rourke, George O. Purvis
Presentation Outcomes

- participants will be able to describe coverage policies of audiology services in the Medicare program
- participants will be able to summarize advantages of a comprehensive audiology benefit in the Medicare program
- participants will be able to advocate for a comprehensive audiology benefit in the Medicare program
Historical Perspective
Audiometric Testing

- Audiology services are recognized for Medicare purposes as a diagnostic test under the Social Security Act (Sec. 1861 (s)(3))

- Audiology services are defined as “such hearing and balance assessment services furnished by a qualified audiologist as the audiologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), as would otherwise be covered if furnished by a physician.” (Sec. 1861 (II)(3))
Medicare excludes “where such expenses are for routine physical checkups, eyeglasses (other than eyewear described in section 1395x (s)(8) of this title) or eye examinations for the purpose of prescribing, fitting, or changing eyeglasses, procedures performed (during the course of any eye examination) to determine the refractive state of the eyes, hearing aids or examinations therefore…” (Sec. 1862(7))
• Medicare regulations require that diagnostic tests be ordered by a treating physician for the purposes of using the results of the test in the management of the beneficiary’s specific medical problem (42 CFR 410.32)

• Rehabilitative services provided by an audiologist are not covered under Medicare
Current Status for Audiology Services

- Medicare pays for diagnostic testing furnished by an audiologists when a physician or non-physician practitioner orders such testing.
Current Status for Audiology Services

Testing must be for the purposes of obtaining additional information necessary to make a diagnosis and evaluation of the need for the appropriate type of medical or surgical treatment of a hearing deficit or other medical problem.
• Regulations are based on statutory prohibition against payment for items and services that are not reasonable and necessary for diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (Sec. 1862 9a)(1)(A) of the SSA)
Medicare Physician Fee Schedule

- Audiology and physician private practice services are reimbursed according to an annual Medicare physician fee schedule rule.
2009 Medicare Physician Fee Schedule Final Rule: “The RUC reviewed and recommended work RVUs for 6 audiology codes (CPT codes 92620, 92621, 92625, 92626, 92627, and 92640) with which we have agreed. Under Medicare, audiology services are provided under the diagnostic test benefit...
We recognize that some of the work descriptors include ‘counseling’ the potential for ‘remediation’, and the establishment of ‘interventional goals.’ We do not believe those aspects fit within the diagnostic test benefit but are interested in receiving comments on this issue”.
Recent History
Audiology and Work

Most audiology procedures have values in the professional component rather than the technical component.

- 2008 saw work component RVUs accepted for:
  - 92620 Central aud function eval; initial 60 min
    - +92621 ...; each additional 15 minutes
  - 92625 Tinnitus assessment
  - 92626 AR eval; first hour
    - +92627 ...; each additional 15 minutes
  - 92640 Diagnostic analysis auditory brainstem implant, per hour
Professional Component ("Work")

- Major element of reimbursement
- Core element of resource-based relative value system (RBRVS)
- Permits scaling of relative value units (RVUs) based on skill, effort, risk, and time
- Some AUD codes had work by virtue of "physician supervision"
• Audiology without specifically authorized work relative value units (RVUs) in Medicare statute

• Previous payment for most audiology codes via Non-Physician Work Pool
  - Considered practice expense and included some indirect costs plus malpractice RVUs
## 2010 Medicare Fee Schedule

### Three Components of Payment

<table>
<thead>
<tr>
<th>Code</th>
<th>Work RVUs</th>
<th>Practice Expense RVUs</th>
<th>Malpractice RVUs</th>
<th>Total RVUs</th>
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</thead>
<tbody>
<tr>
<td>92626 Evaluation of AR Status; First hour</td>
<td>1.40</td>
<td>1.40</td>
<td>1.10</td>
<td>0.79</td>
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<tr>
<td>+92627 each additional 15 minutes</td>
<td>0.33</td>
<td>0.33</td>
<td>0.28</td>
<td>0.20</td>
</tr>
</tbody>
</table>
2010 Proposed Medicare Physician Fee Schedule (July 13, 2009)—CMS wrote, “…we understand that test results are sometimes conveyed to the patient during or at the conclusion of a diagnostic test, counseling the patient about how to compensate for a hearing loss is part of a …
therapeutic service. As such, therapeutic and/or management of disease process counseling are not part of the diagnostic test benefit and time attributable to such activities is not payable to audiologists under the Medicare program.”
Historical Perspective
CMS Report to Congress

Referral policy:

- Is a key means by which the Medicare program assures that beneficiaries are receiving medically necessary services.
- Serves as a control to avoid potential payment for asymptomatic screening tests that are not covered by Medicare.
If a beneficiary is referred to an audiologist for evaluation of signs and symptoms associated with hearing loss or ear injury, the audiologist's diagnostic services are covered even if the only outcome is the prescription of a hearing aid.

Audiology services are not covered when the diagnostic services are furnished only to determine the need for a hearing aid.

Rehabilitative services are NOT covered.
Historical Perspective
Legislative Approach

• Direct Access legislation has been introduced in the last four sessions of Congress
• Historically AAO-HNS has opposed direct access citing patient health and safety concerns
• Congress does not want to get into what they deem a “turf battle” between two professions
• CMS report does not support direct access for diagnostic tests
Direct Access Conclusion

- No adequate rationale for distinguishing audiology services from other diagnostic tests
- Potential budget implications on paying for medically unnecessary tests
Current Status for Audiology Services
Impact on Clients and Clinicians

- Limits beneficiary choice of providers
- Increases costs to Medicare program
- Increases waiting time to see a beneficiary
- Administrative burden on audiologists to track down referral if patient comes in without one
- Doesn’t cover treatment
Impact current Direct Access legislation could have on the practice of audiology

- Audiology remains a diagnostic benefit
- Medicare will not pay for services deemed not medically necessary or perceived as a screen
- Additional education of patients on Medicare coverage policies and exclusion of audiology services related to hearing aids
- Direct access will not prevent CMS from requiring certification or some other form of physician control, because CMS sees these services as under the care of a physician
Strategies for facilitating improved coverage and reimbursement for audiology services

• Direct Access is only one facet in Medicare recognition of audiology services.
• Need recognition of full scope of services – including rehabilitative and habilitative treatment
• Medicare audiologic benefit would improve access to services
Improved reimbursement for audiology services - PQRI

- Audiologists are eligible to receive a bonus payment under Medicare’s Physician Quality Reporting Initiative (PQRI)
  - AQC developed measures for use by CMS for quality reporting purposes
- Became effective via the 2010 Medicare Physician Fee Schedule
Improved reimbursement for audiology services - PQRI

- Quality Measures for bonus payment:
  - Referral for Otologic Evaluation for Patients with Visible Congenital or Traumatic Deformity of the Ear
  - Referral for Otologic Evaluation for Patients with History of Active Drainage from the Ear within the previous 90 Days
  - Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss within the Previous 90 days
Coverage for audiologic treatment services and coverage for provision of vestibular, intra-operative monitoring, and telepractice services by an audiologist would improve patient services and recognize the full scope of audiologic services.
Strategies for facilitating improved coverage for audiology services

- Engage the entire audiology community
- Educate audiologists regarding the challenges and opportunities
- Recognize the short-term and long-term implications of DA and Comprehensive Audiology Medicare Benefit
Strategies for facilitating improved coverage for audiology services

- ASHA’s work in seeking a broader comprehensive audiology benefit dates back to the 1970’s
- ARA leaders and members have urged coverage for treatment services
- In 2009, ASHA’s Health Care Economic Committee requested that the issue be included in the association’s Public Policy Agenda (PPA) for 2010
  - Draft PPA received wide-spread peer review
  - ASHA’s BOD approved the PPA in Oct. 2009 and was presented to the membership Nov. 2009
Strategies for facilitating improved coverage for audiology services

- Early in 2010, ASHA published an article in the *ASHA Leader* regarding ASHA’s intent to pursue comprehensive coverage of audiology services under Medicare.

- In Feb 2010, ASHA convened a conference call with members of the Audiology Quality Consortium to discuss the comprehensive benefit issue.
  - Subsequently, during the HIA 2010 meeting, ASHA representatives had the opportunity to discuss the comprehensive audiology benefit and direct access with leadership from ADA as well as from AAA.
Strategies for facilitating improved coverage for audiology services

• ASHA believes that it is important to continue to educate the audiology community as well as its members on why a comprehensive audiology benefit is an important approach to take to enable audiologists to obtain reimbursement for the full range of services they provide to the patients they serve

• ASHA convened a meeting of audiology organizations leadership in June
  - Follow-up meeting scheduled for October
Strategies for facilitating improved coverage for audiology services

- October meeting will include consultants expert in CMS policies and expert in legislative/regulatory policies

- Issues to consider:
  - Reimbursement implications; now & future
  - Device coverage – pros & cons
  - Opt-out option

- Strategies:
  - Audiology united front
  - Patient support
  - Physician support
Strategies for facilitating improved coverage for audiology services

Discussion

- Questions
- Recommendations