

2014 AudiologyOnline Audiology Coding and Reimbursement Update

**Kim Cavitt, Au.D.
Audiology Resources, Inc.**

Medicare Fee Schedule 2014

- * The current Medicare fee schedule is effective January 1, 2014 through March 31, 2014
- * This fee schedule reflects a 5% increase from the 2013 fee schedule
- * Congress will need to act to extend or revise these rates
- * Please consult the website of your Medicare Area Contractor to view your current rates for Medicare claims

Audiology Physicians Quality Reporting System (PQRS)

- PQRS is a program designed to improve the quality of care to Medicare beneficiaries.
- Audiologists who bill Medicare Part B beneficiaries must participate in 2014 to avoid a 2% reduction in Medicare reimbursement in 2016.
 - Does not apply to Part A hospital or skilled nursing facilities

PQRS Incentive

- * Audiologists can begin any time
- * Until December 31, 2014, a 0.5% bonus will be given for all Medicare eligible cases when reporting on 50% of eligible measures

2014 PQRS Measures for Audiology

- * Measure #261: Referral for otologic evaluation for patients with acute or chronic dizziness
- * Measure #130: Documentation and verification of current medications in the medical record
- * Measure #134: Screening for clinical depression and follow-up plan

Eliminations

- * Measure #188 (Congenital and traumatic deformity of the ear) was retired for 2014.
- * **Do not report on this measure as of January 1, 2014!**

Codes for Referral for Acute or Chronic Dizziness

- * **CPT Codes**
 - * 92540, 92541, 92542, 92543, 92544, 92545, 92546, 92547, 92548, 92550, 92557, 92567, 92568, 92570, 92575
 - * Patients that have any of these CPT codes (as well as the ICD-9-CM codes below) fit into the measure's *denominator* (*the eligible patients for a measure*)
- * **IDC-9 Codes**
 - * 780.4 OR 386.11
 - * Patients that have any of these IDC-9-CM codes (as well as CPT codes above) fit into the measure's *denominator* (*the eligible patients for a measure*)

Codes for Referral for Acute or Chronic Dizziness

- * G8856: Referral to a physician for otologic evaluation
- * G8857: Patient is not eligible for the referral for otologic evaluation (i.e. patients who are already under the care of a physician for acute or chronic dizziness)
- * G8858: Referral to a physician for an otologic evaluation not performed, reason not specified

Codes for Documentation of Current Medications

- * **CPT Codes**

- * 92541, 92542, 92543, 92544, 92545, 92547, 92548, 92557, 92567, 92568, 92570, 92585, 92588, 92626

- * Patients that have any of these CPT codes (as well as the ICD-9-CM codes below) fit into the measure's *denominator* (the eligible patients for a measure)

- * **ICD-9 Codes**

- * None specified (so all included)

- * Patients that have any of these ICD-9-CM codes (as well as CPT codes above) fit into the measure's *denominator* (the eligible patients for a measure)

Codes for Documentation of Current Medications

- * G8427: List of current medications (includes prescription, over the counter, herbals, vitamin/dietary supplements) documented by the provider, including drug name, dosage, frequency, and route
- * G8430: Provider documentation that patient not eligible for medication assessment
- * G8428: Current medications (includes prescription, over the counter, herbals, vitamin/dietary supplements) with drug name, dosage, frequency, and route not documented by provider, reason not specified

Important Considerations Regarding Documenting Current Medications

- * This is not just about PQRS but also important to patient care, regardless of your practice setting and clinical focus
- * Many patient now carry this list with them, so do not forget to ask at intake
 - * You can make a copy of their list, verify whether it is current, sign it, date it, and place it in the medical record.

Codes for Screening of Clinical Depression

- * **CPT Codes**
 - * 92557, 92567, 92568, 92625, 92626
 - * Patients that have any of these CPT codes (as well as the ICD-9-CM codes below) fit into the measure's *denominator* (the *eligible patients for a measure*)
- * **ICD-9 Codes**
 - * None specified (so all included)
 - * Patients that have any of these ICD-9-CM codes (as well as CPT codes above) fit into the measure's *denominator* (the *eligible patients for a measure*)

Codes for Screening of Clinical Depression

- * G8431: Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented
- * G8510: Negative screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented
- * G8433: Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate
- * G8432: No documentation of clinical depression screening using an age appropriate standardized tool
- * G8511: Positive screen for clinical depression using an age appropriate standardized tool documented, follow-up plan not documented, reason not specified

Important Factors Related to the Clinical Depression Measure

- * Report on Measure #134 when:
 - * Allowed by your state licensure law (when deemed within the scope of practice of an audiologist within your state; determined through written contact with your state licensing board)
 - * You are appropriately trained and competent to perform a depression screening using a standardized tool AND create a patient plan of care based upon the results of the screening
 - * A follow-up plan of care is created, implemented and documented in the medical record

Submitting PQRS

- * A sample 1500 claim form, with PQRS, is available on the ADA website at:
<http://www.audiologist.org/publications20/reimbursement/pqrs>
- * ICD-9 codes are placed in box 21
- * CPT codes are placed in box 24D
- * G-codes are placed in box 24D following the CPT code

PQRS: Avoiding the Penalty and Qualifying for the Incentive

- * Report on Measure #261 (Dizziness) on at least 50% of each provider's Medicare claims which contain the diagnosis codes of 780.4 (Dizziness) or 386.11 (BPPV).
- * Report on Measure #130 (Documentation of current medications) on at least 50% of each provider's Medicare claims where they bill for a hearing test, caloric testing, tympanometry, auditory brainstem response testing, comprehensive otoacoustic emissions, and/or cochlear implant/auditory osseointegrated device candidacy testing.

PQRS: Depression Measure

The Depression Measure (#134) is optional (you can avoid the penalty and qualify for the incentive without ever reporting this measure!

Omnibus Rule

- * Effective September 23, 2013
- * Business associates (any entity that creates, receives, maintains, or transmits PHI on behalf of a provider who supplied this information to them) and their contractors and subcontractors, are required to comply to the updated HIPAA Privacy and Security Rules, including breach notification;
- * Patients have the right to request that a copy of their electronic medical record be supplied to them in an electronic format;

Omnibus Rule

- * Patients who are paying privately for an item or service have the right to restrict any disclosure about this item or service to their health plan;
- * “Marketing” has been redefined as any patient communication where the provider receives financial remuneration from a third-party whose products or services are being marketed. When “marketing” is being performed using PHI, a patient authorization must be in place prior to sending this marketing communication;
- * The sale of PHI is prohibited;
- * There must be a defined breach notification process where a situation is presumed to be a breach until the provider, business associate, contractor or subcontractor determines that there is a low probability that the patient’s privacy has been compromised. A risk assessment must be performed anytime there is a breach of PHI;

Omnibus Rule

- * Allows for broader use of PHI for fundraising opportunities;
- * Allows for a streamlined authorization process for use of PHI for research purposes;
- * Penalties have increased to up to \$1.5 million maximum per calendar (many fines range between \$100 and \$50,000 per violation and degree of culpability) and up to 10 years in jail.

What Every Practice Needs:

- * 2013 Revised Notice of Privacy Practices
- * 2013 Revised Business Associate Agreement
- * 2013 Revised Breach Notification Policy
- * 2013 Revised Marketing Authorization
- * Facility NPI
- * Use and Disclosure form
- * Acknowledgement of Receipt of Notice of Privacy Practices
- * Security Policy and Process
- * Breach Notification Policy and Process

What Every Practice Needs:

- * Risk Assessment Process
- * Independent Contractor Agreement that includes HIPAA Language
- * Documentation of Staff Training
- * Employee Confidentiality Form

HCFA 1500 Form: A Change Ahead

- * Changing from HCFA 1500 to CMS 1500 form
 - * Dated 2/12
 - * Form has been modified for ICD 10
 - * Can begin submitting it now
- * Applies to the **paper form only**
 - * **I strongly recommend that every practice, regardless of their size, consider electronic claims submission**
- * **Must begin using new form by April 1, 2014**
 - * The current HCFA 1500 form will no longer be accepted after that date

The Revised CMS 1500 Form ... at a Glance

A new CMS 1500 claim form was released by the U.S. Centers for Medicare and Medicaid Services (CMS). The new CMS-1500 (02/12) will replace the current form (08/05).

The revisions, which better align the CMS 1500 with changes in the electronic Health Care Claims, include:

1 1500 symbol replaced with a scannable QR code that takes the user to the IUCS-1500 landing page.

2 1 - Minor changes to the wording of payer ID number requirements.

3 8 - Changed to "RESERVED FOR IUCS USE" ("PATIENT STATUS" removed from the form).

4 9b and 9c - Replaced with "RESERVED FOR IUCS USE" ("EMPLOYER'S NAME OR SCHOOL NAME" removed from the form).

5 10d - Changed to "CLAIM CODES (Designated by IUCS)."

6 11b - Changed to "OTHER CLAIM ID (Designated by IUCS)."

7 14 - Minor changes to layout of field.

8 15 - Removed "IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE."

9 17 - Added a field to report a qualifier to identify which provider is being reported.

10 21 - Added eight additional lines for diagnosis or nature of illness/injury.

11 30 - Replaced with "Revd for IUCS Use" ("BALANCE DUE" removed from the form).

CMS 1500 Resources

- * <http://www.nucc.org>
- * <http://www.practicons.com/2013/another-change-in-health-care-cms-1500-claim-forms-are-changing/>

ICD 10

- * Goes into effect October 1, 2014
- * It is JUST a new set of codes that replaces ICD 9
 - * It is simple... nothing to be afraid of
 - * There will be just more codes, that better distinguish right ear, versus left ear, versus binaural
- * Will begin a greater focus in spring and summer as you MUST use ICD 9 through September 30, 2014
 - * Look for available trainings and materials from the national associations of which you are a member
 - * <http://www.audiologist.org/publications20/reimbursement/coding>
 - * <http://www.asha.org/practice/reimbursement/coding/icd-10/>
 - * <http://www.audiology.org/practice/coding/ICD-10-CM/Pages/default.aspx>

ICD 10

- * You will need to:
 - * Update your paper superbills or office management systems options to reflect the ICD 10 code changes
 - * You will need to purchase a manual or software program that contains all of the ICD 10 codes and their descriptions for those situations where the diagnosis is reflected on the order and not commonly used in audiology (those outside your scope of practice to diagnose)
 - * Consult your local coverage determinations and PQRS measures to note how ICD 10 influences those programs
 - * Train your PROVIDERS on the codes and their correct uses
 - * <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10MythsandFacts.pdf>

ICD 10: Important Terms

- * Unrestricted hearing: No hearing loss
- * Salpingitis: Inflammation
- * Stenosis: Narrowing
- * Impacted cerumen: Blocking clinically significant portions of the ear canal (cannot visualize drum)

ICD 10 Examples

- * Bilateral sensorineural hearing loss (389.18)
 - * H90.3
- * Tinnitus (388.31)
 - * H93.11 (right ear)
 - * H93.12 (left ear)
 - * H93.13 (both ears)
- * Dizziness (780.4)
 - * R42

ICD 10 Examples

- * H90.42 SNHL, left ear, normal hearing in right ear
- * H90.41 SNHL, right ear, normal hearing in left ear
- * H91.8X1 Hearing loss, other specified, right ear
- * H91.8X2 Hearing loss, other specified, left ear
- * Z01.10 Hearing/vestibular exam without abnormal findings
- * Z01.118 Hearing/vestibular exam w/ other abnormal findings
- * H91.03 Ototoxic hearing loss, bilateral
- * H91.02 Ototoxic hearing loss, left ear
- * H91.01 Ototoxic hearing loss, right ear

Contracting

- * Things to consider:
 - * How does each payer process each code for every item of service you provide within your practice?
 - * What does “medical necessity” mean to each payer?
 - * Do you have a 2014 fee schedule (which lists the allowable) for EVERY payer?
 - * Every practice needs to read every contract and review every fee schedule

Contracting

Read → Pose Questions →
Review Answers →
Accept, Renegotiate, or Terminate

Other than Medicare, you are a voluntary participant!

Modifiers

- * 22 (Increased procedural service)
- * 33 (Preventative service)
- * 50 (Bilateral procedure)
- * 52 (Reduced service)
- * 59 (Distinct procedural service)
- * GA (Required ABN on file)
- * GX (Voluntary ABN on file)
- * GY (Item or service statutorily excluded or does not meet the definition of a Medicare benefit)
- * RT (Right Ear)
- * LT (Left ear)

CPT and HCPCS Codes

- * There are no new CPT or HCPCS codes for 2014
- * Please though contact each your private payers or consult your contract and determine how they address the following codes:
 - * S1001
 - * S0618
 - * V5298

Local Coverage Determinations

- * Vestibular and Auditory Testing
 - * Novitas
- * Tympanometry
 - * First Coast
- * Vestibular Testing Only
 - * First Coast
- * Vestibular Testing
 - * Also affects 92557
 - * Palmetto
 - * Noridian

Documentation

- * Your records (physician order, audiologic report and/or medical record) must describe the medical necessity of each item or service you provide (why you did what you did)
- * An audiogram in and of itself does not constitute medical necessity
- * Documentation must include date of service and full name and credentials of provider
- * Needs to be in ink and legible
- * If it is not documented, it did not happen!

Medicare Reasons for Covered Testing

- * <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf> (sections 80.3 and 80.6)
- * “Under any Medicare payment system, payment for audiological diagnostic tests is not allowed by virtue of their exclusion from coverage in section 1862(a)(7) of the Social Security Act when:
 - * The type and severity of the current hearing, tinnitus or balance status needed to determine the appropriate medical or surgical treatment is known to the physician before the test; or
 - * The test was ordered for the specific purpose of fitting or modifying a hearing aid”.

Medicare Reasons for Covered Testing

- * “Evaluation of suspected change in hearing, tinnitus, or balance;
- * Evaluation of the cause of disorders of hearing, tinnitus, or balance;
- * Determination of the effect of medication, surgery, or other treatment;
- * Reevaluation to follow-up changes in hearing, tinnitus, or balance that may be caused by established diagnoses that place the patient at probable risk for a change in status including, but not limited to: otosclerosis, atelectatic tympanic membrane, tympanosclerosis, cholesteatoma, resolving middle ear infection, Menière’s disease, sudden idiopathic sensorineural hearing loss, autoimmune inner ear disease, acoustic neuroma, demyelinating diseases, ototoxicity secondary to medications, or genetic vascular and viral conditions;
- * Failure of a screening test (although the screening test is not covered);
- * Diagnostic analysis of cochlear or brainstem implant and programming; and
- * Audiology diagnostic tests before and periodically after implantation of auditory prosthetic devices”

Physician Compare

- * Allows patients to find, choose and compare physicians and other health care providers who are enrolled in Medicare
 - * A provision of the Affordable Care Act
- * Audiologists are currently listed
 - * Your PQRS participation will be noted as well
- * <http://www.medicare.gov/physiciancompare/search.html>

Office of Inspector General Work Plan

- * <http://oig.hhs.gov/reports-and-publications/workplan/index.asp#current>
- * Items important to Audiology:
 - * Non-compliance with assignment rules and excessive billing to beneficiaries
 - * Place of Service coding errors

What to Watch for in 2014

- * Medicare reimbursement changes
 - * SQR (Sustainable Growth Rate) fix
- * ICD10 training/resources
 - * Ramp up before the October 1 implementation
- * Expansion of PQRS
 - * Increasing number of codes for 2015