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<h2>Billing and Coding: 2015 Update</h2>	
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It may not include content identical
to the powerpoint.

2015 Reimbursement Updates

Kim Cavitt, Au.D.

Audiology Resources, Inc.

Ordering Physicians

- Medicare requires a physician order for coverage of audiologic and vestibular services.
- The ordering physician MUST be enrolled in Medicare as either a participating, non-participating or opt out provider.
- You need to ensure this prior to submitting the claim or your claim will be denied.
 - If the claim is denied, the patient cannot be financially responsible for the costs.
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareOrderingandReferring.html>

Hospital OPPS Billing

- “Packaging” is the name of the game
- You can go to <http://www.asha.org/uploadedFiles/2015-Audiology-HOPPS.pdf> or http://www.audiology.org/practice_management/reimbursement/medicare/2015-hospital-outpatient-prospective-payment-system-hopps for more information.
 - Certain services are not reimbursed separately if provided on the same date of service as other services
 - You are reimbursed a “package” price for a given date of service.

ICD-10

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- Goes into effect October 1, 2015
- 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 2015 as you **MUST** use ICD-9 through September 30, 2015.
 - 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>

Differences between ICD-9 and ICD-10

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- 69,000 plus codes
- Addition of information
- Expanded injury codes
- Creation of diagnostic/symptom codes
- Code length up to 7 characters
- Greater specificity allowed
- V and E codes changed to 7 character code
- Alphanumeric (except letter U)

ICD-10

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- You will need to:
 - Update your paper superbills, EMR 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).
 - There are also Google search options such as <http://www.icd10data.com>.
 - 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/ICD-10/Downloads/ICD-10MythsandFacts.pdf>

Local Coverage Determinations

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- Removal of Impacted Cerumen
 - CGS
- Vestibular and Auditory Testing
 - Novitas
- Tympanometry
 - First Coast
- Vestibular Testing Only
 - First Coast
- Vestibular Testing
 - Also affects 92557
 - Palmetto
 - Noridian

ICD-10 Examples

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- R94.120 Abnormal auditory function study
- H93.293 Abnormal auditory perception, bilateral
- H93.292 Abnormal auditory perception, left ear
- H93.291 Abnormal auditory perception, right ear
- R94.121 Abnormal vestibular function study
- R94.112 Abnormal visually evoked potential
- H93.8X3 Acoustic nerve disorder, bilateral
- H93.8X2 Acoustic nerve disorder, left ear
- H93.8X1 Acoustic nerve disorder, right ear
- H61.113 Acquired deformity of pinna, bilateral
- H61.112 Acquired deformity of pinna, left ear
- H61.111 Acquired deformity of pinna, right ear

ICD-10 Examples

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- H61.303 Acquired stenosis of external ear canal, bilateral
- H61.302 Acquired stenosis of external ear canal, left ear
- H61.301 Acquired stenosis of external ear canal, right ear
- H93.213 Auditory recruitment, bilateral
- H93.212 Auditory recruitment, left ear
- H93.211 Auditory recruitment, right ear
- Q16.1 Aural atresia
- T70.0XXA Barotrauma, initial encounter
- T70.0XXS Barotrauma, long-term follow-up
- T70.0XXD Barotrauma, subsequent encounter
- G51.0 Bell's Palsy
- H81.13 Benign paroxysmal vertigo, bilateral
- H81.12 Benign paroxysmal vertigo, left ear
- H81.11 Benign paroxysmal vertigo, right ear

ICD-10 Examples

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- M95.12 Cauliflower ear, left ear
- M95.11 Cauliflower ear, right ear
- H93.25 Central auditory processing disorder
- H90.0 Conductive hearing loss, bilateral
- H90.12 Conductive hearing loss, left ear, unrestricted hearing in right ear
- H90.11 Conductive hearing loss, right ear, unrestricted hearing in left ear
- H90.2 Conductive hearing loss, unspecified
- R62.0 Delayed milestone in childhood
- H93.223 Diplacusis, bilateral
- H93.222 Diplacusis, left ear
- H93.221 Diplacusis, right ear
- R42 Dizziness
- H69.93 Eustachian tube disorder, unspecified, bilateral
- H69.92 Eustachian tube disorder, unspecified, left ear
- H69.91 Eustachian tube disorder, unspecified, right ear

ICD-10 Examples

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- H61.813 Exostosis, bilateral
- H61.812 Exostosis, left ear
- H61.811 Exostosis, right ear
- Z82.2 Family history of hearing loss
- Z71.1 Feared complaint with no diagnosis
- T16.2XXA Foreign body in left ear, initial encounter
- T16.2XXD Foreign body in left ear, subsequent encounter
- T16.1XXA Foreign body in right ear, initial encounter
- T16.1XXD Foreign body in right ear, subsequent encounter

ICD-10 Examples

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- Z01.12 Hearing conservation and treatment
- Z01.110 Hearing examination following failed hearing screening
- Z01.10 Hearing/vestibular examination without abnormal findings
- Z01.118 Hearing/vestibular examination with other abnormal findings
- H61.123 Hematoma of pinna, bilateral
- H61.122 Hematoma of pinna, left ear
- H61.121 Hematoma of pinna, right ear

ICD-10 Examples

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- H93.233 Hyperacusis, bilateral
- H93.232 Hyperacusis, left ear
- H93.231 Hyperacusis, right ear
- H61.23 Impacted cerumen, bilateral
- H61.22 Impacted cerumen, left ear
- H61.21 Impacted cerumen, right ear
- H83.13 Labyrinthine fistula, bilateral
- H83.12 Labyrinthine fistula, left ear
- H83.11 Labyrinthine fistula, right ear
- Z76.5 Malingering
- H81.03 Meniere's disease, bilateral
- H81.02 Meniere's disease, left ear
- H81.01 Meniere's disease, right ear

ICD-10 Examples

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- H90.6 Mixed hearing loss, bilateral
- H90.72 Mixed hearing loss, left ear, unrestricted hearing in right ear
- H90.71 Mixed hearing loss, right ear, unrestricted hearing in left ear
- H90.8 Mixed hearing loss, unspecified
- H83.3X3 Noise effects on inner ear, bilateral
- H83.3X2 Noise effects on inner ear, left ear
- H83.3X1 Noise effects on inner ear, right ear
- H61.192 Noninfective disorders of pinna, left ear
- H61.191 Noninfective disorders of pinna, right ear
- H61.193 Noninfective disorders of pinna, bilateral
- H55.00 Nystagmus

ICD-10 Examples

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- H92.03 Otagia, bilateral
- H92.02 Otagia, left ear
- H92.01 Otagia, right ear
- H92.23 Otorrhagia, bilateral
- H92.22 Otorrhagia, left ear
- H92.21 Otorrhagia, right ear
- H92.13 Otorrhea, bilateral
- H92.12 Otorrhea, left ear
- H92.11 Otorrhea, right ear
- H72.93 Perforation of tympanic membrane, bilateral
- H72.92 Perforation of tympanic membrane, left ear
- H72.91 Perforation of tympanic membrane, right ear

ICD-10 Examples

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- H91.03 Ototoxic hearing loss, bilateral**
- H91.02 Ototoxic hearing loss, left ear**
- H91.01 Ototoxic hearing loss, right ear**
 - Code poisoning or adverse effect
- T36.5X5A Poisoning, adverse effect, aminoglycosides, initial encounter
- T36.5X5S Poisoning, adverse effect, aminoglycosides, long term follow-up
- T36.5X5D Poisoning, adverse effect, aminoglycosides, subsequent encounter
- T37.2X5A Poisoning, adverse effect, antimalarials, initial encounter
- T37.2X5S Poisoning, adverse effect, antimalarials, long term follow-up
- T37.2X5D Poisoning, adverse effect, antimalarials, subsequent encounter
- T45.1X5A Poisoning, adverse effect, antineoplastic, initial encounter
- T45.1X5S Poisoning, adverse effect, antineoplastic, long term follow-up
- T45.1X5D Poisoning, adverse effect, antineoplastic, subsequent encounter

ICD-10 Examples

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- T39.015A Poisoning, adverse effect, aspirin, initial encounter
- T39.015S Poisoning, adverse effect, aspirin, long term follow-up
- T39.015D Poisoning, adverse effect, aspirin, subsequent encounter
- T50.1X5A Poisoning, adverse effect, loop diuretic, initial encounter
- T50.1X5S Poisoning, adverse effect, loop diuretic, long term follow-up
- T50.1X5D Poisoning, adverse effect, loop diuretic, subsequent encounter
- T36.3X5A Poisoning, adverse effect, macolides, initial encounter
- T36.3X5S Poisoning, adverse effect, macolides, long term follow-up
- T36.3X5D Poisoning, adverse effect, macolides, subsequent encounter
- T46.7X5A Poisoning, adverse effect, vasodilators, initial encounter
- T46.7X5S Poisoning, adverse effect, vasodilators, long term follow-up
- T46.7X5D Poisoning, adverse effect, vasodilators, subsequent encounter

ICD-10 Examples

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- H55.81 Saccadic eye movements
- H90.3 Sensorineural hearing loss, bilateral
- H90.42 Sensorineural hearing loss, left ear, unrestricted hearing in right ear
- H90.41 Sensorineural hearing loss, right ear, unrestricted hearing in left ear
- H90.2 Sensorineural hearing loss, unspecified
- F80.4 Speech and language delay due to hearing loss
- H91.23 Sudden idiopathic hearing loss, bilateral
- H91.22 Sudden idiopathic hearing loss, left ear
- H91.21 Sudden idiopathic hearing loss, right ear
- H93.243 Threshold shift, temporary, bilateral
- H93.242 Threshold shift, temporary, left ear
- H93.241 Threshold shift, temporary, right ear
- H93.13 Tinnitus, bilateral
- H93.12 Tinnitus, left ear
- H93.11 Tinnitus, right ear

ICD-10 Examples

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- H93.013 Transient ischemic deafness, bilateral
- H93.012 Transient ischemic deafness, left ear
- H93.011 Transient ischemic deafness, right ear
- H82.3 Vertiginous disorder of vestibular function, bilateral*
- H82.2 Vertiginous disorder of vestibular function, left ear*
- H82.1 Vertiginous disorder of vestibular function, right ear*
 - * Code first underlying disease
- H31.313 Vertigo, aural, bilateral
- H31.312 Vertigo, aural, left ear
- H81.311 Vertigo, aural, right ear

ICD-10 Examples

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- H81.43 Vertigo, central, bilateral
- H81.42 Vertigo, central, left ear
- H81.41 Vertigo, central, right ear
- H81.393 Vertigo, peripheral, bilateral
- H81.392 Vertigo, peripheral, left ear
- H81.391 Vertigo, peripheral, right ear
- H81.8X3 Vestibular function disorder, bilateral
- H81.8X2 Vestibular function disorder, left ear
- H81.8X1 Vestibular function disorder, right ear

CPT/HCPCS 2015

- There are no CPT or HCPCS code additions or modifications for 2015
- In August, 2014, a *CPT Assistant* article was released that defined most of the audiology code set.

CPT ASSISTANT

- In August, 2014, a *CPT Assistant* article was released that defined most of the audiology code set.
 - VRA (92579)
 - “Is a test technique that can be performed using either loudspeakers or earphones, which uses flashing lights, moving toys, or video to reinforce a head-turn response to sound stimuli, and it may be used with either tonal or speech stimuli”
 - CPA (92582)
 - “is a test technique in which the patient is taught a game that requires a response to tonal stimuli. A variety of play responses can be used with CPA, such as dropping a toy in a container or putting pegs in a board. It is typically done using earphones.”

-59 Modifier

- The -59 modifier is used in situations where you are providing aspects of a bundled code, such as 92557 or 92540.
- Many may have seen mention of the new modifiers that could replace the -59 modifier.
 - These new X- modifiers are not appropriate for audiologic services.
 - I recommend you continue to use the -59 modifier in these situations.

Audiology Physicians Quality Reporting System (PQRS)

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- PQRS is a program designed to improve the quality of care to Medicare beneficiaries.
- For audiology specific, PQRS information, please go to www.audiologyquality.org.
- Audiologists who bill Medicare Part B beneficiaries must participate in 2015 to avoid a 2% reduction in Medicare reimbursement in 2017.
 - Does not apply to Medicare Advantage, Part A hospital or skilled nursing facilities.

2015 PQRS Measures for Audiology

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- ▣ 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.

2015 PQRS Measures for Audiology

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The 2015 measures and requirements are the same as 2014

BUT....

- Reporting that you DID NOT do something (G8858, G8428, G8432, or G8511) is JUST LIKE you did not report at all!
- You MUST report a POSITIVE ACTION (referral, documentation, or screening) for the reporting to count and to assist in avoiding the penalty!

Codes for Referral for Acute or Chronic Dizziness

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- **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)*.
- **ICD-9 Codes:**
 - 780.4 or 386.11
 - 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 Referral for Acute or Chronic Dizziness

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- G8856: Referral to a physician for otologic evaluation.
- G8857: Patient is not eligible for the referral for otologic evaluation (e.g. 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

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- **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)*.
- **IDC-9 Codes**
 - None specified (so all included).
 - 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 Documentation of Current Medications

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- 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 partially or not documented by provider, reason not specified.

Important Considerations Regarding Documenting Current Medications

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- 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

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- **CPT Codes:**
 - 92625
 - 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:**
 - None specified (so all included).
 - 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)*.

Important Factors Related to the Clinical Depression Measure

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- 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.

Codes for Screening of Clinical Depression

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- 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.

Submitting PQRS

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- A sample CMS 1500 claim form or its electronic equivalent), with PQRS, is available at :
www.audiologyquality.org
- 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

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- The 2015 requirements are the same as the 2014 requirements.
- 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: Incentive?

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- The incentive program ended in 2014...now all we are left with is penalties!

Looking Ahead to 2016

- Smoking Cessation (#226)
- Falls Risk Assessment and Plan of Care (#154/155)
- <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

Penalty Letters

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- Audiologists who did not participate in PQRS in 2013, have received their penalty letters for 2015.
 - ▣ The penalty is 1.5% on all Medicare claims for coverage in 2015.
 - ▣ If non-par provider, you need to reduce the amount you collect in a limiting charge.
 - ▣ The penalty is linked to a combination of your NPI and EIN/Tax ID.
 - ▣ If you want to appeal your penalty, you have until February 28, 2015
 - File appeals at <https://am.qualitynet.org/amserver/UI/Login?goto=https%3A%2F%2Fwww.qualitynet.org%3A443%2Fportal%2FSSOServlet>.
- You can look at your PQRS participation status at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212.

Medicare Fee Schedules

- This fee schedule is valid until March 31, 2015
- In 2015, audiologists will see a reduction in reimbursement from their 2014 rates, for vestibular codes 92541, 92544, and 92545
 - ▣ This is due to a revaluation process.
 - ▣ This applies to these codes when they are billed separately

Medicare Advantage

- Most (except HMOs) do not require a physician order
 - Need to consult each plan to determine requirements

Medicare Advantage

- Advanced Beneficiary Notices are not applicable
 - May need pre-service organization determination from the payer prior to perform the service or dispensing the item
 - You need to consult each payer for their guidance on pre-service organization determination process
 - 92700
 - L9900
 - V5298
 - V5299

Medicare Data on YOU

- Google yourself and many of you will find that your Medicare claims data is available online to consumers
 - <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Physician-and-Other-Supplier.html>)
- Physician Compare
 - <http://www.medicare.gov/physiciancompare/search.html>