

CI Audiology Billing Practices: The Bottom Line

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Disclosure

- ACI Alliance Board of Directors – Vice Chair
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AMERICAN COCHLEAR IMPLANT ALLIANCE

Research. Advocacy. Awareness.



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THANK YOU!

We were successful in obtaining valuable information because of our respondents.

Sandra Prentiss, Jennifer Coto, Terry Zwolan, & Meredith Holcomb

Special thanks to: ACIA, ICIT, and NYU for distributing the survey

Disclaimer

The information provided is for informational purposes only and is not intended to serve as reimbursement or billing advice.

Additionally, reimbursement information is subject to change at any time and should be verified at the time-of-service delivery.

It is the responsibility of the provider to determine if the services provided are accurately described by any specific code(s) and to report services consistent with specific payer requirements.

Objectives

- Recognize barriers to effective billing and coding in CI audiology practices
- Learn about NCCI edits and make action plans for how to implement changes within their respective practices

RESEARCH ARTICLE

Decoding Billing Practices in Cochlear Implant Programs

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Resource for professionals

<https://www.asha.org/siteassets/uploadedfiles/reimbursement/2022-medicare-fee-schedule-for-audiologists.pdf>

- Facility versus Non-Facility:
 - Facility = Typically lower due to belief of lower overhead costs. Typically used with hospital, ASC, nursing home, etc. Includes an outpatient department.
 - Non-Facility = typically refers to office/private practice.

2022

Medicare Fee Schedule for Audiologists



Helpful Resource: Healthcare Common Procedure Coding System (HCPCS)

- Designed to simplify and organize medical claims
- HCPCS Level I = CPT (Current Procedural Terminology): 5 number coding system developed by the AMA to describe medical, surgical, and diagnostic services. Many health systems convert CPTs to their own/internal coding system
 - e.g. CPT 92604, 92605, 92606, 92607 – programming codes
- HCPCS Level II: HCPCS codes to define services, supplies, and procedures not included in the CPT system but that are still covered by and billable to some health insurance plans.
 - e.g. L8614 Cochlear implant system, L8619 Sound processor replacement

Common Mistakes

- Hall, Melissa W. AuD; Prentiss, Sandra PhD
Decoding Billing Practices in Cochlear Implant Programs: A Review, The Hearing Journal: January 2022 - Volume 75 - Issue 1 - p 12,13 doi: 10.1097/01.HJ.0000812696.98238.7a

Table 1. Common Mistakes Made in Billing for Audiologic CI Services

Codes that cannot be billed on the same date per NCCI edits	<ul style="list-style-type: none"> • CPT 92601-4 initial and subsequent age-dependent cochlear implant programming codes cannot be billed with: <ul style="list-style-type: none"> ○ CPT 92584 electrocochleography code ○ CPT 92553 pure-tone audiometry ○ CPT 92582 conditioned play audiometry ○ CPT 92579 visual reinforcement audiometry
Codes that can be billed on the same date per NCCI edits *-59 modifier needs to be used	<ul style="list-style-type: none"> • CPT 92601-4 initial and subsequent age-dependent cochlear implant programming codes can be billed with: <ul style="list-style-type: none"> ○ *CPT 92550 combined tympanometry and acoustic reflex code (when completing ESRTs) ○ *CPT 92626 time-based evaluation of aural rehabilitation (at least 31 minutes or up to the first hour) ○ *CPT 92627 time-based evaluation each additional 15 minutes
Use of modifiers to account for the second ear when billed on the same day of service *Check with your facility and reimbursement department on modifier recommendations for bilateral programming billing	<ul style="list-style-type: none"> • -50 modifier (used to indicate a bilateral procedure performed on both sides of the body) to 92602, 92604 • -76 modifier (used to indicate a procedure or service was repeated by the same physician or other qualified health care professional after the original procedure or service) to the programming code • Billing 92602 or 92604 twice and add a -RT (right) and -LT (left) modifier to identify each ear

What are the NCCI Edits?

The National Correct Coding Initiative (**NCCI**) - an automated **edit** system to control specific Current Procedural Terminology (CPT) code pairs that can be reported on the same day if the correct modifier is used.

Table 2: CCI and OCE Edits for Cochlear Implant Programming

Column 1 CPT Code (one)	Column 2 Paired With (one)	Can be bypassed by modifier -59? (Yes/No)	
		Office setting (CCI edits)	Outpatient hospital/facility setting (OCE edits)
92601	92507, 92508, 92521, 92522, 92523, 92524, 92550, 92567, 92568, 92570, 92602, 92626, 92650, 92651, 92652, 92653	Y	Y
92601	92552, 92553, 92555, 92556, 92557, 92558, 92561, 92562, 92563, 92564, 92565, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92597, 92603, 92604, 97755, 0208T, 0209T, 0210T, 0211T, 0212T	N	N
92602	92507, 92508, 92521, 92522, 92523, 92524, 92550, 92567, 92568, 92570, 92626, 92650, 92651, 92652, 92653	Y	Y
92602	92552, 92553, 92555, 92556, 92557, 92558, 92561, 92562, 92563, 92564, 92565, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92597, 92603, 92604, 97755, 0208T, 0209T, 0210T, 0211T, 0212T	N	N
92603	92507, 92508, 92521, 92522, 92523, 92524, 92550, 92567, 92568, 92570, 92604, 92626, 92650, 92651, 92652, 92653	Y	Y
92603	92552, 92553, 92555, 92556, 92557, 92558, 92561, 92562, 92563, 92564, 92565, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92597, 92602, 97755, 0208T, 0209T, 0210T, 0211T, 0212T	N	N
92604	92507, 92508, 92521, 92522, 92523, 92524, 92550, 92567, 92568, 92570, 92626, 92650, 92651, 92652, 92653	Y	Y
92604	92552, 92553, 92555, 92556, 92557, 92558, 92561, 92562, 92563, 92564, 92565, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92596, 92597, 97755, 0208T, 0209T, 0210T, 0211T, 0212T	N	N

There appears to
be confusion
when other
procedures are
performed with
cochlear implant
programming

- Unaided audiometric testing
- Evoked potentials (NRT/NRI/ART)
- Electrical Stapedius Reflex Testing
- Bilateral programming
- Speech/language therapy (consider use of the -59 modifier if programming and therapy are performed on the same day)
- Counseling

There's a modifier for that:

A modifier helps indicate when a procedure or service has been modified by individual circumstances but are still best described by existing codes. Can also be used for informational purposes only (i.e.. Location on the body). Commonly used CI modifiers:

- **(-22)** work required is substantially greater than typically required
- **(-50)** bilateral procedure performed in the same operative session
- **(-51)** multiple procedure codes reported on the same claim form
- **(-52)** reduced or eliminated services
- **(-59)** Distinct procedural service from another procedure performed on the same day
- **(76)** Repeat procedure or service provided by the same provider
- **(LT)** Left Side **(RT)** Right Side

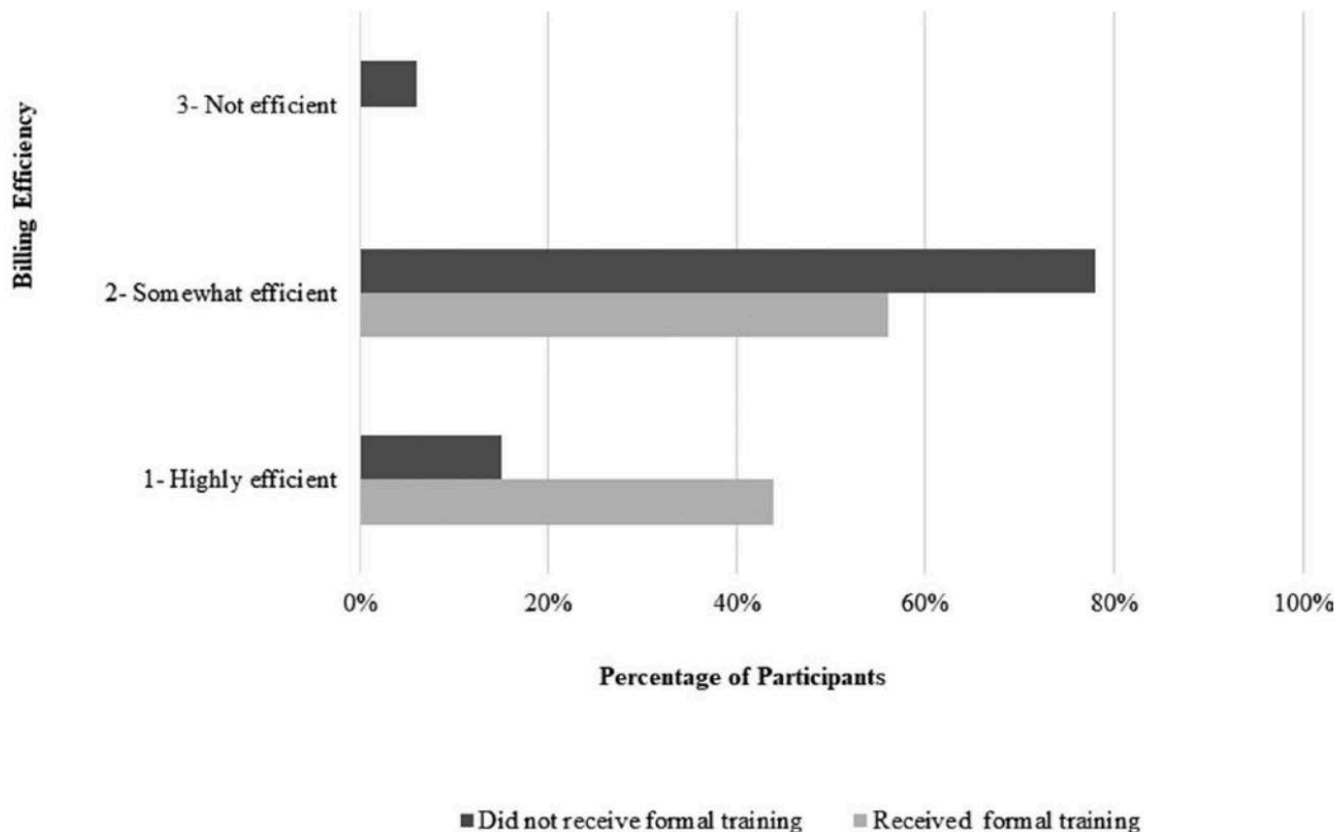
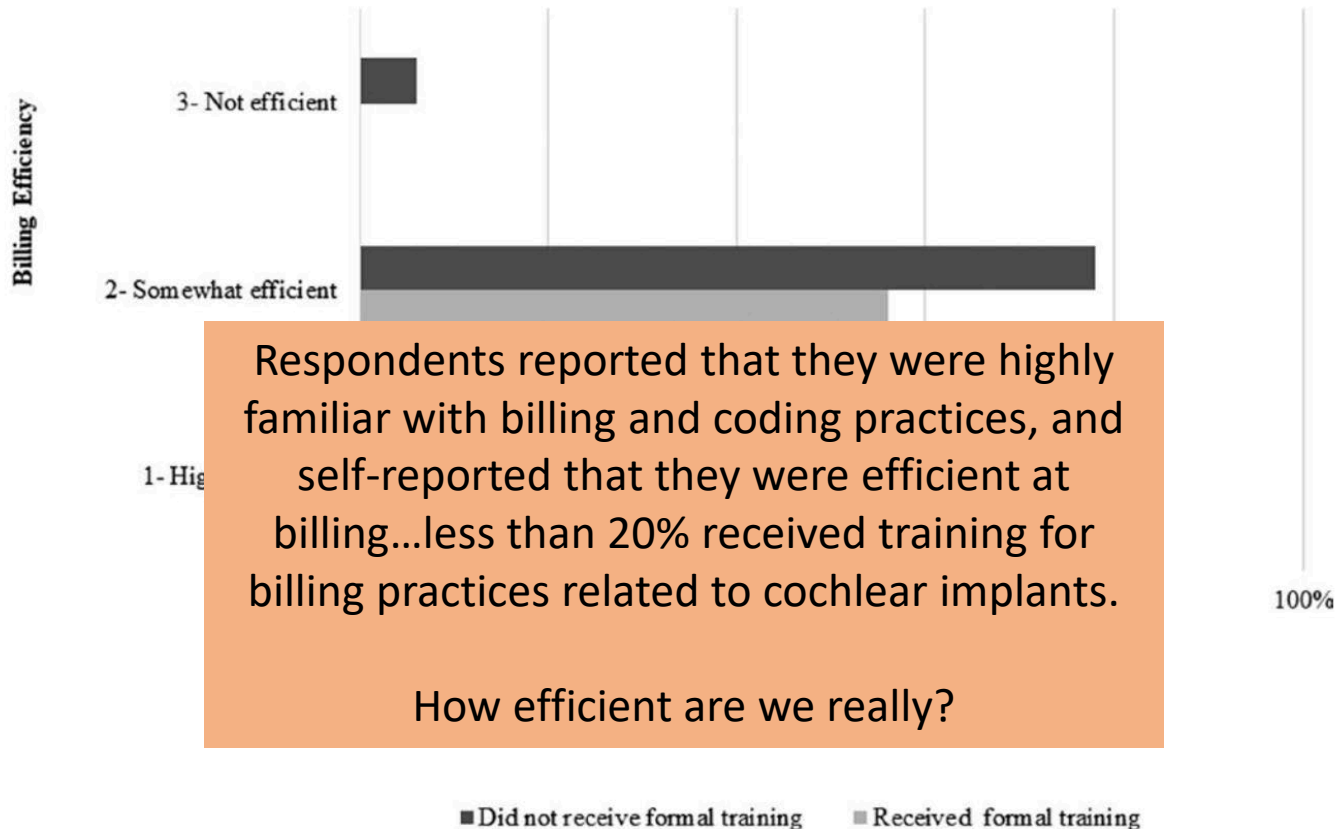


Fig. 1. Billing efficiency by training type. This figure illustrates the self-reported billing efficiency of participants by training type (i.e., received or did not receive formal training).



Respondents reported that they were highly familiar with billing and coding practices, and self-reported that they were efficient at billing...less than 20% received training for billing practices related to cochlear implants.

How efficient are we really?

Fig. 1. Billing efficiency by training type. This figure illustrates the self-reported billing efficiency of participants by training type (i.e., received or did not receive formal training).

Opportunities
exist to more
effectively
code and bill to
improve
reimbursement

*2022 Edits changed
ECAP billing

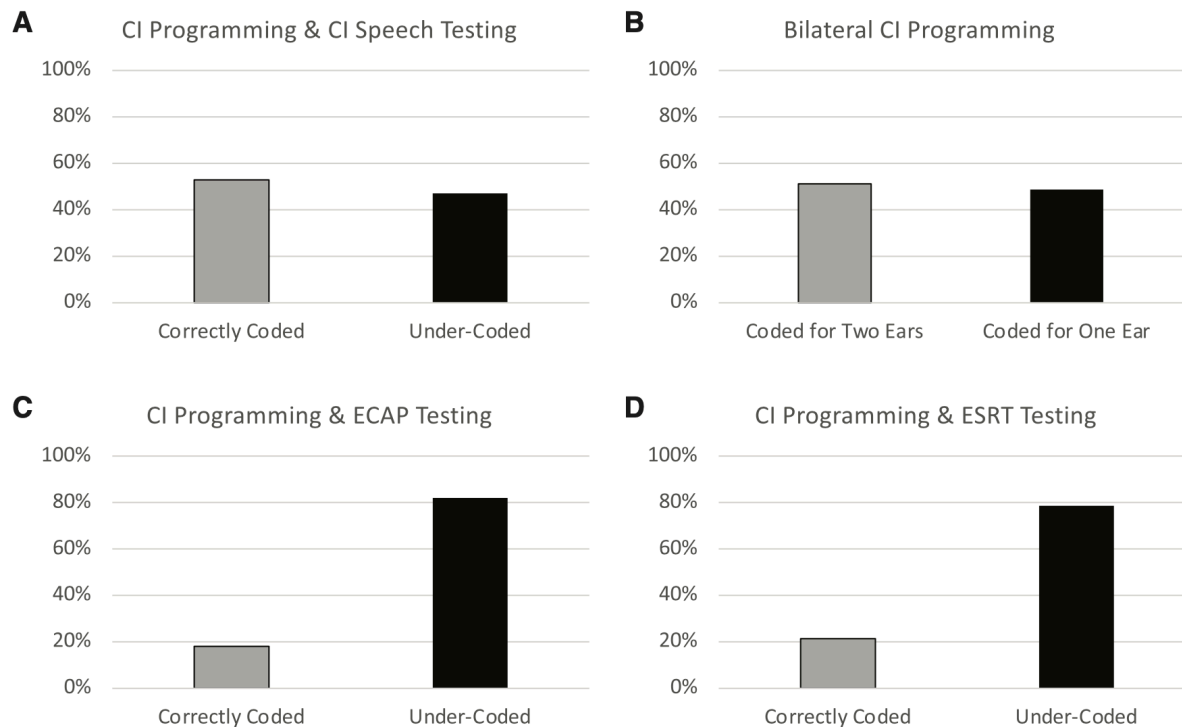


Fig. 3. Billing practices for combined CI services. This figure illustrates the self-reported frequency of billing practices for combined CI services performed on the same day. A, C, and D, Correctness of coding based on NCCI edits. B, Frequency of coding for one ear versus two ears when billing for bilateral CI programming. CI, cochlear implant.

What's the bottom line?

EFFICIENCY - We're not as efficient as we think we are

EDUCATION - We could be losing out on reimbursement due to lack of knowledge

TRANSPARENCY - We all benefit with improved transparency in billing practices

ACCOUNTABILITY - Being aware of how your productivity impacts the bottom line of your program is critical

Conclusion



Clinic viability is highly dependent on reimbursement

Reimbursement for programming can be optimized if clinicians familiarize themselves with good billing and coding practices

Work with your billing department. Ask questions. Transparency is key.

Knowledge is power – break down barriers to appropriate billing practices

Thank you

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