

Government Affairs

Code Alert!

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The AMA's Current Procedural Terminology (CPT) coding system, the coding system we use for the majority of our insurance billing, has a few updates relevant to audiology for 2010. They have bundled some of the impedance codes, as well as some of the ENG codes. The bundled codes are as follows.

92550 will be reported when you perform tympanometry and acoustic reflex testing instead of reporting 92567 (tympanometry) and 92568 (acoustic reflexes). 92570 will be reported if you perform tympanometry, reflexes and acoustic reflex decay. If you just perform tympanometry, you will continue to code 92567. The code 92569, acoustic reflex decay, will be eliminated, as that is typically not reported in isolation.

For ENG testing, you will now use code 92540 if you perform Spontaneous and Gaze tests (92541), Positional testing (92542), Optokinetic testing (92544) and Tracking (92545). The individual codes will remain in place should you only perform one of the procedures on a given day. Also, based on a Medicare Correct Coding Initiative (CCI) edit, you may only bill one of the individual codes on any given date of service. Calorics will continue to be billed using code 92543, one unit of service for each caloric performed, up to a maximum of four units of service. Utilizing the new codes, a typical ENG will be billed as 92540 = \$96.82 and 92543 x4 = 101.60
Total \$198.42

As can be expected, the new codes result in significant reductions in reimbursement from Medicare. This is in addition to the reductions already budgeted to take place in 2010. For example, in the 2010 Florida Area 03 fee schedule, tympanometry alone (92567) will pay \$16.03, acoustic reflexes (92568) will pay \$17.04. The bundled code for tympanometry and reflexes (92550) will only pay \$21.02. If reflex decay testing is included, the total reimbursement for code 92570 is only \$32.27.

The bundled ENG code 92540 results in more drastic cuts in reimbursement. If codes 92541, 92542, 92544 and 92545 were billed separately, the total would be \$187.42. While already a significant cut from 2009 rates, the bundled code results in an even lower payment of only \$96.82. Remember, Medicare law **REQUIRES** you to use bundled codes.

A new code for Epley Maneuver was introduced in 2009: code 95992. That is good news, bad news, bad news and good news.

The good news is that there is finally a code to accurately report treatment for BPPV that is not a physical therapy, time-based code. The bad news is that Medicare considers it treatment. As such, audiologists are excluded from billing for it. The other bad news is that Medicare has also valued the procedure at \$0.00. This means that even if we could bill for it, the reimbursement would be \$0.00. The good news is that Medicare excludes us from billing for it. As a result, you can still perform the procedure and have the patient pay out of pocket for your excellent services. You need to inform them that Medicare may cover the procedure if performed elsewhere, and

have them sign the Advance Beneficiary Notice (ABN) form. They then have the option of having you perform the service and paying out of pocket.

There are some important ramifications here, as many insurers look to Medicare for what they should cover. You will need to determine if, or what any third party payers that you may be contracted with will pay for canalith repositioning. You will also need to determine if your contract allows you to have the patient pay you out of pocket for non-covered services.