

**Audiologic/Aural
Rehabilitation:
Reimbursement Issues for
Audiologists and Speech-
Language Pathologists**

What is covered here

- New audiologic/aural rehabilitation (AR) codes
- Role of audiologists and SLPs in AR
- Advocacy and negotiation pointers
- Resources and contacts

Current Procedural Terminology (CPT) Codes

- CPT codes are required for reporting services
- Codes found in the otorhinolaryngological medical section of the CPT manual
- Audiology section primarily composed of diagnostic tests

GOOD NEWS!!!!

New audiologic/aural
rehabilitation codes are in
the 2006 CPT Manual.

Note on CPT codes

- CPT descriptors include the term *auditory rehabilitation*
- For consistency with ASHA documents, the term *audiologic/aural rehabilitation* will be used in this presentation

There are 4 new AR Codes

- **92626**: evaluation (both child and adult) – time code/1st hour
- **92627**: evaluation – time code/successive 15 minutes
- **92630**: auditory rehabilitation, prelingual hearing loss – per contact
- **92633**: auditory rehabilitation, postlingual hearing loss – per contact

Contact-based Codes (92630 and 92633)

- Unless otherwise specified, procedures are based on contacts
- Enter one code per procedure per date of service **regardless of time spent**
- Most audiology codes and common speech-language pathology codes are contact-based, not time-based.

Time-based Codes (92626* and 92627)

- Time period is specified (e.g., 15 minutes)
- Enter one code for each time period
- Example: 2 units = 30 minutes for a 15-minute procedure
- Time must be documented
- *92626 is for the first hour of evaluation; bill this only one time, then use 92627 for each additional 15 minutes

15-Minute Codes

("face-to-face" time only; applies only to 92627 for AR)

- 1 unit: 8 minutes to < 23 minutes
- 2 units: 23 minutes to < 38 minutes
- 3 units: 38 minutes to < 53 minutes
- 4 units: 53 minutes to < 68 minutes
- 5 units: 68 minutes to < 83 minutes
- [30-min code: 16 to < 46 minutes]

More AR coding news.....

- 92506 & 92507
 - *aural rehabilitation* has been deleted from those codes; **HOWEVER**,
 - Medicare will not reimburse for AR treatment codes; SLPs should use 92507
- **New AR codes are to be used by both audiologists and SLPs for payers other than Medicare**

ICD-9-CM

- There are two new codes in the International Classification of Diseases, 9th Revision, Clinical Modification that may be pertinent
 - V72.11 Failed hearing screening
 - V72.19 Hearing examination

Roles of audiologists and speech-language pathologists in AR

Roles of Audiologists and SLPs in AR

- Aural rehabilitation

“an ecological, interactive process that facilitates one’s ability to minimize or prevent the limitations and restrictions that auditory dysfunctions can impose on well-being and communication, including interpersonal, psychosocial, educational, and vocational functioning”

(Knowledge and skills required for the practice of audiologic/aural rehabilitation, ASHA, 2001)

Roles of Audiologists and SLPs in AR

- “Both audiologists and SLPs traditionally have provided rehabilitative services for children and adults with hearing disorders. Because hearing disorders can profoundly affect the acquisition, development, and use of speech and language, audiologists’ and SLPs’ roles may be complementary, interrelated, and, at times, overlapping.”

(Knowledge and skills required for the practice of audiologic/aural rehabilitation, ASHA, 2001)

Role of Audiologist

- *Preferred Practice Patterns for the Profession of Audiology (ASHA, 1997):*
 - AR Assessment: procedures to assess the impact of a hearing loss on communication, and receptive and expressive communication skills of individuals with hearing loss

**PPPs are under revision in 2006.*

Role of Audiologist

■ PPPs (continued)

- Assessment includes evaluation of reception, comprehension, and production of language in oral, signed, or written modalities; speech and voice production; perception of speech and non-speech stimuli in multiple modalities; listening skills; speech reading; and communication strategies
- Performance in both clinical and natural environments is considered
- May be part of an intra- or interdisciplinary process

Role of Audiologist

- PPPs (continued)
 - AR treatment: procedures to improve the communication abilities of individuals with hearing loss and facilitate receptive and expressive communication
 - Consists of treatment that focuses on reception, comprehension, and production of language in any modality

Role of Audiologist

- PPPs (continued)

- Treatment may focus on speech and voice production; auditory training; speech reading; multimodal training; communication strategies; education; and counseling
- May include fitting and dispensing recommendations; counseling related to psychosocial aspects of hearing loss; skills training and consultation regarding environmental modifications; evaluation and modification of audiologic management plan

Role of SLP

- *Preferred Practice Patterns for the Profession of Speech-Language Pathology (ASHA, 2004):*
 - AR Assessment: evaluate the impact of hearing loss on communication function, including the identification of speech-language-communication impairments and limitations
 - AR evaluation may be completed by a team, including SLP, audiologist, and others

Role of SLP

- PPPs (continued)
 - AR assessment:
 - Review relevant auditory/visual/motor/cognitive status
 - Standardized and nonstandardized methods to evaluate comprehension and production of language in oral, signed, or written modalities; speech and voice production; listening skills; speech reading; communication strategies

Role of SLP

- PPPs (continued)

- AR treatment: depends on needs of client

- May address early communication development, auditory training, emergent literacy

- Comprehension and production of language in oral, signed, or written modalities

- Speech and voice production, auditory training, speech reading, multimodal training, communication strategies, education, and counseling

**SO WE HAVE THE AR
CODES...**

...now what?

Problems with AR

- Payers have historically been reluctant to reimburse for AR.
- Advocacy is key!

Advocate for AR Reimbursement

Advocate (n)

- 1: one that pleads the cause of another, one who pleads the cause of another before a tribunal or judicial court
- 2: one who defends or maintains a cause or proposal

Advocate (v): to plead in favor of

Synonyms: support; promote; uphold; defend; argue for

Our Advocacy

Convince third parties that comprehensive coverage of speech-language pathology and audiology services should include AR.

Advocacy Plan

- 5-Step Professional Advocacy Plan:

- ⇒ Identify the outcome(s)
- ⇒ Identify the target(s)
- ⇒ Analyze the message/issue
- ⇒ Choose advocacy tools
- ⇒ Evaluate

Step 1: Identify the Outcome

- Think about the results
- Be realistic

Step 2: Target(s) of Influence

- Identify the person(s) you need to persuade
- Be specific in describing the target
- Learn about the target audience

Step 3: Analyze the Issue

- What are my targets' interests?
- What are the benefits and drawbacks to the target if you achieve your desired outcome?
- What kinds of evidence or arguments might the target find persuasive?
- Does the target understand speech-language pathology and audiology?

Step 4: Advocacy Tools

- Message
- Knowledge
- Image
- Allies
- Public Relations and Marketing Techniques

Step 4: Advocacy Tools

Message:

- What is a message?
 - *AR services are important*

- What does it have to do with your issue?
 - *AR services should be reimbursed under audiology and SLP coverage plans*

Step 4: Advocacy Tools

Messages are most persuasive when they are:

- Personalized
- Concise
- Evocative of emotion
- Delivered by a trusted or respected source

Step 4: Advocacy Tools

Knowledge:

- Find relevant information that already exists
 - *Use ASHA documents/efficacy summaries*
- Create information that you need
 - *Include data from your clients' progress and the functional impact AR services had on them*

Step 4: Advocacy Tools

Image:

- Establish yourself as a respected source

Step 4: Advocacy Tools

Allies:

- Who has similar interests?
- What authorities endorse your point of view?

Step 4: Advocacy Tools

Public Relations and Marketing Techniques:

- Brochures
- Newsletters
- Fact sheets (e.g., efficacy papers)
- Letter writing campaigns
- Report cards

Step 5: Evaluate

- Monitor progress toward outcome
- Review and revise tools as necessary
- Set new goals and start again

Negotiating Better

Reimbursement Rates

One Approach

- Some audiologists and SLPs have successfully argued that the old reimbursement value and rate for 92510 should be used for the new AR codes.
- That is, 92510 had a relative value of 3.65 and a 2005 Medicare fee of \$138.33

Negotiating Better Reimbursement Rates

- At the heart of any contract negotiation should be:
 - Solid data
 - Well-reasoned approach
- 5-step process to consider
- (www.medscape.com)

Step 1

- Determine the most common CPT codes
 - Codes that account for 75% of your total practice charges; in this case, consider new AR codes (92626, 92627, 92630, and 92633) and the old codes (92510 and 92507)
 - Record the number of times you provided the service over a 12-month period

Step 2

- Determine your top payers
 - Focus on 3-4 payers that make up the bulk of your reimbursement with or without your AR patients
 - Medicare and Medicaid use established fee schedules and do not negotiate

Step 3

- Determine your reimbursement for each code
 - Note how much each payer allows for each code on your list, remembering especially the AR codes
 - Calculate each payers' reimbursement as a % of Medicare's fee schedule

Step 4

- Review your fees for each code
 - Calculate your fees as a percentage of Medicare's rates
 - Update your fee schedule annually

Step 5

- Organize and analyze the data
 - Focus on the codes w/the highest volume and dollar value
 - Compare rates between plans

Review of 5 Step Process

- I. Determine the most common CPT codes
- II. Determine your top payers
- III. Determine your reimbursement for each code
- IV. Review your fees for each code
- v. Organize and analyze your data

Initiating Contact

Initiating Contact

IDENTIFY *an employer or, possibly, a health plan*

REVIEW the current health plan or employer

- What is covered for AR?
- What are the limits?

TARGET the decision maker

- Human Resources Director
- Benefits specialist
- Union representative

Initiating Contact

ARRANGE a meeting to discuss:

- Incidence and prevalence of hearing loss
- Services provided by audiologists and speech-language pathologists
- Credentials held by audiologists and speech-language pathologists
- Medical necessity of your services
- The effectiveness of treatment
- ASHA's National Center for Evidence-Based Practice resources
- Costs to add services
- Consumer satisfaction surveys

Initiating Contact

PREPARE for the meeting

- Benefits administrators and medical directors pose very direct questions
- Preparation is the only aspect of a negotiation over which you have complete control

Bargaining for Advantage

- Consider developing an Information-Based Bargaining Plan
- G. Richard Shell's book *Bargaining for Advantage* provides approach and template
- Work with ASHA State Advocate for Reimbursement (STAR)

Initiating Contact

FOLLOW UP

Essential!

A Call to ACTION!

- Support ASHA's efforts directly or via other organizations working with ASHA
- **Volunteer** to be on committees or boards
- Contact GRPP about your concerns
- Contact the members of the HCEC
- Write or contact your LC representative
- Write or contact your congressmen and/or senators



When survey information is collected please help

Sometimes ASHA needs to gather information that will clearly define a code

- Description of procedure/service
- Vignette
- Patient diagnosis
- Copies of peer reviewed articles
- Copies of additional published literature

ASHA Technical Assistance... just a phone call away!

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Reimbursement@asha.org

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- **Bottom Line Articles** on Reimbursement in *The Leader*
(go to *About ASHA/ASHA Leader/Bottom Line*)
- **Reimbursement information on the Web site**
(go to *For ASHA members only/Billing and Reimbursement*)

Consumer information and reimbursement products

- **Consumer information on reimbursement - New site!**
(click on "For the Public")
- **Purchase products that address issues of reimbursement**
(click on "Shop" at top of ASHA home page)

ASHA reimbursement products

- **Medicare Handbook for Audiologists**

A product just for audiologists that takes the guesswork out of Medicare. (2005)

- **Health Plan Coding and Claims Guide**

This product helps you understand health plan coverage, and assists you in the process of obtaining payment for speech-language pathology and audiology services.

- **Appealing Health Plan Denials**

Health plans deny speech-language pathology and audiology services for a variety of reasons, and often deny claims for services that appear to be reasonable and necessary. This practical guide helps clinicians to respond to and appeal these claims.

More products....

- **Negotiating Health Care Contracts and Calculating Fees: A Guide for Speech-Language Pathologists and Audiologists**

This new publication will help you negotiate successful contracts with health plans.

- **Getting Your Services Covered: A Guide for Working With Insurance and Managed Care Plans**

Designed to help practicing clinicians advocate for coverage of services. Provides guidelines on developing a reimbursement advocacy plan, including selecting a target audience, letters of introduction, and ways to contact key decision-makers.

THANK YOU!

