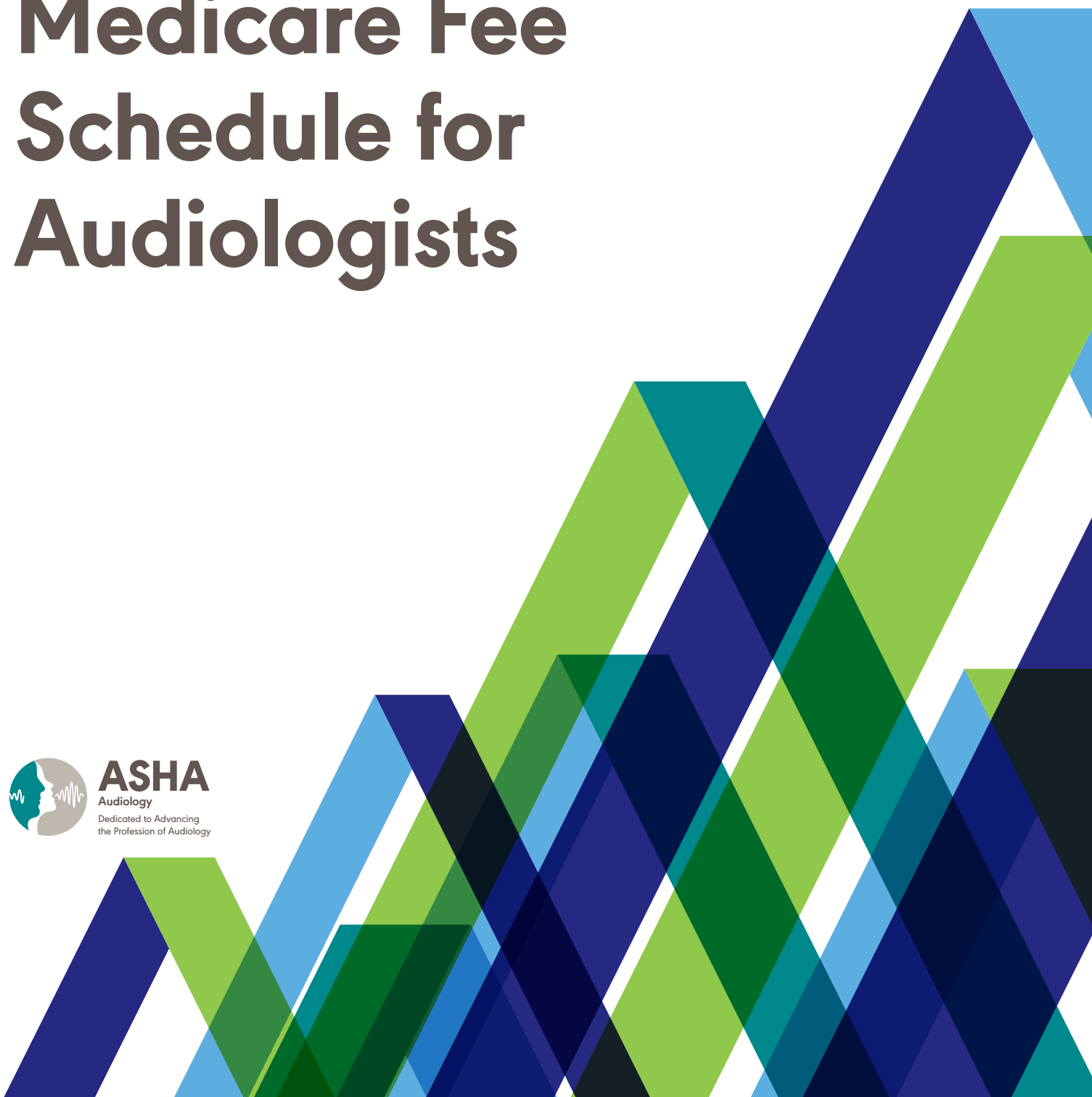
2020

Medicare Fee Schedule for Audiologists



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General Information

The American Speech-Language-Hearing Association (ASHA) developed this document to provide an analysis of the 2020 Medicare Physician Fee Schedule (MPFS), including comments on relevant policy changes, a list of Current Procedural Terminology (CPT®) codes used by audiologists with their national average payment amounts, and useful links to additional information.

Audiologists should always consult their local Medicare Administrative Contractor for final rates and coverage guidelines.

Additional information regarding the MPFS—including background information, how providers should calculate Medicare payment, and audiology-specific payment and coding rules—can be found on ASHA's Outpatient MPFS website. For questions, contact reimbursement@asha.org.

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Overview

Outpatient audiology services provided under Part B of the Medicare program are paid under the Medicare Physician Fee Schedule (MPFS). Congress approves annual payment updates to the MPFS. Starting in 2020, annual MPFS payment updates are frozen at 0.0% through 2025 because of a provision of the Medicare Access and CHIP Reauthorization Act of 2015. Additional payment adjustments—based on participation in Merit-Based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (AAPMs)—may also apply.

Rates associated with individual Current Procedural Terminology (CPT®) codes may continue to fluctuate due to adjustments to professional work, practice expense, and malpractice insurance values that are part of the fee calculation. Additionally, the Centers for Medicare & Medicaid Services (CMS) may request review and revaluation of certain codes that are flagged as potentially misvalued services.

This document includes regulations and rates for implementation on January 1, 2020, for audiologists providing services to Medicare Part B beneficiaries under the MPFS. Key policies addressed in this analysis include MIPS, new and updated CPT codes, and national payment rates for audiology-related services.

Additional information regarding the MPFS—including background information, instructions for calculating Medicare payment, and audiology payment and coding rules—can be found on ASHA's Outpatient MPFS website. For questions, please contact reimbursement@asha.org.

Analysis of the 2020 Medicare Physician Fee Schedule (MPFS)

ASHA reviewed relevant sections of the 2020 MPFS final rule and offers the following analysis of key issues for audiologists.

Payment Rates

Audiologists will generally see minor changes in 2020 payment rates because of two factors: 1) the conversion factor (CF) established by a statutory formula and 2) changes in the *practice expense*—one of several costs factored into the value of any given procedure code—for audiology codes.

ASHA's analysis of the MPFS revealed only small rate adjustments upwards or downwards for most CPT codes, with an estimated 1.00% total impact on national fee changes for audiology services. However, audiologists who provide vestibular testing services should be aware of a significant change to payment rates for computerized dynamic posturography, which is discussed in further detail in the new and updated CPT codes section (p. 4).

See Table 1 (p. 8) for a listing of audiology-related procedures and corresponding national payment rates. Visit ASHA's webpage on calculating Medicare fee schedule rates for information on how to access fees based on locality.

Conversion Factor (CF)

CMS uses the CF to calculate MPFS payment rates. CMS established a calendar year (CY) 2020 CF of **$36.0896**, which is slightly higher than the 2019 CF of $36.0391. This CF reflects the frozen annual payment update discussed in the overview as well as other mandated adjustments to maintain budget neutrality.

Relative Value Units

The value of each CPT code is calculated by separating the cost of providing the service into relative value units (RVUs) for three components: 1) professional work of the qualified health care professional, 2) practice expense (direct cost to provide the service), and 3) professional liability (malpractice)

insurance. The total RVUs for each service is the sum of the three components (components are adjusted for geographical differences); the RVUs for any particular CPT code are multiplied by the CF to determine the corresponding fee. See Table 3 (p. 16) for a detailed chart of final 2020 RVUs.

ASHA, through its Health Care Economics Committee, has worked with other audiology and physician groups to present data to the American Medical Association (AMA) Relative Value Update Committee (RUC) Health Care Professionals Advisory Committee (HCPAC) to systematically transfer the audiologist's time and effort out of the practice expense and into professional work. Professional work RVUs typically do not change over time, unlike practice expense values that fluctuate according to CMS payment formula policies. This effort is not yet complete, leaving some codes with only practice expense and malpractice components. ASHA will continue to work collaboratively with the American Academy of Audiology (AAA) and other audiology and specialty societies to address these issues. See ASHA's website for more information on the CPT code development and valuation process [PDF].

Potential Impact of Changes to Evaluation and Management (E/M) Codes on 2021 Payment Rates

In its release of the 2020 MPFS, CMS discussed changes to E/M coding and payment for CY 2021 and the projected impact of these changes on payment rates for Medicare providers. Due to the budget neutrality mandate for the Medicare program, CMS estimates a combined negative impact of 6% on payment for audiology services, beginning in 2021. This number does not take into account other potential adjustments in 2021 and should be considered for illustrative purposes. However, ASHA is dismayed by the scale of the estimated negative impact, given that audiologists do not currently have access to E/M services as part of their Medicare benefit category to help potentially offset the projected reductions in 2021. ASHA will actively engage with CMS, key decision-makers, and other specialty societies to seek a solution to the projected impact for audiologists.

New and Updated CPT Codes

The 2020 MPFS includes values for new and revised CPT (Current Procedural Terminology ® American Medical Association) codes for pre- and post-implant evaluation of auditory function and computerized dynamic posturography. Additional details regarding the changes are available on ASHA's website and in *The ASHA Leader*.

Pre- and Post-Implant Auditory Function Evaluation

Starting in 2020, CPT code 92626 is revised to describe an *evaluation of auditory function for surgically implanted device(s) candidacy or post-operative status of a surgically implanted device(s); first hour.* CPT code 92627—an add-on code—may be reported in conjunction with 92626 for each additional 15 minutes of the evaluation.

Although the code descriptions have changed to clearly describe their intended use, CMS will maintain the current values for CPT codes 92626 and 92627. ASHA worked with AAA to recommend these values to CMS, preventing potential reduction to payments for this evaluation.

Computerized Dynamic Posturography Testing

Beginning in 2020, CPT code 92548 will be used to report *computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report*. New code 92549 will also be available to report when the *motor control test (MCT)* and *adaptation test (ADT)* is completed in conjunction with the *sensory organization test (SOT)*.

ASHA and AAA worked with the American Academy of Neurology (AAN) and the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) to revise coding for CDP testing and submit recommended values to CMS. However, CMS did not accept the recommendations and has implemented lower values for both 92548 (CDP-SOT) and 92549 (CDP-SOT, MCT, and ADT).

Additionally, there will be substantial reductions to practice expense values, which reflect the direct cost of providing CDP testing. ASHA and AAA actively advocated CMS to phase-in the reductions over a 3-year span to mitigate the impact to audiologists; however, CMS chose not to implement the phase-in. As a result, audiologists should be prepared to see reductions of approximately 50% and 35% to Medicare Part B payments for 92548 and 92549 respectively, beginning in 2020. See Table 1 (p. 9) for the final national payment rates for 92548 and 92549.

Online Assessment by Qualified Nonphysician Health Care Professional (E-Visit)

CMS had proposed three new Medicare G-codes (G2061-G2063) that describe non-face-to-face, patient-initiated online assessments for use by qualified nonphysician health care professionals but did not provide additional guidance regarding reporting requirements or eligible providers. ASHA commented in support of implementation of the e-visit codes and urged CMS to allow audiologists and SLPs to report and receive payment for e-visits under the MPFS. However, CMS did not accept the recommendation and clarified in the final rule that these codes are outside the Medicare benefit category for most nonphysician specialty groups—including audiologists—and cannot be reported for Part B beneficiaries. As such, they are not included in the 2020 MPFS for audiologists.

The Quality Payment Program (QPP)

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 established the Quality Payment Program (QPP). The QPP includes two tracks—MIPS and AAPMs. Medicare modifies payment for outpatient services based on QPP participation. More information on the QPP can be found on the ASHA website.

Merit-Based Incentive Payment System (MIPS)

Audiologists first became eligible for MIPS in 2019 and will continue to participate in the program in 2020. If an audiologist meets the criteria for a MIPS eligible clinician (EC), they will need to report data associated with quality measures and improvement activities in 2020 that will be used to adjust their payments in 2022.

Since CMS has set exclusions and low-volume thresholds, a large majority of audiologists will be excluded from MIPS participation for 2020. MIPS only applies to clinicians in outpatient non-facility settings. In addition, clinicians must meet **ALL** of the following criteria to be required to participate:

- $90,000 or more allowed charges to the Medicare program for professional services; and
- treat 200 or more distinct Medicare beneficiaries; and
- provide 200 or more distinct procedures.

For eligible participants, a payment incentive or penalty will be applied to 2022 Medicare payments for performance on the quality and improvement activities (IAs) performance categories in 2020.

Clinicians meeting one or two of the criteria may opt-in to the program to compete for payment adjustments while others—who do not meet any of the criteria—may voluntarily report to gain experience. Required participants who choose not to report will be subject to the maximum payment reduction of 9% for the year.

For the quality performance category, MIPS eligible clinicians—including audiologists—must report a minimum of six measures when/if six measures apply. Currently, audiologists have six potentially applicable measures. CMS added three measures to the audiology specialty measure set for the 2020 performance/2022 payment year, as outlined below.

- Measure 130: Documentation of Current Medications in the Medical Record
- Measure 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- Measure 154: Falls: Risk Assessment

- Measure 155: Falls: Plan of Care
- Measure 181: Elder Maltreatment Screen and Follow-Up Plan (**new**)
- Measure 182: Functional Outcome Assessment (**new**)
- Measure 226: Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Measure 261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
- Measure 318: Falls: Screening for Future Falls Risk (**new**)

This will provide audiologists with the flexibility to select from nine options for reporting, as only a minimum of six measures need to be reported. See ASHA's website for additional details and ongoing updates regarding MIPS.

Advanced Alternative Payment Models (AAPMs)

AAPMs are Medicare approaches that incentivize quality and value. AAPMs take a variety of forms, including accountable care organizations, patient-centered medical homes, bundled payments, and episodes of care. Audiologists **have been able to participate** in the AAPM option since 2017. Those who successfully participate in 2020 will be eligible to receive a 5% lump-sum incentive payment on their Part B services in 2022. An example of an AAPM is the Medicare Shared Savings Program ACO-Track 2.

CMS decides which clinicians will be considered participants in an AAPM based on the Tax Identification Number for the group of clinicians. If the entire group of clinicians meets the threshold amount at any point during the performance period (Jan. 1–Aug. 31), all of the clinicians will receive the bonus payment attributed to their National Provider Identification numbers.

For example, in performance year 2020, an audiologist can qualify as a participant in an AAPM and receive the 5% incentive payment in 2022—if at least 25% of the group's Medicare payments or at least 20% of the group's Medicare patients receive services through the AAPM.

To allow more clinicians to qualify for the incentive payment, CMS began in performance year 2019 to also include other payers like Medicaid, private insurance and Medicare Advantage payments, and patient counts in the thresholds. For example, if 50% of the group's total payer payments or at least 35% of the group's total patient counts receive services through the AAPM, the clinicians would be eligible for the 5% incentive payment in 2022.

2020 Medicare Physician Fee Schedule for Audiology Services

The following table contains full descriptors and national payment rates for audiology-related services. Calculations were made using the 2020 CF (**$36.0896**). Please see ASHA's Outpatient MPFS website for other important information on Medicare CPT coding rules and Medicare fee calculations, including information on how to find rates by locality.

How to Read the MPFS and RVU Tables

Modifiers:

26: "Professional component," the portion of a diagnostic test that involves a physician's work and allocation of the practice expense.

TC: "Technical component," for diagnostic tests, the portion of a procedure that does not include a physician's participation. *The TC value is the difference between the global value and the professional component (26).*

No Modifier: "Global value," includes both professional and technical components. Typically, services provided by an audiologist will be paid at the global value when both testing and interpretation and report are completed by the audiologist.

"N/A" in Fee Columns:

Non-Facility: No rate established because service is typically performed in the hospital. If the contractor determines the service can be performed in the non-facility setting, it will be paid at the facility rate.

Facility: No rate established because service is not typically paid under the MPFS when provided in a facility setting. These services, including "incident to" and the TC portion of diagnostic tests, are generally paid under the hospital OPPS or bundled into the hospital inpatient prospective payment system. In some cases, these services may be paid in a facility setting at the MPFS rate, but there would be no payment made to the practitioner under the MPFS in these situations.

Table 1. National Medicare Part B Rates for Audiology Services

Medicare pays for audiology services at both facility and non-facility rates, depending on setting. Note that a separate payment system applies to hospital outpatient departments [PDF].

Please see ASHA's Medicare CPT Coding Rules for Audiology Services for additional Medicare Part B coding guidance.

See also: How to Read the MPFS and RVU Tables (p. 7)

CPT Code	Mod	Descriptor	2020 National Fee ($)	
			Non-Facility	*Facility*
92516		Facial nerve function studies (eg, electroneuronography)	**$70.01**	**$23.46**
92537		Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	**$42.59**	**N/A**
92537	TC	Caloric vestibular test with recording, bilateral; bithermal	**$10.11**	**N/A**
92537	26	Caloric vestibular test with recording, bilateral; bithermal	**$32.48**	**$32.84**
92538		monothermal (ie, one irrigation in each ear for a total of two irrigations)	**$23.10**	**N/A**
92538	TC	monothermal	**$6.50**	**N/A**
92538	26	monothermal	**$16.60**	**$16.60**
92540		Basic vestibular evaluation, includes • spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, • positional nystagmus test, minimum of 4 positions, with recording, • optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and • oscillating tracking test, with recording	**$109.71**	**N/A**
92540	TC	Basic vestibular evaluation…	**$28.15**	**N/A**
92540	26	Basic vestibular evaluation…	**$81.56**	**$81.56**
92541		Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	**$25.98**	**N/A**
92541	TC	Spontaneous nystagmus test…	**$4.33**	**N/A**
92541	26	Spontaneous nystagmus test…	**$21.65**	**$21.65**
92542		Positional nystagmus test, minimum of 4 positions, with recording	**$30.32**	**N/A**
92542	TC	Positional nystagmus test…	**$4.33**	**N/A**
92542	26	Positional nystagmus test…	**$25.98**	**$26.35**
92544		Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	**$18.04**	**N/A**
92544	TC	Optokinetic nystagmus test…	**$3.25**	**N/A**
92544	26	Optokinetic nystagmus test…	**$14.80**	**$14.80**

CPT Code	Mod	Descriptor	2020 National Fee ($)	
			Non-Facility	*Facility*
92545		Oscillating tracking test, with recording	**$16.96**	**N/A**
92545	TC	Oscillating tracking test…	**$3.25**	**N/A**
92545	26	Oscillating tracking test…	**$13.71**	**$13.71**
92546		Sinusoidal vertical axis rotational testing	**$113.68**	**N/A**
92546	TC	Sinusoidal vertical axis rotational testing	**$98.16**	**N/A**
92546	26	Sinusoidal vertical axis rotational testing	**$15.52**	**$15.52**
92547		Use of vertical electrodes (List separately in addition to code for primary procedure)	**$8.66**	**N/A**
92548		Computerized dynamic posturography, sensory organation test (CDP-SOT)	**$50.89**	**N/A**
92548	TC	CDP-SOT	**$15.16**	**N/A**
92548	26	CDP-SOT	**$35.73**	**$35.73**
92549		with motor control test (MCT) and adaptation test (ADT)	**$64.96**	**N/A**
92549	TC	with MCT and ADT	**$18.77**	**N/A**
92549	26	with MCT and ADT	**$46.19**	**$45.47**
92550		Tympanometry and reflex threshold measurements	**$22.74**	**N/A**
92552		Pure tone audiometry (threshold); air only	**$32.12**	**N/A**
92553		Pure tone audiometry (threshold); air and bone	**$38.98**	**N/A**
92555		Speech audiometry threshold;	**$24.18**	**N/A**
92556		with speech recognition	**$38.62**	**N/A**
92557		Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	**$38.98**	**$33.56**
92561		Bekesy audiometry; diagnostic	**$39.70**	**N/A**
92562		Loudness balance test, alternate binaural or monaural	**$45.11**	**N/A**
92563		Tone decay test	**$31.04**	**N/A**
92564		Short increment sensitivity index (SISI)	**$24.18**	**N/A**
92565		Stenger test, pure tone	**$15.88**	**N/A**
92567		Tympanometry (impedance testing)	**$16.24**	**$11.19**
92568		Acoustic reflex testing, threshold	**$16.24**	**$15.88**
92570		Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	**$33.92**	**$30.68**
92571		Filtered speech test	**$27.43**	**N/A**
92572		Staggered spondaic word test	**$35.37**	**N/A**
92575		Sensorineural acuity level test	**$66.40**	**N/A**
92576		Synthetic sentence identification test	**$36.81**	**N/A**
92577		Stenger test, speech	**$14.07**	**N/A**
92579		Visual reinforcement audiometry (VRA)	**$47.64**	**$39.34**

CPT Code	Mod	Descriptor	2020 National Fee ($)	
			Non-Facility	*Facility*
92582		Conditioning play audiometry	**$74.71**	**N/A**
92583		Select picture audiometry	**$49.08**	**N/A**
92584		Electrocochleography	**$75.07**	**N/A**
92585		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	**$137.86**	**N/A**
92585	TC	Auditory evoked potentials…comprehensive	**$110.43**	**N/A**
92585	26	Auditory evoked potentials…comprehensive	**$27.43**	**$27.43**
92586		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	**$96.72**	**N/A**
92587		Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3–6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	**$22.74**	**N/A**
92587	TC	Distortion product evoked otoacoustic emissions…limited	**$3.61**	**N/A**
92587	26	Distortion product evoked otoacoustic emissions…limited	**$19.13**	**$19.13**
92588		Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	**$34.65**	**N/A**
92588	TC	Distortion product evoked otoacoustic emissions…comprehensive	**$4.69**	**N/A**
92588	26	Distortion product evoked otoacoustic emissions…comprehensive	**$29.95**	**$29.95**
92596		Ear protector attenuation measurements	**$66.40**	**$0.36**
92601		Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	**$170.70**	**$129.20**
92602		subsequent reprogramming	**$106.83**	**$72.90**
92603		Diagnostic analysis of cochlear implant, age 7 years or older; with programming	**$159.16**	**$125.59**
92604		subsequent reprogramming	**$95.28**	**$70.01**
92620		Evaluation of central auditory function, with report; initial 60 minutes	**$96.36**	**$84.09**
92621		each additional 15 minutes (List separately in addition to code for primary procedure)	**$23.10**	**$19.49**
92625		Assessment of tinnitus (includes pitch, loudness matching, and masking)	**$72.18**	**$64.24**

CPT Code	Mod	Descriptor	2020 National Fee ($)	
			Non-Facility	*Facility*
92626		Evaluation of auditory function for surgically implanted device(s) candidacy or post-operative status of a surgically implanted device(s); first hour	**$92.39**	**$78.31**
92627		each additional 15 minutes (List separately in addition to code for primary procedure)	**$22.01**	**$18.41**
92640		Diagnostic analysis with programming of auditory brainstem implant, per hour	**$116.93**	**$98.89**
92700		Unlisted otorhinolaryngological service or procedure	**MAC priced**	**MAC priced**

Table 2. National Medicare Part B Rates for Treatment, Electrophysiology, or Non-Benefit Services

Audiologists may not directly bill Medicare for the procedures listed in this table because CMS reimburses audiologists only for hearing and balance diagnostic services. Although they are within the scope of practice of an ASHA-certified audiologist, Medicare does not recognize screenings, treatment, hearing aid, and electrophysiological services outside the hearing and balance systems when performed by an audiologist. Services in this table that are included as a Medicare benefit may be billed to Medicare when performed under the supervision of a physician and billed under the physician's National Provider Identifier (NPI) number. Services listed in Table 1 (p. 8) that are part of the audiology benefit must be billed under the audiologists' NPI and may *not* be billed "incident to" a physician (i.e., under the physician's NPI).

CPT Code	Mod	Descriptor	2020 National Fee ($)		Notes
			Non-Facility	*Facility*	
69209		Removal impacted cerumen using irrigation/lavage, unilateral	**$14.44**	**N/A**	Medicare does not allow use of this code by audiologists.
69210		Removal impacted cerumen requiring instrumentation, unilateral (for bilateral procedure, report 69210)	**$49.08**	**$33.92**	Medicare does not allow use of this code by audiologists.
92531		Spontaneous nystagmus, including gaze	**$0.00**	**$0.00**	Medicare does not cover vestibular tests *without* recording. See **92537-92548** in Table 1 (p. 8) for vestibular tests with recording.
92532		Positional nystagmus test	**$0.00**	**$0.00**	
92533		Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	**$0.00**	**$0.00**	
92534		Optokinetic nystagmus test	**$0.00**	**$0.00**	
92551		Screening test, pure tone, air only	**$0.00**	**$0.00**	Medicare does not cover screenings.
92558		Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	**$0.00**	**$0.00**	Medicare does not cover screenings.
92559		Audiometric testing of groups	**$0.00**	**$0.00**	This service is not paid under the MPFS.
92560		Bekesy audiometry; screening	**$0.00**	**$0.00**	Medicare does not cover screenings.
92590		Hearing aid examination and selection; monaural	**$0.00**	**$0.00**	Medicare does not cover services related to hearing aids.
92591		Hearing aid examination and selection; binaural	**$0.00**	**$0.00**	
92592		Hearing aid check; monaural	**$0.00**	**$0.00**	
92593		Hearing aid check; binaural	**$0.00**	**$0.00**	

CPT Code	Mod	Descriptor	2020 National Fee ($)		Notes
			Non-Facility	*Facility*	
92594		Electroacoustic evaluation for hearing aid; monaural	**$0.00**	**$0.00**	
92595		Electroacoustic evaluation for hearing aid; binaural	**$0.00**	**$0.00**	
92630		Auditory rehabilitation; prelingual hearing loss	**$0.00**	**$0.00**	Not recognized by Medicare.
92633		Auditory rehabilitation; prelingual hearing loss	**$0.00**	**$0.00**	Not recognized by Medicare.
95907		Nerve conduction studies; 1–2 studies	**$97.80**	**N/A**	Covered under the supervision of a physician
95907	TC	…1–2 studies	**$42.22**	**N/A**	
95907	26	…1–2 studies	**$55.58**	**$55.58**	
95908		Nerve conduction studies; 3–4 studies	**$124.15**	**N/A**	Covered under the supervision of a physician
95908	TC	…3–4 studies	**$54.86**	**N/A**	
95908	26	…3–4 studies	**$69.29**	**$69.65**	
95909		Nerve conduction studies; 5–6 studies	**$148.69**	**N/A**	Covered under the supervision of a physician
95909	TC	…5–6 studies	**$65.68**	**N/A**	
95909	26	…5–6 studies	**$83.01**	**$83.37**	
95910		Nerve conduction studies; 7–8 studies	**$195.61**	**N/A**	Covered under the supervision of a physician
95910	TC	…7–8 studies	**$84.45**	**N/A**	
95910	26	…7–8 studies	**$111.16**	**$111.52**	
95911		Nerve conduction studies; 9–10 studies	**$234.22**	**N/A**	Covered under the supervision of a physician
95911	TC	…9–10 studies	**$96.72**	**N/A**	
95911	26	…9–10 studies	**$137.50**	**$138.58**	
95912		Nerve conduction studies; 11–12 studies	**$268.15**	**N/A**	Covered under the supervision of a physician
95912	TC	…11–12 studies	**$104.30**	**N/A**	
95912	26	…11–12 studies	**$163.85**	**$165.29**	
95913		Nerve conduction studies; 13 or more studies	**$310.37**	**N/A**	Covered under the supervision of a physician
95913	TC	…13 or more studies	**$115.85**	**N/A**	
95913	26	…13 or more studies	**$194.52**	**$195.97**	

CPT Code	Mod	Descriptor	2020 National Fee ($)		Notes
			Non-Facility	*Facility*	
95925		Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	**$142.55**	**N/A**	Covered under the supervision of a physician
95925	TC	Short-latency somatosensory evoked potential study…in upper limbs	**$113.68**	**N/A**	
95925	26	Short-latency somatosensory evoked potential study…in upper limbs	**$28.87**	**$28.87**	
95926		Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	**$135.70**	**N/A**	Covered under the supervision of a physician
95926	TC	Short-latency somatosensory evoked potential study…in lower limbs	**$107.55**	**N/A**	
95926	26	Short-latency somatosensory evoked potential study…in lower limbs	**$28.15**	**$28.51**	
95938*		Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	**$356.57**	**N/A**	*Out of numerical order. Covered under the supervision of a physician
95938	TC	Short-latency somatosensory evoked potential study…in upper and lower limbs	**$308.93**	**N/A**	
95938	26	Short-latency somatosensory evoked potential study…in upper and lower limbs	**$47.64**	**$47.64**	
95927		Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	**$135.34**	**N/A**	Covered under the supervision of a physician
95927	TC	Short-latency somatosensory evoked potential study…in the trunk or head	**$107.55**	**N/A**	
95927	26	Short-latency somatosensory evoked potential study…in the trunk or head	**$27.79**	**$28.15**	

CPT Code	Mod	Descriptor	2020 National Fee ($)		Notes
			Non-Facility	*Facility*	
95930		Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	**$67.85**	**N/A**	Covered under the supervision of a physician
95930	TC	Visual evoked potential (VEP) testing…checkerboard or flash	**$48.72**	**N/A**	
95930	26	Visual evoked potential (VEP) testing…checkerboard or flash	**$19.13**	**$19.13**	
95937		Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	**$96.00**	**N/A**	Covered under the supervision of a physician
95937	TC	Neuromuscular junction testing…	**$60.27**	**N/A**	
95937	26	Neuromuscular junction testing…	**$35.73**	**$35.73**	
95940		Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	**N/A**	**$33.56**	Covered under the supervision of a physician
95941		Continuous neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	**$0.00**	**$0.00**	Not recognized by Medicare. **See G0453 below.**
G0453		Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (List in addition to primary procedure)	**N/A**	**$33.92**	Covered under the supervision of a physician
95992		Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day	**$45.83**	**$38.62**	Not covered under the audiology benefit.

Table 3. Detailed Relative Value Units (RVUs) for Audiology Services

This table contains only RVUs for codes covered under the audiology benefit, as listed in Table (p. 8). For geographically-adjusted RVUs, go to Addendum E in the CMS CY 2020 PFS Final Rule Addenda [ZIP] files.

See also: How to Read the MPFS and RVU Tables (p. 7)

CPT Code	Mod	Professional Work	Malpractice	Non-Facility Practice Expense	Non-Facility Total	Facility Practice Expense	Facility Total
92516		0.43	0.03	1.48	1.94	0.19	0.65
92537		0.60	0.02	0.56	1.18	N/A	N/A
92537	TC	0.00	0.01	0.27	0.28	N/A	N/A
92537	26	0.60	0.01	0.29	0.90	0.29	0.91
92538		0.30	0.02	0.32	0.64	N/A	N/A
92538	TC	0.00	0.01	0.17	0.18	N/A	N/A
92538	26	0.30	0.01	0.15	0.46	0.15	0.46
92540		1.50	0.06	1.48	3.04	N/A	N/A
92540	TC	0.00	0.01	0.77	0.78	N/A	N/A
92540	26	1.50	0.05	0.71	2.26	0.71	2.26
92541		0.40	0.02	0.30	0.72	N/A	N/A
92541	TC	0.00	0.01	0.11	0.12	N/A	N/A
92541	26	0.40	0.01	0.19	0.60	0.19	0.60
92542		0.48	0.02	0.34	0.84	N/A	N/A
92542	TC	0.00	0.01	0.11	0.12	N/A	N/A
92542	26	0.48	0.01	0.23	0.72	0.23	0.73
92544		0.27	0.02	0.21	0.50	N/A	N/A
92544	TC	0.00	0.01	0.08	0.09	N/A	N/A
92544	26	0.27	0.01	0.13	0.41	0.13	0.41
92545		0.25	0.02	0.20	0.47	N/A	N/A
92545	TC	0.00	0.01	0.08	0.09	N/A	N/A
92545	26	0.25	0.01	0.12	0.38	0.12	0.38
92546		0.29	0.03	2.83	3.15	N/A	N/A
92546	TC	0.00	0.02	2.70	2.72	N/A	N/A
92546	26	0.29	0.01	0.13	0.43	0.13	0.43
92547		0.00	0.00	0.24	0.24	N/A	N/A
92548		0.67	0.03	0.71	1.41	N/A	N/A
92548	TC	0.00	0.01	0.41	0.42	N/A	N/A
92548	26	0.67	0.02	0.30	0.99	0.30	0.99
92549		0.87	0.03	0.90	1.80	N/A	N/A
92549	TC	0.00	0.01	0.51	0.52	N/A	N/A
92549	26	0.87	0.02	0.39	1.28	0.39	1.26
92550		0.35	0.02	0.26	0.63	N/A	N/A
92552		0.00	0.01	0.88	0.89	N/A	N/A
92553		0.00	0.01	1.07	1.08	N/A	N/A
92555		0.00	0.01	0.66	0.67	N/A	N/A

CPT Code	Mod	Professional Work	Malpractice	Non-Facility Practice Expense	Non-Facility Total	Facility Practice Expense	Facility Total
92556		0.00	0.01	1.06	1.07	N/A	N/A
92557		0.60	0.03	0.45	1.08	0.30	0.93
92561		0.00	0.02	1.08	1.10	N/A	N/A
92562		0.00	0.01	1.24	1.25	N/A	N/A
92563		0.00	0.01	0.85	0.86	N/A	N/A
92564		0.00	0.01	0.66	0.67	N/A	N/A
92565		0.00	0.01	0.43	0.44	N/A	N/A
92567		0.20	0.01	0.24	0.45	0.10	0.31
92568		0.29	0.02	0.14	0.45	0.13	0.44
92570		0.55	0.03	0.36	0.94	0.27	0.85
92571		0.00	0.01	0.75	0.76	N/A	N/A
92572		0.00	0.02	0.96	0.98	N/A	N/A
92575		0.00	0.02	1.82	1.84	N/A	N/A
92576		0.00	0.01	1.01	1.02	N/A	N/A
92577		0.00	0.01	0.38	0.39	N/A	N/A
92579		0.70	0.03	0.59	1.32	0.36	1.09
92582		0.00	0.02	2.05	2.07	N/A	N/A
92583		0.00	0.01	1.35	1.36	N/A	N/A
92584		0.00	0.02	2.06	2.08	N/A	N/A
92585		0.50	0.04	3.28	3.82	N/A	N/A
92585	TC	0.00	0.02	3.04	3.06	N/A	N/A
92585	26	0.50	0.02	0.24	0.76	0.24	0.76
92586		0.00	0.02	2.66	2.68	N/A	N/A
92587		0.35	0.02	0.26	0.63	N/A	N/A
92587	TC	0.00	0.01	0.09	0.10	N/A	N/A
92587	26	0.35	0.01	0.17	0.53	0.17	0.53
92588		0.55	0.02	0.39	0.96	N/A	N/A
92588	TC	0.00	0.01	0.12	0.13	N/A	N/A
92588	26	0.55	0.01	0.27	0.83	0.27	0.83
92596		0.00	0.01	1.83	1.84	0.00	0.01
92601		2.30	0.09	2.34	4.73	1.20	3.58
92602		1.30	0.05	1.61	2.96	0.68	2.02
92603		2.25	0.09	2.07	4.41	1.14	3.48
92604		1.25	0.05	1.34	2.64	0.64	1.94
92620		1.50	0.06	1.11	2.67	0.77	2.33
92621		0.35	0.01	0.28	0.64	0.18	0.54
92625		1.15	0.05	0.80	2.00	0.58	1.78
92626		1.40	0.05	1.11	2.56	0.72	2.17
92627		0.33	0.01	0.27	0.61	0.17	0.51
92640		1.76	0.06	1.42	3.24	0.92	2.74

References

The American Speech-Language-Hearing Association. (n.d.). *Calculating Medicare Fee Schedule Rates.* Retrieved from https://www.asha.org/practice/reimbursement/medicare/calculating-medicare-fee-schedule-rates/.

The American Speech-Language-Hearing Association. (n.d.). *Medicare Administrative Contractor (MAC) Resources.* Retrieved from https://www.asha.org/Practice/reimbursement/medicare/Medicare-Administrative-Contractor-Resources/.

The American Speech-Language-Hearing Association. (n.d.). *Medicare CPT Coding Rules for Audiology Services.* Retrieved from https://www.asha.org/practice/reimbursement/medicare/aud_coding_rules/.

The American Speech-Language-Hearing Association. (n.d.). *The Medicare Merit-Based Incentive Payment System (MIPS): A Guide for Audiologists and Speech-Language Pathologists*. Retrieved from https://www.asha.org/Practice/reimbursement/medicare/The-Medicare-Merit-Based-Incentive-Payment-System/.

The American Speech-Language-Hearing Association. (n.d.). *The Medicare Quality Payment Program*. Retrieved from https://www.asha.org/practice/reimbursement/medicare/the-medicare-quality-payment-program/.

The American Speech-Language-Hearing Association. (n.d.). *New and Revised CPT Codes for 2020: Audiology.* Retrieved from https://www.asha.org/practice/reimbursement/coding/new_codes_aud/.

The American Speech-Language-Hearing Association. (n.d.). *The Outpatient Medicare Physician Fee Schedule*. Retrieved from https://www.asha.org/practice/reimbursement/medicare/feeschedule/.

The American Speech-Language-Hearing Association. (2019). *The Hospital Outpatient Prospective Payment System for Audiologists and Speech-Language Pathologists.* Retrieved from https://www.asha.org/uploadedFiles/2020-Hospital-Outpatient-Prospective-Payment-System-for-Audiologists-and-SLPs.pdf [PDF].

The American Speech-Language-Hearing Association. (2018). *How a CPT® Code Becomes A Code.* Retrieved from https://www.asha.org/uploadedFiles/How-A-CPT-Code-Becomes-A-Code.pdf [PDF].

The Centers for Medicare & Medicaid Services. (n.d.). *Medicare Shared Savings Program.* Retrieved from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html.

The Centers for Medicare & Medicaid Services. (n.d.). *Quality Payment Program "New QPP Resource Library".* Retrieved from https://qpp.cms.gov/.

The Centers for Medicare & Medicaid Services. (n.d.). *Alternative Payment Model Overview*. Retrieved from https://qpp.cms.gov/apms/overview.

The Centers for Medicare & Medicaid Services. (2019). *Fact Sheet: Finalized Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2020.* Retrieved from https://www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar.

The Centers for Medicare & Medicaid Services. (2019). *Geographically-adjusted RVUs.* Retrieved from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/CY2020-PFS-FR-Addenda.zip.

The Centers for Medicare & Medicaid Services. (2019). *Physician Fee Schedule: CMS-1715-F.* Retrieved from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html.

Swanson, N. (2019). *Bottom Line: Prepare for New and Revised CPT Codes Set to Debut in 2020*. The ASHA Leader, 24, 36-38. Retrieved from https://doi.org/10.1044/leader.BML.24102019.36.

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