2022

Hospital Outpatient Prospective Payment System for Audiologists and Speech-Language Pathologists

ASHA
American
Speech-Language-Hearing
Association

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General Information

The American Speech-Language-Hearing Association (ASHA) developed this document to provide an analysis of the 2022 Medicare Hospital Outpatient Prospective Payment System (OPPS), including Ambulatory Payment Classifications (APCs) using CPT (Current Procedure Terminology ® American Medical Association) codes.

ASHA's Medicare outpatient payment website provides additional resources and the most up-to-date information. If you have any questions, please contact reimbursement@asha.org.

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Overview

Medicare pays for hospital-based outpatient audiology services under the Outpatient Prospective Payment System (OPPS). Payment is determined by assignment of the Current Procedural Terminology (CPT) code to an Ambulatory Payment Classification (APC).

This document includes regulations for implementation on January 1, 2022, for audiologists providing services to Medicare beneficiaries in the outpatient hospital setting paid under the OPPS. National payment rates for audiology-related services are also included.

Speech-language pathology services performed in hospital outpatient departments are billed fee-for-service through the Medicare Physician Fee Schedule (MPFS), with the exception of a few CPT codes not classified as "always" or "sometimes" therapy codes. Services billed through the OPPS do not require the "GN" modifier. A complete list of the "always" and "sometimes" therapy codes billed under the MPFS can be found on the Centers for Medicare & Medicaid Services (CMS) Annual Therapy Update website. ASHA's website provides additional information on the MPFS for audiologists and speech-language pathologists (SLPs).

Analysis of the 2022 Hospital Outpatient Prospective Payment System

ASHA reviewed relevant sections of the 2022 OPPS final rule and offers the following analysis of key issues for audiologists and SLPs.

Payment Rates

CMS calculates units of payment under the OPPS in Ambulatory Payment Classifications (APCs), which group individual services based on similar characteristics and costs. The payment for each service within the APC is the same. Some services are classified as "ancillary," which indicates that those services, when performed with other "primary services," are seen as dependent on the primary service and not paid for separately. CMS refers to this method of bundling payment as "packaging."

See Table 1 (p. 5) for a listing of APC classifications and rates for audiologic and vestibular testing, Table 2 (p. 7) for cochlear implant and osseointegrated implant surgeries, Table 3 (p. 7) for related electrophysiological studies, and Table 4 (p. 8) for speech-language pathology and related services.

2022 Payment Updates

CMS updated 2022 payments by 2.0% and estimates that hospital outpatient departments will see between a 1.7% and 2.3% increase in payments, after taking the impact of all other policy changes into consideration. Specific payment changes also depend on the type and geographic location of each hospital (e.g., urban or rural hospital).

Revised Ambulatory Payment Classifications (APCs)

CMS finalized revisions to the values of several APCs related to audiology services, as reflected in Tables 1-4. ASHA's analysis noted only minor changes to APCs or bundling classifications for audiology services. However, audiologists should be aware of deleted CPT codes 92559 (group audiometric testing), 92560 (Bekesy screening), 92561 (diagnostic Bekesy), and 92564 (short increment sensitivity index test). ASHA's website and *The ASHA Leader* provide additional details on 2022 CPT code changes.

2022 OPPS Ambulatory Payment Classifications and National Fees

How to Read the OPPS Tables

The **APC (Ambulatory Payment Classification)** denotes the classification group with CPT codes based on similar characteristics and costs.

The **national fee** is the reimbursement rate for each code within the APC.

Classification Codes:

J1: *Hospital Part B service paid through a comprehensive APC*
All covered Part B services on the claim are packaged with the primary *J1* service for the claim, except services with classification codes *F*, *G*, *H*, *L,* and *U*; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services. APCs and CPT codes with those classifications are paid separately and are not packaged with the *J1* service.

N: *Items and Services Packaged into APC Rates*
Payment is always packaged into payment for other services. Therefore, there is no separate APC payment.

Q1: *Packaged APC Payment*
APCs and CPT codes billed on the same date of service as those classified with *S*, *T*, or *V* are packaged and not paid for separately. If billed without the classified *S*, *T*, or *V*, payment is made at the APC rate.

Q3: *Packaged APC Payment*
Service may be paid for separately if not billed with a composite APC.

S: *Separate APC Payment*
Regardless of the services performed on the same date of service, the CPT code is paid at the APC classification rate.

T: *Separate APC Payment; Multiple Payment Procedure Reduction Applies*
Regardless of the services performed on the same date of service, the CPT code is paid. However, services may be reduced if multiple codes subject to the Multiple Payment Procedure Reduction payment policy are billed.

Table 1. APCs and National Fees: Vestibular and Audiology Services

The services listed below are paid under the hospital OPPS. Audiology CPT codes not in Table 1 may be paid under the outpatient MPFS when provided in a facility setting, or bundled into the hospital inpatient prospective payment system for patients admitted into a Part A inpatient stay.

APC	Descriptor (2022 National Rate)		Bundling Classification	Notes
5721	*Level I Diagnostic Tests and Related Services* (**$142.59**)			*2021 Rate:* $139.55
	92517	VEMP test, w/interp & report, cervical	S	New code in 2021.
	92518	VEMP test, w/interp & report, ocular	S	New code in 2021.
	92537	Caloric vestibular test, bithermal, w/rec	S	
	92538	Caloric vestibular test, monothermal, w/rec	S	
	92540	Basic vestibular evaluation	S	
	92544	Optokinetic nystagmus test	S	
	92546	Sinusoidal rotational test	S	
	92550	Tympanometry & reflex threshold	Q1	
	92553	Audiometry air & bone	Q1	
	92557	Comprehensive hearing test	Q1	
	92562	Loudness balance test	Q1	
	92570	Acoustic immitance testing	Q1	
	92572	Staggered spondaic word test	Q1	
	92579	Visual audiometry (VRA)	Q1	
	92582	Conditioning play audiometry	Q1	
	92584	Electrocochleography	S	
	92601	Cochlear implant initial <7 years old	S	
	92602	Cochlear implant subsequent <7 years	S	
	92603	Cochlear implant initial >7 years old	S	
	92604	Cochlear implant subsequent >7 years	S	
	92620	Central auditory function eval, 60 minutes	Q1	
	92621	Central auditory function eval, each additional 15 min	N	Not separately payable; see 92620
	92625	Tinnitus assessment	Q1	
	92626	Auditory function eval, pre- and post-implant, first hour	Q1	
	92627	Auditory function eval, pre- and post-implant, each additional 15 min	N	Not separately payable; see 92626
	92640	ABI programming	S	
	92651	AEP hearing status determination, w/interp & report	S	New code in 2021.

APC	Descriptor (2022 National Rate)		Bundling Classification	Notes
5722	*Level II Diagnostic Tests and Related Services* (**$270.29**)			*2021 Rate:* $264.45
	92519	VEMP test, w/interp & report, cervical & ocular	S	New code in 2021.
	92545	Oscillating tracking test	S	
	92587	OAE limited	S	
	92588	OAE comprehensive	S	
	92652	AEP threshold estimation, multiple frequencies, w/interp & report	S	New code in 2021.
	92653	AEP neurodiagnostic, w/inter & report	S	New code in 2021.
5723	*Level III Diagnostic Tests and Related Services* (**$498.53**)			*2021 Rate:* $487.78
	92577	Stenger speech test	S	
5731	*Level I Minor Procedures* (**$25.23**)			*2021 Rate:* $24.67
	92564	SISI hearing test	Q1	**Deleted** in 2022. To report, use **92700**.
	92700	Miscellaneous ENT procedure/service	Q1	
5732	*Level II Minor Procedures* (**$34.57**)			*2021 Rate:* $33.84
	92555	Speech threshold audiometry	Q1	
	92563	Tone decay hearing test	Q1	
	92565	Stenger pure tone	Q1	
	92567	Tympanometry	Q1	
	92568	Acoustic reflex threshold	Q1	
	92571	Filtered speech test	Q1	
	92575	Sensorineural acuity test	Q1	
	92576	Synthetic sentence test	Q1	
	92596	Ear protector evaluation	Q1	
5733	*Level III Minor Procedures* (**$56.85**)			*2021 Rate:* $55.66
	92556	Speech threshold & discrimination	Q1	**Moved** from APC 5732
	92583	Select picture audiometry	Q1	**Moved** from APC 5732
5734	*Level IV Minor Procedures* (**$115.16**)			*2021 Rate:* $111.95
	92541	Spontaneous nystagmus test	Q1	
	92542	Positional nystagmus test	Q1	
	92548	CDP-SOT, 6 cond w/I&R	Q1	
	92549	CDP-SOT, 6 cond w/I&R, MCT & ADT	Q1	
	92552	Pure tone audiometry	Q1	
	92561	Bekesy audiometry	Q1	**Deleted** in 2022. To report, use **92700**.

Table 2. APCs and National Fees: Cochlear Implant and Osseointegrated Implant Surgeries

Audiologists in cochlear implant centers may be interested in the following APCs. However, the procedures listed in this table are for informational purposes only and are not for billing by audiologists.

APC	Descriptor (2022 National Rate)		Bundling Classification	Notes
5115	*Level V Musculoskeletal Procedures* (**$12,593.29**)			*2021 Rate:* $12,314.76
	69714	Implant AOI, percutaneous	J1	**Revised** in 2022.
	69716	Implant AOI, transcutaneous	JI	**New** in 2022.
5116	*Level VI Musculoskeletal Procedures* (**$16,513.36**)			*2021 Rate:* $15,868.13
	69715	Implant AOI, w/mastoidectomy	J1	**Deleted** in 2022.
5166	*Cochlear Implant Procedure* (**$35,202.61**)			*2021 Rate:* $34,427.56
	69930	Implant cochlear device	J1	

Table 3. APCs and National Fees: Related Electrophysiological Studies

Audiologists in cochlear implant centers may be interested in the following APCs. However, audiologists should confirm with state licensing agencies and hospital policies regarding the provision of electrophysiological studies not related to hearing and balance studies. Medicare requires direct (on-site) supervision by a physician.

APC	Descriptor (2022 National Rate)		Bundling Classification	Notes
5721	*Level I Diagostic Tests and Related Servcies* (**$142.59**)			*2021 Rate:* $139.55
	95907	Nerve conduction 1-2 studies	S	
	95937	Neuromuscular junction test	S	
5722	*Level II Diagnostic Tests and Related Services* (**$270.29**)			*2021 Rate:* $264.45
	92516	Facial nerve function test	S	
	95908	Nerve conduction 3-4 studies	S	
	95909	Nerve conduction test 5-6 studies	S	
	95910	Nerve conduction 7-8 studies	S	
	95925	Somatosensory testing	S	
	95926	Somatosensory testing	S	
	95927	Somatosensory testing	S	
	95930	Visual evoked potential test	S	
5723	*Level III Diagnostic Tests and Related Services* (**$498.53**)			*2021 Rate:* $487.78
	95911	Nerve conduction 9-10 studies	S	
	95912	Nerve conduction 11-23 studies	S	
	95913	Nerve conduction 13+ studies	S	
	95938	Somatosensory testing	S	

Table 4. APCs and National Fees: Speech-Language Pathology and Related Services

The following APCs include the services of interest to or performed by SLPs in the outpatient hospital setting that are not billed under the MPFS. These services are not on the "always" or "sometimes" therapy code list and, therefore, do not require the "GN" modifier. Services not listed here are billed fee-for-service and require adherence to Medicare Part B rules.

APC	Descriptor (2022 National Rate)		Bundling Classification	Notes
5151	*Level I Airway Endoscopy* (**$168.12**)			*2021 Rate:* $164.39
	92511	Nasopharyngoscopy	T	
5152	*Level II Airway Endoscopy* (**$383.88**)			*2021 Rate:* $376.51
	31579	Laryngoscopy telescopic	T	
5722	*Level II Diagnostic Services and Related Tests* (**$270.29**)			*2021 Rate:* $264.45
	92512	Nasal function studies	S	
	96112	Developmental testing, first hour	Q3	
	96113	Developmental testing, each additional 30 min	N	Not separately payable. See 96112.
5731	*Level I Minor Procedures* (**$25.23**)			*2021 Rate:* $24.67
	92700	Miscellaneous ENT procedure	Q1	
5734	*Level IV Minor Procedures* (**$115.16**)			*2021 Rate:* $111.95
	92520	Laryngeal function studies	Q1	

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