

## **FAQs ON AUDIOLOGY**

Updated 2/15/2012

We have received a number of questions regarding the requirements for billing audiology services. The following Q & A is intended to provide clarification and guidance for proper billing of audiology services.

***Q: What is an NPI and does an audiologist need one to bill Medicare?***

***Answer:*** The National Provider Identifier (NPI) is a unique identification number for covered health care providers. All health plans and health care clearinghouses use the NPIs for administrative and financial transactions adopted under HIPAA. Any audiologist who is seeing Medicare patients must obtain a NPI and enroll in Medicare as a provider before Medicare will consider payment of their claims. (Medicare does not reimburse any provider or practitioner who is not enrolled in the program.) Please note that this is not a new policy; it has been in effect for several years, but CMS has been strengthening data collection of provider numbers.

Audiologists that “perform services under the supervision of an Otolaryngologist and previously billed for their services using the Otolaryngologist’s NPI” are required to obtain and use their own NPI – designating them as the “rendering provider.” The audiologists must also be enrolled in Medicare if they are seeing Medicare beneficiaries; Medicare will not consider the billed charges if the audiologist is not enrolled as a provider.

***Q: Can you clarify what happened with regard to audiology services and NPI numbers?***

***Answer:*** Audiologists, who had been performing services under the supervision of an otolaryngologist, and billing the services using the otolaryngologist’s NPI, have been required to have their own NPI since October 2008.

**See Transmittal 1550:**

<http://www.cms.gov/Transmittals/Downloads/R1550CP.pdf>.

***Q: If my audiologist does not have an NPI, how long will it take to obtain one?***

***Answer:*** It takes approximately one to two weeks to obtain an NPI, but enrollment in the Medicare program can take 90- 120 days.

***Q: How do I obtain an NPI and enroll in Medicare?***

**There are three ways to obtain an NPI:**

1. Complete the on-line application at the NPPES web site; <https://NPPES.cms.hhs.gov/NPPES/Welcome.do>
2. Download the paper application form at [www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/) and mail it to the address on the form; or
3. After asking you for your permission, authorize an employer or other trusted organization to obtain an NPI for you through bulk enumeration, or Electronic File Interchange (EFI).

**The Medicare enrollment form is online at:**

<https://pecos.cms.hhs.gov/pecos/login.do> or you can complete the **CMS 855I form** at:

<http://www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf>

***Q: Does an audiologist have to be enrolled in Medicare to use an NPI?***

***Answer:*** No. All HIPAA “covered entities” (including audiologists) are eligible to receive NPIs (the universal provider numbers) even if they aren’t enrolled in Medicare. However, to receive reimbursement for services rendered to a Medicare beneficiary, the audiologist must be enrolled into Medicare.

***Q: If an audiologist has an NPI, but is not credentialed by Medicare, how does reimbursement to the practice work?***

***Answer:*** In order to receive payment from Medicare, the audiologist must be enrolled in the Medicare program. Medicare “enrolled” means the same thing as being “credentialed.” ***Per [MedLearn Matters 5229](#)***: “Providers, for NPI provider identifier editing purposes, are categorized as either “primary” or “secondary” providers. Primary providers include billing, pay-to, and rendering providers. Primary providers are required to be enrolled in Medicare for the claim to qualify for payment.”

***Q: Does the NPI rule apply to employed audiologists or audiologists that operate independently?***

***Answer:*** The NPI billing rule applies to audiologists who are employed by the physician and to those who are self-employed.

***Q: We have audiologists who are employed by the group practice. Does this mean that we can no longer bill those services under the name and provider number of the physician?***

***Answer:*** Yes. The services performed by the audiologists must be billed under the name and National Provider Identifier (NPI) of the audiologist, not the physician's name and NPI.

***Q: What does it mean that audiologist services can't be billed as "incident to"? What is the CMS definition of "incident-to billing"?***

***Answer:*** [Medlearn Matters article #0441](#) clarifies "incident to" a service. CMS no longer allows audiologists to use the incident-to billing that had previously been widely used. Regulatory language from 2003 requires that services with their own benefit category cannot be billed under the incident-to billing methodology.

Audiologists may bill for the global service if they perform both technical and professional components of the diagnostic tests that have both components. Since the services are diagnostic tests, the audiologist's NPI is required on all claims for services furnished by the audiologist.

CMS defines services that qualify as "incident to" the physician's services as: *the services must be part of your patient's normal course of treatment during which a physician personally performed an initial service and remains actively involved in the course of treatment.*

The physician must provide direct supervision by being present in the office suite to assist if necessary. However, the physician does not have to be physically present in the patient's treatment room while these services are provided. In addition, the patient record should document the essential requirements for "incident to" service.

***Specifically these services must be characterized by all of the following requirements:***

1) *an integral part of the patient's course of treatment;*

2) *commonly rendered without charge (included in the physician's bills);*  
3) *of a type commonly furnished in a physician's office or clinic (not in an institutional setting); and*  
4) *an expense to the practice/physician.*

***Source:***

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0441.pdf>

***Audiology services do not meet the incident-to requirements above.*** The audiology tests are billed separately from the evaluation and management service rendered by the physician; the tests are provided for a fee (rather than being included or "bundled" into the physician's charges).

***Q: Can audiologists bill separately from physicians with no input or referral? What about audiology services provided in the office by a technician or nurse under physician direction with no audiologist? Can I still bill for that?***

***Answer:*** Medicare will still require a physician's order for auditory services rendered by an audiologist. Services rendered by a technician or nurse under physician direction may still be billed under the name and NPI of the physician, also known as "incident-to." The technician's services must meet the requirements for the use of technicians.

***Q: If an audiologist is employed by a physician's practice, and if the service is billed with the audiologist's NPI in Box 24J (rendering provider ID#) and the physician group info in Box 33 (pay-to provider) – who receives the reimbursement?***

***Answer:*** Reimbursement goes to the billing provider ("pay to" provider) whose information was placed in Box 33. ***Per National Uniform Claim Committee instructions for the CMS-1500 form, "Item 33 identifies the provider that is requesting to be paid for the services rendered and should always be completed."***

[http://www.nucc.org/images/stories/PDF/claim\\_form\\_manual\\_v3-0\\_7-07.pdf](http://www.nucc.org/images/stories/PDF/claim_form_manual_v3-0_7-07.pdf).

On your claims, the provider who actually renders the service should be shown as the "rendering provider" in box 24J.

***Q: If an audiologist submits a claim to Medicare, will the reimbursement be reduced by 15% (the non-physician practitioner discount)?***

***Answer:*** No, the services will be eligible for reimbursement at 100% of the fee schedule amount, minus the beneficiary's 20% co-insurance. The fee schedule values take into account a combination of both physician work effort and audiologist work effort; it is not subject to any reduction in reimbursement off of the Medicare physician fee schedule.

***Q: How can we bill if the patient has a secondary private insurer, which will not reimburse services where the audiologist is the rendering provider?***

***Answer:*** If the secondary insurer does not recognize claims with the audiologist as the rendering provider, you will need to update the claim with the physician as the rendering physician and then re-submit the claim to obtain payment.

***Q: What services can an audiologist perform?***

***Answer:*** Audiologists can perform diagnostic "audiology services" which are defined as "hearing and balance assessment services furnished by a qualified audiologist as the audiologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), as would otherwise be covered if furnished by a physician."

Auditory diagnostic testing refers to tests of the auditory and vestibular systems, e.g., hearing, balance, auditory processing, tinnitus and diagnostic programming of certain prosthetic devices, performed by qualified audiologists.

There is currently no provision in the law for Medicare to pay audiologists for therapeutic services such as vestibular treatment, auditory rehabilitation, and auditory processing treatment. While they are considered within the scope of practice for an audiologist, they are not diagnostic tests, and therefore, cannot be billed to Medicare by audiologists.

***Q: Has CMS provided written guidance in these areas?***

***Answer:*** CMS has issued several articles and transmittals explaining the policies that govern Medicare audiology billing services.

In June 2010, CMS issued [MedLearn Matters article #MM6447](#) to further clarify the qualifications required to perform and report audiology diagnostic tests.

On July 18, 2008, CMS issued [Transmittal 1550](#) which reinforces the requirement that audiologists obtain an NPI and get enrolled into Medicare by October 1, 2008.

[CMS MedLearn Matters article #MM5717](#) provides a summary of the audiology services that are covered by Medicare. Some of the article's key points are:

- Medicare will pay for services within the physician's scope of practice that are provided personally by the physician.
- Medicare will still require a referral for audiological services rendered by an audiologist.
- Services rendered by a technician or nurse under physician direction may still be billed under the name and NPI of the physician.

***Q: Are there exclusions for auditory diagnostic evaluations?***

***Answer:*** As set out in the **Medicare Benefit Policy Manual , Chapter 15, Section 80.3:**

*under any Medicare payment system, payment for auditory diagnostic tests is not allowed by virtue of their exclusion from coverage in section 1862(a)(7) of the Social Security Act when:*

- *The type and severity of the current hearing, tinnitus or balance status needed to determine the appropriate medical or surgical treatment is known to the physician before the test; or*
- *The test was ordered for the specific purpose of fitting or modifying a hearing aid.*

For further information, see **CMS Transmittal 132:**

<https://www.cms.gov/transmittals/downloads/R132BP.pdf>

***Q: What are the "skills of an audiologist"?***

***Answer:*** According to CMS, some auditory tests, for both the technical and professional components, require the skills of an audiologist to perform the test and interpret not only the data

output, but also the manner of the patient's response to the test. These types of tests MUST be performed by a qualified audiologist or physician. The skills of an audiologist involve skilled judgment or assessment including, but not limited to:

- Interpretation, comparison or consideration of the anatomical or physiological implications of test results or patient responsiveness to stimuli during the test;
- Modification of the stimulus based on responses obtained during the test;
- Choices for subsequent presentations of stimuli, or tests in a battery of tests;
- Tests related to implantation of auditory prosthetic devices, central auditory processing, contralateral masking; and/or
- Tests designed to identify central auditory processing disorders, tinnitus, or nonorganic hearing loss.

***Q: Are there services audiologists can't perform?***

***Answer:*** Medicare will not pay audiologists for therapeutic services. For example, vestibular treatment, auditory rehabilitation and auditory processing treatment. While they are considered within the scope of practice for an audiologist, they are not diagnostic tests and therefore can't be billed to Medicare by audiologists.

***Q: What services can Audio/ Oto-Techs perform under Medicare's Audiology Diagnostic Testing Requirements?***

***Answer:*** Medicare auditory diagnostic testing requirements say that qualified technicians can only perform diagnostic tests (with both the technical and professional component) under direct physician supervision of a physician. For a more detailed explanation, please see the Academy's Audio/ Oto-Tech Billing Resource available [here](#).

***Q: Does the audiologist need to have an AudD degree, or will a master's degree qualify?***

***Answer:*** Federal regulations define a "qualified audiologist" as an individual with a master's or doctoral degree in audiology that maintains documentation to demonstrate that he or she meets one of the following conditions:

- The State in which the individual furnishes audiology services meets or exceeds State licensure requirements and the individual is

licensed by the State as an audiologist to furnish audiology services.

- In the case of an individual who furnishes audiology services in a State that does not license audiologists, or an individual exempted from State licensure based on practice in a specific institution or setting, the individual **must meet one of the following conditions:**
  - Have a Certificate of Clinical Competence in Audiology granted by the American Speech-Language-Hearing Association.
  - Have successfully completed a minimum of 350 clock-hours of supervised clinical practicum (or is in the process of accumulating that supervised clinical experience under the supervision of a qualified master or doctoral-level audiologist); performed at least 9 months of full-time audiology services under the supervision of a qualified master or doctoral-level audiologist after obtaining a master's or doctoral degree in audiology, or a related field; and successfully completed a national examination in audiology approved by the Secretary.

*[Refer to 43 FR 45224, Sept. 29, 1978, as amended at 45 FR 24888, Apr. 11, 1980; 56 FR 8854, Mar. 1, 1991; 60 FR 19861, Apr. 21, 1995; 69 FR 30587, May 28, 2004]*

***Q: Can audiologists complete the reassignment of benefits form (855R) to re-assign their benefits to solo-practitioners?***

***Answer:*** According to Medicare guidelines, audiologists cannot reassign benefits to solo-practitioners. If you are a solo practitioner, you may want to consider enrolling in Medicare as a group in Medicare after incorporating your practice. Please contact an attorney for more details on how to incorporate your practice in your state.



*We realize that there are questions still unanswered. If you have further questions, please contact [healthpolicy@entnet.org](mailto:healthpolicy@entnet.org).*