

Part B Insider (Multispecialty) Coding Alert

Audiology Coding: CMS Clarifies How to Report Audiology Services

Look for a physician order for diagnostic audiology tests.

If you thought CMS's May transmittal on coding for audiology services was the last word on the subject, think again. On July 23, the agency rescinded the May directive and issued new guidance that should help clarify any audiology billing issues you may have.

Transmittal 129 not only breaks down how you'll report audiology services, but also defines what comprises these services.

Who qualifies: According to the transmittal, "the term 'audiology services' specifically means such hearing and balance assessment services furnished by a qualified audiologist as the audiologist is legally authorized to perform under state law." When CMS documents refer to "audiology services," it's understood that this term applies to services "furnished by an audiologist, physician, nonphysician practitioner, or hospital," the transmittal says.

Incident to clarification: Because audiological diagnostic testing is designated by CMS under the benefit "other diagnostic tests," you cannot report these tests as incident-to services. Orders Are Important Like other diagnostic tests, Medicare requires a physician or nonphysician practitioner (NPP) to order diagnostic audiology services. "If a beneficiary undergoes diagnostic testing performed by an audiologist without a physician order, the tests are not covered even if the audiologist discovers a pathologic condition," the Medicare transmittal notes.

In cases where the physician or NPP orders diagnostic audiology services but does not indicate which specific tests to perform, "the audiologist may select the appropriate battery of tests," CMS notes in the directive.

To read the complete Medicare transmittal, visit www.cms.gov/transmittals/downloads/R129BP.pdf.