# Remote Programming Coding Guide for Reimbursement from Medicare and Other Plans



## AB Remote Programming is reimbursable through Medicare

In this guide, you can find information on:

- Definitions of commonly used terms for billing and reimbursement for Remote Programming
- General guidance for Medicare telehealth payment
- Examples of clinical scenarios with paper claim forms
- Telehealth billing and state lines

## AB's Remote Programming Solution

Remote Programming allows you to provide the same quality of care in-clinic or remotely with the AB Remote Support App. With full access to all diagnostic and programming features, you can synchronously program your patients' hearing systems and incorporate real time feedback using Target CI v1.5 and your patient's smartphone.

As if they were in the clinic, you can discuss your patients' progress, run eCAP measures and impedances, fully program any new or previous map in real time, and even finetune bimodal systems in the same session.

Only AB Remote Programming is reimbursable because it meets Medicare's telehealth reimbursement requirements. Specifically, Remote Programming is eligible because it:

- Is on the Medicare List of Approved Telehealth Services (under PHE extension)
- Provides interactive audio and video telecommunications
- Enables real-time communication between distant site physician or practitioner and the beneficiary
- Requires that the patient is present and participating in the telehealth visit

# Telehealth Terminology

Definitions of commonly used terms for billing and reimbursement for Remote Programming

## Originating and Distant Sites

**Originating Site:** The originating site is the patient location. This is defined as the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs.<sup>2</sup> Example of originating sites are the patient's home, a location, other than a hospital or other facility, where the patient receives care in a private residence, an office or a facility.

## Place of Service (POS) Codes for Originating Sites

POS<sub>10</sub>

Telehealth services are provided in patient's home as defined as follows: patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.<sup>3</sup>

POS02

Telehealth services are provided in any other location than the patient's home as defined as follows: patient is not located in their home when receiving health services or health related services through telecommunication technology.<sup>3</sup>

**Distant Site:** The distant site is the audiologist location. This is defined as the site where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system.<sup>2</sup> This could be an office or a facility.

#### Place of Service (POS) Codes for Distant Sites

POS11

Audiologist is located in their office, as defined as follows: location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.<sup>4</sup>

POS19

Audiologist is located on an off campus hospital outpatient department. This is defined as follows: A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016)<sup>4</sup>

POS22

Audiologist is located in an on campus-hospital outpatient department, defined as follows: a portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016)<sup>4</sup>

#### Medicare Telehealth Modifier

There are two medicare telehealth modifiers. Only telehealth modifier -95 applies and is allowed for CI services, which is the modifier for service rendered through synchronous audio and video systems.<sup>5,6</sup>

**-95:** Synchronous telemedicine service rendered via a real-time interactive <u>audio and video</u> telecommunications system.<sup>5,6</sup>

A modifier will only be reported on claims by facilities for audiology services.

# Medicare Telehealth Payment

General Guidance and Information

## For Medicare payment to occur:

- Interactive audio and video telecommunications must be used.
- There must be real-time communication between distant site physician or practitioner and the Medicare beneficiary.
- Patient must be present and participating in the telehealth visit.

Professional payment is the same for the audiologist as if the service were provided in person at the audiologist's office. There can be a separate payment for the originating site, but only if the site is a facility. There is no separate payment if services were rendered when the patient is home.<sup>8</sup>

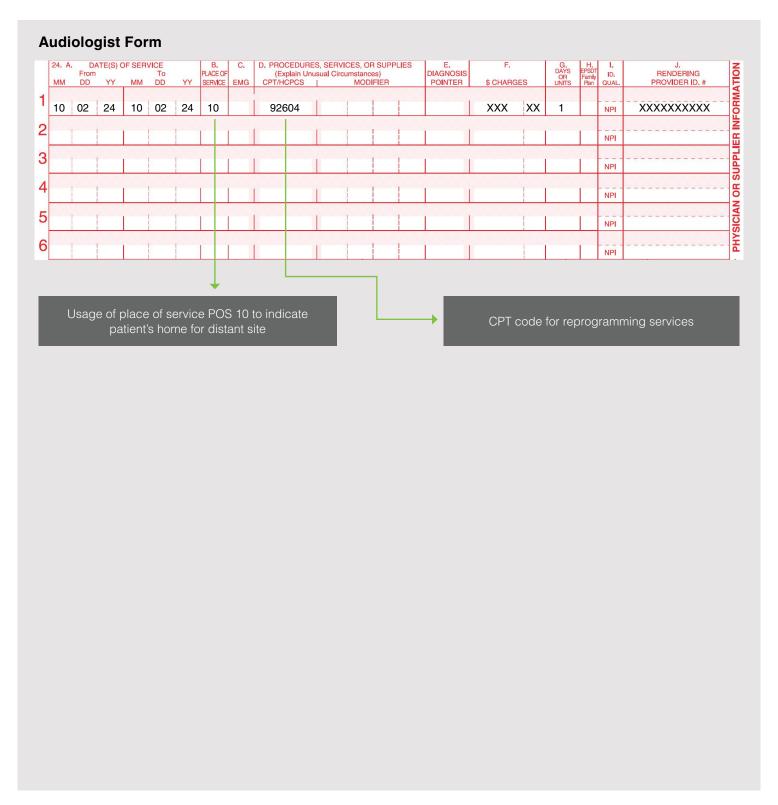
Cochlear Implant Remote Programming uses the same CPT Codes as for in-person services, and remote service payment amounts are the same. The patient will have a copayment, here as well. **Clinician payment: POS 10 (home) pays non-facility rate and POS 02 (other than home) pays facility rate.**<sup>11</sup> If the patient is located from a healthcare facility (rather than from home), the facility bills the originating site fee (Q3014), which is flat nationally.<sup>11</sup>

#### Here are the CPT codes leveraged

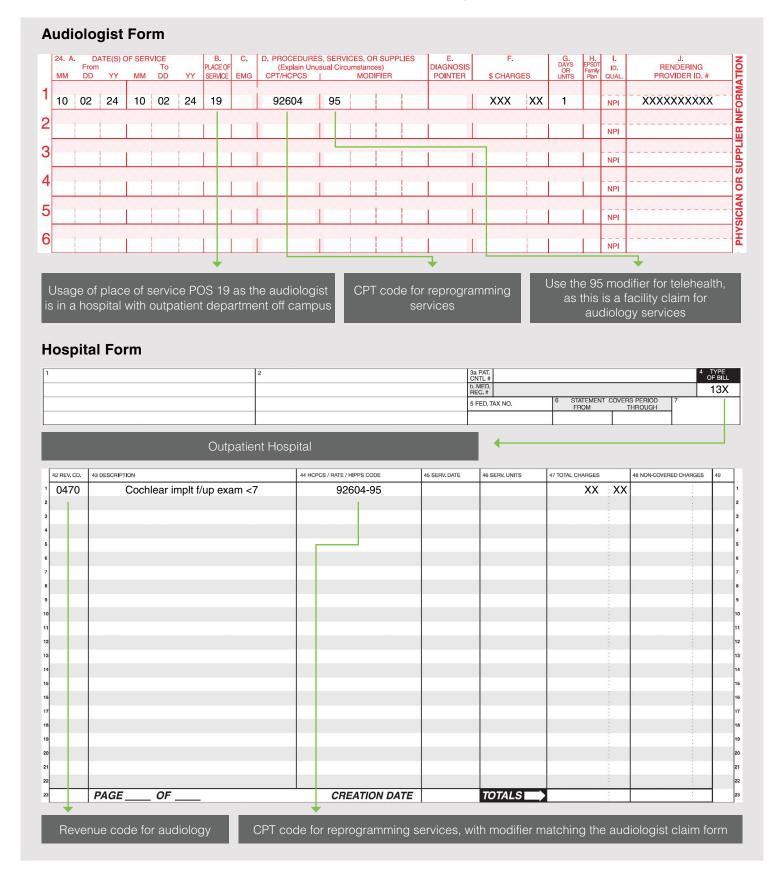
CPT/ HCPCS Code Descriptor				
	Clinician <sup>9,10</sup>		Facility (Hospital Outpatient Dept.)11	
	Facility Based	Office Based	APC	Payment
Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	\$120.50	\$157.45	5271	\$148.83
Diagnostic analysis of cochlear implant, patient younger than 7 years of age: subsequent reprogramming	\$67.91	\$99.20	5271	\$148.83
Diagnostic analysis of cochlear implant, age 7 years or older; with programming	\$117.17	\$148.13	5271	\$148.83
Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$64.91	\$89.21	5271	\$148.83
Telehealth originating site facility fee	\$29.96	NA	NA	NA
	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming  Diagnostic analysis of cochlear implant, patient younger than 7 years of age: subsequent reprogramming  Diagnostic analysis of cochlear implant, age 7 years or older; with programming  Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming  Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming  Diagnostic analysis of cochlear implant, patient younger than 7 years of age: \$67.91  Diagnostic analysis of cochlear implant, age 7 years or older; with programming  Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming  \$64.91	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming  Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming  Diagnostic analysis of cochlear implant, patient younger than 7 years of age: subsequent reprogramming  Secondary implant, age 7 years or older; with programming  Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming  \$64.91  \$89.21	DescriptorFacility BasedOffice BasedAPCDiagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming\$120.50\$157.455271Diagnostic analysis of cochlear implant, patient younger than 7 years of age: subsequent reprogramming\$67.91\$99.205271Diagnostic analysis of cochlear implant, age 7 years or older; with programming\$117.17\$148.135271Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming\$64.91\$89.215271

# Examples of Clinical Scenarios with Paper Claim Forms

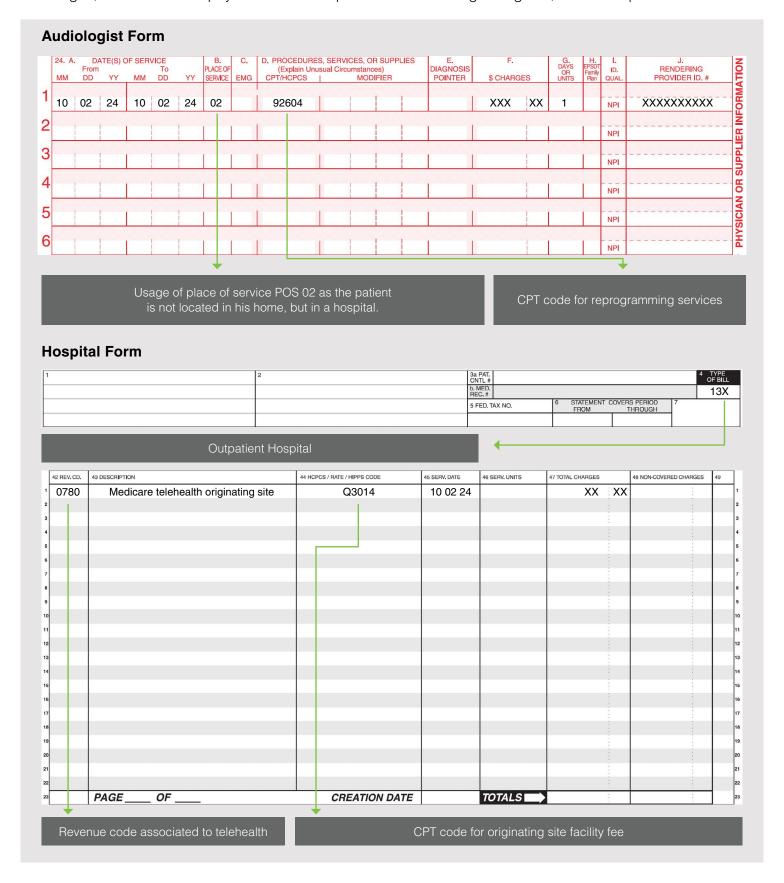
<u>Clinical Scenario 1:</u> A 65-years-old patient is at **home** and receives CI reprogramming services after complaining of difficulty hearing in noise in a few specific environments. The audiologist providing the service is located at her clinic **office.** 



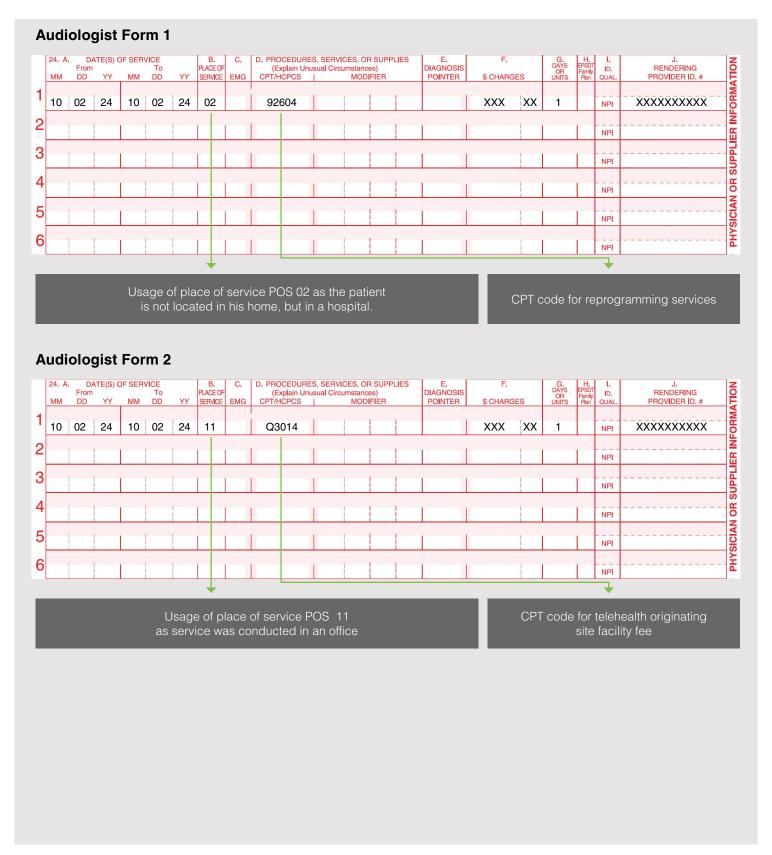
Clinical Scenario 2: A 34-years-old patient is due for their 6-months post-activation appointment. It was decided with his audiologist that this appointment would be done through telehealth, so the patient is **home** when his audiologist reprograms his CI. The audiologist is working for a hospital and is **off campus.** Given this clinical scenario, two forms will be filled, one for the payment to the audiologist, and one for the payment to the hospital.



<u>Clinical Scenario 3:</u> A 74-years-old patient has driven to the **hospital** for her 1-year post-activation appointment. Her audiologist is located in another location today, which is an **office** in the next city, where they also offer services. Given this clinical scenario, two forms will be filled out, one for the payment to the audiologist, and one for the payment of the hospital which is the originating site, where the patient is located.



Clinical Scenario 4: An 83-year-old patient has driven to the nearest satellite site of a audiology practice providing his CI services for his routine programming appointment. His audiologist is located in another satellite office associated with the audiology practice. Given this clinical scenario, two forms will be filled out, one for the payment to the audiologist, and one for the payment of the satellite site (office) which is the originating site, where the patient is located.



## Telehealth Billing and State Lines

When the patient is in a state where the audiologist is not currently licensed, here is some general information that should be taken into consideration when billing.

- Interstate compacts: The Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC) may make it easier for clinicians to practice in multiple states. The ASLP-IC is designed to allow licensed audiologists and SLPs to practice across state boundaries and through telehealth in ASLPIC states. To date, 30 states have adopted the ASLP-IC. Legislation is pending in Alaska, Florida, Illinois, Minnesota, New York, New Jersey, and Pennsylvania. The ASLP-IC expects applications for compact privileges will open in early 2024. For additional information on the states who've adopted the ASLP-IC and updates on the compact status can be found here.
- Adjoining state licensure: An audiologist may be able to obtain licenses in other states provided the specific state's licensing requirements are met. A resource for understanding other states' audiology license requirements may be found here. Additionally, multiple states modified their licensure requirements in response to the PHE, including out-of-state requirements for providers of telehealth services. To confirm a state's current licensure requirements please check here.

Important! Questions regarding license restrictions should be addressed directly to your compliance staff and applicable professional licensing boards (a list of State Audiology Licensing Boards may be found here).

#### References:

- 1. Medicare Claims Processing Manual, Chapter 12, Section 190, https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf
- 2. Medicare Claims Processing Manual, Chapter 12, Sections 190.2, 190.5 and 190.6. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf
- 3. Medicare Place of Service Code Set https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets
- 4. Medicare Claims Processing Manual, Chapter 12, Sections 20.4.2, 190.2 and 190.5. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf
- 5. American Medical Association, 2024 CPT Book
- 6. Medicare Claims Processing Manual, Chapter 12, 190.5. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf
- 7. Medicare 2024 Physician Fee Schedule, Final Rule. Section II.D Payment for Medicare Telehealth Services Under Section 1834(m) of the Social Security Act.
  - https://www.govinfo.gov/content/pkg/FR-2023-11-22/pdf/2023-24293.pdf
- 8. Medicare Claims Processing Manual, Chapter 12, Sections 20.4.2 and 190.6. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf
- 9. Medicare 2024 Physician Fee Schedule Final Rule, Addendum B with March 15, 2024 conversion factor update.
- 10. Medicare 2024 Hospital Outpatient Prospective Payment System Final Rule, Addendum B, July 2024 update.
- 11. Medicare Claims Processing Manual, Chapter 12, Section 20.4.2. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf