

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.¹ 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.² 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

POS10 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.³

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.³

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.² 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.⁴

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)⁴*

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)⁴*

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.^{5,6}

-95: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.^{5,6}

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.⁸

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.**¹¹ 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.¹¹

Here are the CPT codes leveraged

CPT/ HCPCS Code	Descriptor	Clinician ^{9,10}		Facility (Hospital Outpatient Dept.) ¹¹	
		Facility Based	Office Based	APC	Payment
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	\$120.50	\$157.45	5271	\$148.83
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	\$67.91	\$99.20	5271	\$148.83
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	\$117.17	\$148.13	5271	\$148.83
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$64.91	\$89.21	5271	\$148.83
Q3014	Telehealth originating site facility fee	\$29.96	NA	NA	NA

Examples of Clinical Scenarios with Paper Claim Forms

Clinical Scenario 1: 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**.

Audiologist Form

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From	To	CPT/HCPCS		MODIFIER													
	MM	DD	YY	MM	DD	YY												
1	10	02	24	10	02	24	10		92604			XXX	XX	1		NPI	XXXXXXXXXX	
2																NPI		
3																NPI		
4																NPI		
5																NPI		
6																NPI		

Usage of place of service POS 10 to indicate patient's home for distant site

CPT code for reprogramming services

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.

Audiologist Form

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER															
1	10	02	24	10	02	24	19		92604	95		XXX	XX	1			NPI	XXXXXXXXXX	
2																	NPI		
3																	NPI		
4																	NPI		
5																	NPI		
6																	NPI		

Usage of place of service POS 19 as the audiologist is in a hospital with outpatient department off campus

CPT code for reprogramming services

Use the 95 modifier for telehealth, as this is a facility claim for audiology services

Hospital Form

1	2	3a PAT. CNTL.# b. MED. REC.#	4 TYPE OF BILL 13X
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
			7

Outpatient Hospital

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0470 Cochlear implt f/up exam <7	92604-95			XX XX		1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23	PAGE ____ OF ____	CREATION DATE		TOTALS			

Revenue code for audiology

CPT code for reprogramming services, with modifier matching the audiologist claim form

Clinical Scenario 3: 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.

Audiologist Form

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER															
1	10	02	24	10	02	24	02		92604			XXX	XX	1		NPI	XXXXXXXXXX		
2																NPI			
3																NPI			
4																NPI			
5																NPI			
6																NPI			

Usage of place of service POS 02 as the patient is not located in his home, but in a hospital.

CPT code for reprogramming services

Hospital Form

1	2	3a PAT. CNTL.#	4 TYPE OF BILL
		13	13X
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
			7

Outpatient Hospital

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0780 Medicare telehealth originating site	Q3014	10 02 24		XX XX		1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23	PAGE ____ OF ____	CREATION DATE	TOTALS				

Revenue code associated to telehealth

CPT code for originating site facility fee

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.

Audiologist Form 1

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From	To	MM	DD	YY	MM			DD	YY		CPT/HCPCS	MODIFIER					
1	10	02	24	10	02	24	02		92604		XXX	XX	1		NPI	XXXXXXXXXX		
2															NPI			
3															NPI			
4															NPI			
5															NPI			
6															NPI			

Usage of place of service POS 02 as the patient is not located in his home, but in a hospital.

CPT code for reprogramming services

Audiologist Form 2

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From	To	MM	DD	YY	MM			DD	YY		CPT/HCPCS	MODIFIER					
1	10	02	24	10	02	24	11		Q3014		XXX	XX	1		NPI	XXXXXXXXXX		
2															NPI			
3															NPI			
4															NPI			
5															NPI			
6															NPI			

Usage of place of service POS 11 as service was conducted in an office

CPT code for telehealth originating site facility fee

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>