



**Directors of Speech and Hearing Programs in State Health and Welfare  
Agencies (DSHPSHWA)**

**Health Care Economics Committee**

**2014-2015 Accomplishments**

**DSHPSHWA Representative:** Marcia Fort, AuD, CCC-A

Committee meets: Monthly conference calls for Audiology Groups and one face-to-face meeting annually

Liaisons with the ASHA Vice President for Government Relations and Public Policy

**Committee Charge:**

Assist the Governmental Relations and Public Policy (GRPP) Board and the GRPP cluster staff in determining the current economic issues and developing goals for ensuring equitable coverage and reimbursement for audiology and speech-language pathology services that can be incorporated into the Association's annual public policy agenda; focus on developing recommendations for coding and relative values of speech-language pathology and audiology procedures, for coverage of services by all payers, and to anticipate further socioeconomic needs of the professions and consumers.

**Audiology Groups include:**

- ASHA (American Speech Language Hearing Association)
- ADA (Academy of Doctors of Audiology)
- AAA (American Academy of Audiology)
- DSHPSHWA (Directors of Speech and Hearing Programs in State Health and Welfare Agencies)
- ARA (Academy of Rehabilitative Audiology)
- EAA (Educational Audiology Association)
- NHCA (National Hearing Conservation Association)
- AVAA (Association of VA Audiologists)
- MAA (Military Audiology Association)

**Acronym Key**

- RUC (Relative Value Update Committee)
- HCPAC (Health Care Professionals Advisory Committee)
- ACO (Accountable Care Organizations)
- CMS (Centers for Medicare and Medicaid Services)
- ICD-10 (International Statistical Classification of Diseases and Related Health Problems)
- SGR (Medicare Sustainable Growth Rate)
- CPT (Current Procedural Terminology)
- HCPCs (Healthcare Common Procedure Coding System)

- E/M (Evaluation and Management Codes)
- ABN (Advance Beneficiary Notice of Non-Coverage)
- RAC (Recovery Audit Program)
- HIPPA (Health Insurance Portability and Accountability Act)
- ACA: (2015 Accountable Care Act)
- AMA (American Medical Association)

### **Accomplishments:**

- All participating organizations are increasing membership awareness of the CPT Assistant as reference for coding changes and guidance. The CPT Assistant is the official newsletter on CPT coding, published by the AMA. Specific articles related to audiology or speech-language pathology may be purchased on-line or members may purchase a full subscription through the AMA.
- The audiology and hearing health communities received great news on Friday, October 31st, when the Centers for Medicare and Medicaid Services (CMS) announced that they would maintain the current classification of Auditory Osseointegrated Implants (AOIs) as prosthetic devices, and would not reclassify such devices as hearing aids, as originally proposed in July. This decision by CMS, released in the [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies final rule](#), comes as the result of coordinated advocacy efforts from ASHA, AAA, and other organizations representing audiology. In the final rule, CMS explicitly states that cochlear devices, brainstem implants, and AOIs are invasive devices and are significantly different than the hearing devices in existence at the time the Medicare coverage exclusion for hearing aids was enacted. For this reason, CMS does not consider them to be the hearing aids. CMS goes on to state that air conduction and non-osseointegrated bone conduction hearing devices utilized today are considered to be hearing aids excluded from coverage under the Medicare program.
- CMS RAC audits are being conducted and are consistently finding lack of appropriate documentation. Repayment is being required for E/M services by Medicare and BC/BS.
- CMS is setting up RAC like audits regarding HIPPA compliance. There is concern that most audiology practices may have trouble with these audits.
- The Medicare Physician Quality Reporting Program continues to expand. As quality reporting spreads at the Medicare level, Medicaid providers should expect similar requirements to surface.
- With declining reimbursement, there is increasing numbers of practices pulling out of Medicaid. There may be issues for children receiving services as a result of the declining number of providers. With privatization of Medicaid, practitioners may or may not need to amend contractual agreements with payors.
- ACA does not appear to be having significant impact on audiology except for Medicaid expansion. Accountable care organizations are starting to develop, many of which are large networks that were formed prior to ACOs. Audiologists and Speech-Language Pathologists should monitor the need to become part of local ACOs.
- The AMA Relative-Value Update Committee for health care professionals recognized the need to have an audiology seat for the Health Care Professionals Advisory Committee (HCPAC) so AAA and ASHA are rotating representatives. The HCPAC for the non-physicians make

recommendations for coding values to the physician panel, who then determines the final values of new or revalued codes. Every 5 years or so codes come up for re-evaluation; in 2014 the vestibular codes were brought forward for this process. All of the codes did well – or about the same – in the re-valuation process with the exception of the caloric codes. ASHA and AAA, along with the other participating audiology organizations, are now in the process of requesting new caloric codes that will update the values according to surveyed data by audiologists across the country.

- Congress and policymakers continue to shift payment from specialists to primary care and care coordination. At this time care coordination codes that are being developed are intended for the PCP to encourage and reimburse for the medical home model.
- There is a workgroup being developed by the AMA with representatives from ASHA to explore Alternative Payment Models for Medicare payment. Congress is stressing the importance of moving away from the “fee-for-service” model, where providers are paid by the procedures they perform, to “pay for performance” models with bundled payments and quality reporting. The AMA workgroup is in the very early stages of trying to determine how to coordinate with the various provider types and what conditions may lend themselves to alternative payment models.
- “Incident to” Billing and Supervision on-line chat October 29, 2014: The old practice of the physician billing for the audiologist’s service, referred to as “incident to,” is not acceptable and places physicians at risk for audit by the Office of the Inspector General for the U.S. Department of Health and Human Services. More importantly, the codes often used by audiologists are incorrectly assigned to physicians as the primary billers, which affect the audiology community’s ability to advocate for reimbursement and payment policies. These procedures must be billed to the Centers for Medicare and Medicaid Services (CMS) using the audiologist’s NPI number.
- HCEC providing information to the Relativity Assessment Workgroup that CPT 92557 is a bundled code that is the work horse code for audiology. The utilization has not increased any more than the % increase in Medicare population. As a result, the code is not overvalued and should not need any action. We will continue to monitor this issue through the RUC.