January 3, 2011

Donald Berwick, M.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1503-P
Room 314-G, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Re: CMS 1503-FC: Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011

BY ELECTRONIC MAIL

Dear Dr. Berwick:

The American Academy of Audiology (Academy) is a professional society dedicated to providing quality hearing and balance care services through professional development, education, research, and increased public awareness of hearing and balance disorders. Comprised of over 11,000 audiologists, the Academy is the world’s largest primary organization representing the audiology profession.

Below are the Academy’s comments regarding the Centers for Medicare and Medicaid Services (CMS) Final Rule 1503-FC. We commend the Agency on its commitment to improving the quality of care for Medicare beneficiaries and appreciate the opportunity to comment on the areas enumerated below.

I. CHANGES (REDUCTIONS) TO THE FEE SCHEDULE

The Academy is pleased to observe the increase of Practice Expense (PE) values for several of audiology’s core codes. However, while the majority of Medicare providers are expected to see a slight increase in payment due to updates to PE, the overall combined impact to audiology reimbursement for 2011 is expected to be a reduction of 5%. Coupled with the reality that audiology has suffered an overall impact of a 20% decrease in the last two years, it is becoming increasingly difficult for audiologists to continue to provide hearing and balance services to Medicare beneficiaries. The need for these services is expected to swell with the increase of enrolled Medicare beneficiaries, and, without adequate reimbursement for the cost of services provided, will ultimately limit beneficiaries’ access to care.
II. MISVALUED SERVICES-LOW WORK RELATIVE VALUE UNITS/HIGH VOLUME CODES

CPT code 92567 (tympanometry) is included in the low work Relative Value Units (RVU) and high volume category, one of the five RUC categories of potentially misvalued services the Agency has requested the RUC to review. The high volume utilization of CPT code 92567 is due to its status as the sole test in the differential diagnosis of outer/middle/inner ear disorders, and reflects increased utilization in the expanding Medicare population. This code was most recently surveyed in 2007. As of January 2010, CPT code 92567, a stand-alone code, was included within the bundled codes 92550 and 92570, both of which were surveyed in 2009. As such, we encourage the Agency, through the RUC process, not to act on 92567, but to monitor the utilization of this procedure not only as a stand-alone code but also in consideration of its use in the new bundled codes.

III. CANALITH REPOSITIONING PROCEDURE (CPT CODE 95992)

The Academy applauds the Agency’s decision to return CPT code 95992 to an independent, stand-alone CPT code in the 2011 Medicare Physician Fee Schedule, with the value previously assigned by the RUC (.75 RVW).

IV. TELEHEALTH

The Academy wishes to note that audiology procedures offered via telehealth services have great potential, which are detailed in the Academy’s 2008 Public Policy Resolution¹. Research has demonstrated that telehealth services are a proven and efficient practice tool in the provision of audiolologic services⁴. As such, the Academy continues to urge CMS to institute audiology services as a covered telehealth benefit. This would allow patients in underserved areas access to the services that audiologists provide for balance disorders and hearing loss.

V. PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI)

The Academy appreciates the retention of the following measures:

- Measure # 94: Otitis Media with Effusion (OME): Diagnostic Evaluation-Assessment of Tympanic Membrane Mobility.
- Measure # 188: Referral for Otologic Evaluation for Patient with Congenital or Traumatic Deformity of the Ear
- Measure #189: Referral for Otologic Evaluation for Patient with History of Active Drainage from the Ear within the previous 90 days
- Measure #190: Referral for Otologic Evaluation for Patient with a History of Sudden or Rapidly Progressive Hearing Loss within the Previous 90 Days

The Academy also values the retention of measure #154 - Falls: Risk Assessment. The incidence of falls among the elderly is high and is on the rise. Audiologists are trained and qualified to provide vestibular diagnostic evaluations that may assist beneficiaries in preventing falls that
occur as a result of dizziness or vertigo. Additionally, vestibular rehabilitation consultation by audiologists can result in improved quality of life for these patients, particularly through early diagnosis and intervention, thereby reducing unnecessary and excessive costs to Medicare.

Since PQRI is a relatively new program that requires extensive training of our members on correct reporting, it is important to retain these measures and we are hopeful for the adoption of additional reportable measures for audiologists in 2012.

The Academy also commends the lowering of the success threshold for claims-based reporting of individual measures (from 80% to 50%) and the reduction in minimum group size (from 200 to 2). These changes will prove to be less restrictive and should result in an increase in voluntary reporting and more successful participation.

VI. INITIAL PREVENTATIVE PHYSICAL EXAMINATION (IPPE)/ANNUAL WELLNESS VISITS (AWV)

The Academy is pleased to see the retention of “hearing impairment” and “falls risk” as two critical criteria of an individual’s functional ability and level of safety in the initial preventative physician examination (IPPE) for those beneficiaries new to Medicare. We are also pleased with the inclusion in the functional ability and the level of safety components in the new annual wellness visit (AWV) for beneficiaries who have not received their IPPE or an AWV within the preceding 12-month period. Given that both hearing loss and dizziness raise concerns for physical and financial burdens, it is commendable that the IPPE and AWV will be offered at no out-of-pocket expense to the beneficiary.

We look forward to reviewing the recommendations of the U.S. Preventative Services Task Force (USPSTF) regarding screening for hearing impairment and falls in older adults and the elderly. We are hopeful that the USPSTF recommendations will ensure that the components described above are applicable to all subsequent wellness visits as well as the first annual visit. Including these screenings as part of the overall benefit would be valuable for all Medicare beneficiaries.

We appreciate this opportunity to comment and thank you in advance for your consideration of our remarks. The Academy stands ready to work with CMS in its efforts to improve the quality of care provided to our nation’s Medicare beneficiaries. Please contact Debbie Abel, Au.D., Director of Reimbursement and Practice Compliance, at 703.226.1024 or by email at dabel@audiology.org if you should need additional information or clarification regarding the Academy’s comments.

Sincerely,

Patricia Kricos, Ph.D.
President
American Academy of Audiology

Krumm 2010. Starkey Audiology Series, Vol 2, 2