AMERICAN ACADEMY OF AUDIOLOGY

11480 Commerce Park Drive
Suite 220
Reston, VA 20191

tel 800-AAA-2336
fax 703-790-8631
www.audiology.org

VIA ELECTRONIC SUBMISSION: http://www.regulations.gov

September 11, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1678-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS- 1678-P: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

Dear Administrator Verma:

The American Academy of Audiology (the "Academy") is the world's largest professional organization of, by, and for audiologists, representing over 12,000 members. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. The Academy appreciates the opportunity to offer comments in response to the Centers for Medicare and Medicaid Services (CMS) proposed updates to the Hospital Outpatient Prospective Payment System (HOPPS) for CY 2018, as published in the *Federal Register* on July 20, 2017. The Academy's comments are provided below.

Proposed Reclassification of CPT Code 92552

The Academy supports CMS' proposal to reclassify CPT code 92552 (*Pure tone audiometry (threshold); air only)* from APC 5733- Level III Minor Procedures to APC 5734- Level IV Minor Procedures. CMS previously classified this code in APC 5734. In the HOPPS proposed rule for CY 2017, CMS listed CPT code 92552 in APC 5734, yet in HOPPS final rule for CY 2017, CMS changed the APC classification from APC 5734 to APC 5733 without a clear explanation of the change. The Academy is pleased that CMS has returned this code to its previous classification and requests that CMS finalize this placement in the HOPPS final rule for CY 2018.

Reclassification of CPT Code 92540

The Academy recognizes CMS' efforts to review, revise, and reorganize APCs across the HOPPS in order to collectively group services that are clinically similar with similar resource costs. As such, the Academy asks that CMS review the current APC placement for CPT code 92540. In the HOPPS proposed rule for CY 2017, CMS proposed changing the APC classification for this code from APC 5722- Level II Diagnostic Tests and Related Services to APC 5721-Level I Diagnostic Tests and Related Services.

The Academy believes that CPT code 92540 is both clinically homogenous and more consistent in terms of resource use with its previous placement in APC 5722, especially as CMS proposes to move CPT codes

92537 and 92538 into APC 5721. In our proposed rule comments for 2017, the Academy requested that CMS maintain placement for CPT 92540 in APC 5722 to allow at least two years to gather data given the fluctuation in geometric means. For CPT code 92540, the geometric mean cost for CY 2018 is $162.45, which is considerably higher than the proposed payment rate for APC 5721 ($129.59). The Academy respectfully requests that CMS again review the APC placement of this code and consider returning CPT code 92540 to its previous placement in APC 5722.

Background

CPT code 92540 describes a basic vestibular evaluation with recordings, often used to evaluate a patient complaint of dizziness. The code and its descriptor are listed below:

CPT code 92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording.

In the HOPPS final corrected rule for CY 2015, this code appeared in APC 0363- Otorhinolaryngologic and Related Tests. In CY2016, as a result of CMS' comprehensive APC restructuring, CPT code 92540 was placed in APC 5722- Level II Diagnostic Tests and Related Services. The HOPPS final rule for CY 2017 finalized the placement of CPT code 92540 from APC 5722 to APC 5721- Level I Diagnostic Tests and Related Services.

Reclassification of CPT code 92557 to Status Indicator "S"

The Academy urges CMS to consider a re-designation of CPT code 92557 from the status indicator "Q1" to "S." CPT code 92557, comprehensive audiometric evaluation, is a bundled code that describes comprehensive audiometry threshold evaluation and speech recognition (CPT codes 92553 and 92566 combined). CPT code 92557 includes pure tone air and bone conduction audiometry, speech reception thresholds, and word recognition- all core procedures performed by an audiologist when evaluating for a hearing loss. CPT code 92557, classified as ancillary by its status indicator, is in fact, a primary audiology service and essential to the diagnosis of a hearing loss. This is the primary service performed by an audiologist when providing a complete audiometric evaluation, and is not performed ancillary to any other services. As such, this service should be defined as a separately payable service with the status indicator "S."

The Academy believes that the status indicator of "Q1" inappropriately packages this vital audiology service, which can lead to system inefficiencies and inconsistency across the HOPPS APC structure. Such inefficiencies can lead to unnecessarily scheduling patient appointments on different dates to ensure separate payment for individual services. Assigning CPT code 92557 the status indicator "S" will better support hospitals in their efforts to provide high-quality, accessible hearing health care for Medicare beneficiaries.

Request for Information on CMS Flexibilities and Efficiencies

As previously noted, the Academy recognizes that CMS has made changes in recent years to review and

reorganize APCs across the HOPPS to collectively group services that are clinically similar with similar resource costs. The Academy would like to request that CMS provide clarification on how the Agency determines whether a service is clinically similar as it assigns APCs. In reviewing recent restructuring efforts, it appears that changes have been made to APC classifications based on cost rather than clinical homogeneity.

* * * * *

The Academy appreciates the opportunity to comment on this proposed rule. Please contact Kate Thomas, senior director of advocacy and reimbursement, by phone 703-226-1029 or via email at kthomas@audiology.org should you have any questions regarding the Academy's comment letter.

Sincerely,

Ian Windmill, PhD
President, American Academy of Audiology