



COVID-19 – Telehealth Update

April 3, 2020

As COVID-19 continues to impact individuals across the United States, the Department of Health and Human Services, state and local agencies, and commercial insurance programs are creating new and revised regulations/guidance regarding telehealth payment policies.

Audiologists are beginning to employ creative solutions to assist their patients while mitigating the risk of further transmission of the virus. Some former face-to-face visits are now being handled via telephone, video, and/or remote connection to hearing aid devices. Many audiologists are wondering if these remote services can be billed and reimbursed. This guide will help you understand options that are available to audiologists at the present time.

The AMA has recently provided some guidance to the CPT and CPT/HCPAC advisors to assist with member education regarding CPT procedure codes that would be appropriate to utilize when reporting a telephone, virtual check-in, or an on-line visit via patient portal/email from a qualified nonphysician provider that may not report E/M services to Medicare. The following table has been created by the Academy using this guidance.

Qualified Nonphysician Providers who Cannot Report E/M Services to Medicare			
Method of Patient Interaction	Applicable Procedure Codes	Applicable ICD 10 Codes	Place of Service
Virtual Check-Ins Other Phone Call	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)	Choose code to describe the reason for the call or online interaction. Consider encounter codes (e.g. Z46.1, Z45.32, Z97.4)	11 - Office or other normal office location
Online Visits (e.g. EHR portal, secure email; allowed digital communication)	98970/G0261* (5-10 min) 98971/G0262* (11-20 min) 98972/G0263* (21-30 min)		
* Medicare does not cover these G codes when provided by an audiologist; use the GY modifier			

Please note that using the procedure codes provided in this table does not mean that insurance should or will pay for the visit. Please carefully read the information provided below for more specific information on reimbursement options.

Reimbursement Options

Things to consider

- Some states have guidelines for the provision of telemedicine. Check to see if your state has specific guidance for telemedicine.
- Is the service a transaction that is normally billed to insurance or directly billed to the patient?
- Does the patient's insurance normally cover the service provided?
(e.g. remote programming - does the insurance cover hearing aid programming in the patient's benefit?) If not, the insurance will not cover a virtual visit for hearing aid programming.

Original Medicare

Congress recently passed legislation that eases telehealth restrictions to allow for more covered Medicare services to be provided to their beneficiaries during the COVID-19 pandemic. This change currently has little impact for audiologists because the legislation does not change which services are covered by Medicare. Audiologists may wonder why they, unlike other health care providers, have not been included to be reimbursed by Medicare for any telehealth services during this time.

Audiologists are currently only reimbursed by Medicare for a defined set of diagnostic procedures provided face-to-face in currently approved places of service ([See CMS guidance regarding Audiology Services](#)). Additionally, Medicare does not currently reimburse audiologists for any type of therapy, counseling, treatment, E&M, hearing aids and/or services directly related to hearing aids. Therefore, audiologists would not be eligible for reimbursement from Medicare for services provided remotely via telehealth. For specialized situations, it is recommended that you contact your Medicare Administrative Contractor directly for further guidance.

Medicaid and CHIP

Medicaid and CHIP plans unlike Original Medicare, have more flexibility in coverage for audiology treatment, items or services. Therefore, Medicare and/or CHIP programs may cover some services via telehealth, provided the services are currently covered by the program as a face-to-face transaction (e.g. aural rehabilitation, hearing aid repairs, or follow-up visits).

A number of states allow or have recently expanded telehealth coverage to audiologists for Medicaid and CHIP programs. Coverage policies will be different for each state. If you are a Medicaid or CHIP provider, please refer to recent announcements and policy bulletins to learn about any changes.

Medicare Advantage

Medicare Advantage Plans, which are administered by commercial payers, cover all of the same diagnostic audiology services as traditional Medicare. There may, however, be supplemental visits such as routine testing, treatment, hearing aids, and other services that may also be covered. Telehealth coverage policies for Medicare Advantage Plans will vary by payer. If you are an in-network provider for a Medicare Advantage plan, please check provider announcements on the website or policy bulletins to learn about any changes.

Many Medicare Advantage plans offer their supplemental hearing benefits through a 3rd party network. If you are an in-network provider of a 3rd party network plan, contact the provider relations department to learn if there are any services that may be reimbursed when provided via telehealth.

Commercial Insurance

Payment policies will vary by payer and contract. If telehealth services are covered, the coverage would be limited to those services currently covered by the payor for face-to-face transactions. If you are an in-network provider that is reimbursed for certain face-to-face services, reimbursement for the same services may also be covered using telehealth. Please check provider policy bulletins and announcements for further guidance.

What if I am not able to bill an insurance plan for services that I deliver via telehealth?

It is very important to remember that the lack of coverage from a particular payer does not mean that the audiologist cannot provide services remotely or via telehealth that are in their scope of practice as defined by state licensure. As with other services that are not reimbursed by the payor, these can be reimbursed directly by the patient. Commercial Insurance, Medicaid and CHIP programs will have their own unique policies regarding notice of non-coverage. Check with the particular plan to determine if a notice of non-coverage is necessary.

For Medicare services that are **never covered** when provided by an audiologist, a voluntary ABN may be issued, but it is not required. For more information, regarding the ABN please see ([ABN Quick Reference Guide](#)). If the claim needs to be submitted to Medicare for denial, the GY or GY/GX modifier(s) would apply.

Self-Pay

If the service is not covered by a 3rd party payor, audiologists can use the same office procedures, policies and fees that they would use for a similar face-to-face self-pay transaction.

Case Examples

1. Patient received new hearing aids recently and was scheduled for a follow-up visit. Due to the current situation, the audiologist is not able to see the patient in their office. The visit was conducted via Facetime instead. Should the audiologist bill the patient for the telephone/online visit?

Would there typically be a charge for the face-to-face visit in this situation?

No, the typical procedure in this audiologist's practice is that the fee for hearing aid(s) includes follow-up visits at no additional charge for 90 days.

→ Virtual visit should also be provided at no charge.

2. Patient is having difficulty with the hearing aid they purchased a year ago and needs additional programming. The patient cannot come into the office due to the current situation. The audiologist uses the manufacturer's remote software to make adjustments to the patient's hearing aid settings. Should the audiologist bill the patient?

Would there typically be a charge for the face-to-face visit?

Yes, the typical procedure in this audiologist's practice is that there is a standard programming fee for devices purchased after one year.

→ There should be a charge for the remote programming session.

3. Patient received an audiogram and is ready to discuss hearing aid options. Due to the current situation, the patient cannot come into the office. The visit is conducted via telehealth and the patient chooses RITE with domes. Should the audiologist bill the patient?

Would there typically be a charge for the face-to-face visit?

- If yes, then bill for the consultation.
- If not, then do not bill for the consultation.

Summary

Audiologists are likely to be conducting more visits via telehealth mediums due to social distancing recommendations from the White House, Centers for Disease Control (CDC) and the Coronavirus Task Force. Further guidance from the Academy will be posted to the dedicated COVID-19 Resources page.

The weblink for the full notification from the Department of Health and Human Services on HIPAA-compliant telehealth platforms during the COVID-19 emergency can be found below. The notification reads in part:

“Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.” (Department of Health and Human Services, March 30, 2020)

We encourage members to contact the American Academy of Audiology’s Coding and Reimbursement Committee at reimbursement@audiology.org with questions regarding the provision of audiology services via telehealth during this time.

Resources

Medicare Telemedicine Health Care Provider Fact Sheet (March 17, 2020)

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency (March 30, 2020)

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>



Audiology.org/covid19

COVID-19: Academy Resources

<https://www.audiology.org/practice-management/covid-19/covid-19-resources>

COVID-19: Public Health Resources

www.coronavirus.gov

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

COVID-19: Resources for Healthcare Providers

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Telehealth and Telemedicine

American Academy of Audiology

https://www.audiology.org/practice_management/resources/introduction-telemedicine

American Medical Association

<https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

American Telemedicine Association

<https://info.americantelemed.org/covid-19-news-resources>

<https://www.americantelemed.org/resource/why-telemedicine/>

CMS Guidance Regarding Audiology Services

Audiology Services

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Audiology>

Audiology Code List (revised 2016)

https://www.cms.gov/Medicare/Billing/TherapyServices/Downloads/Audiology_Codes.pdf

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