



POWERED BY THE AMERICAN
ACADEMY OF AUDIOLOGY

Dispelling Myths that Inhibit a Sustainable Revenue Model in Audiology

Audiologists often face significant barriers in building a sustainable revenue model, not due to lack of services or demand, but due to myths surrounding billing, coding, and reimbursement.

Myth #1: "If there isn't a code, I can't bill the patient."

Reality: While CPT codes are important for third-party reimbursement, they are not the only way to bill for a service. You can charge a patient for services that are not coded if the value is communicated clearly and the patient consents. Transparency, documentation, and clarity in service delivery are the keys to success. Many valuable services in audiology do not have a specific code but are still billable directly to the patient or through alternative financial models. Lack of a code does not mean a lack of value or that services should be provided free of charge.

Myth #2: "Miscellaneous codes can't be used."

Reality: Miscellaneous codes (e.g., 92700) are used across specialties to describe services without an assigned CPT code. Proper documentation and justification can allow these to be used effectively, especially in private pay or hybrid models. Be advised that using miscellaneous codes for services may not yield the desired reimbursement, or any reimbursement at all. Consider establishing self-pay pricing for non-coded services to ensure consistent reimbursement.

Myth #3: "If we get the right legislation, payors will increase rates."

Reality: Legislative changes are slow and unpredictable. Even when they do occur, payors are not obligated to increase rates or cover new services. Sustainable revenue should not rely solely on hope for future legislative wins. In fact, practitioner status for audiologists does not guarantee that Evaluation and Management codes will be available for billing.

Myth #4: "We need more codes to bill insurance."

Reality: CPT codes are only one part of the revenue puzzle and are primarily tools for insurance billing, not necessarily value indicators. While having more procedure codes will allow for more audiology services to be billed to insurance, that won't result in

higher reimbursement. In fact, it would likely result in lower reimbursement overall. In most cases, new codes are undervalued or bundled into existing codes, leading to no increase in net revenue. Budget neutrality within the CMS system further limits reimbursement for medical procedures and services. Strategic pricing and value-based care models often offer more control and sustainability. Diversified revenue models may potentially include partially bundled or unbundled pricing, subscription services, and other direct-pay offerings.

Myth #5: "I can't charge the patient out of pocket for that."

Reality: Audiologists can offer services that are not covered by or billable to insurance on a cash-pay basis as long as patients are fully informed and the practice complies with relevant regulations (such as ABNs, when required, for Medicare). Direct-to-patient models are not only legal but often preferred for convenience and transparency. Again, just because insurance may not pay, it does not mean that services should be given away.

Myth #6: "My workplace won't let me bill for that."

Reality: Hospital billing policies can be restrictive, but many can be changed or worked around with education and advocacy.

Myth #7: "If I start charging my patients for services, they won't come back to me."

There will always be patients who are motivated by cost, or cost savings, over the quality of care or expertise or the provider. Charging patients for professional time and expertise conveys to patients one's own value in the services provided. Check out the Academy's resource that provides talking points that will challenge this thought process. ([link to Conveying Worth document](#))

Myth #8: "Unbundling or itemizing is too time consuming for me to do so I'm just not going to do it."

Changing from a bundled to unbundled delivery model can seem like a daunting task, but rest assured that it isn't as hard, or time-consuming, as one might think. Use the Academy's Guide to Itemization as a resource to help you through the process one step at a time. ([link to Guide to Itemization](#))

Conclusion:

To build a sustainable and future-proof audiology practice, clinicians must move beyond outdated myths and embrace innovative, patient-centric business models. Relying solely on insurance codes and reimbursements limits growth and undermines

the value of audiological care. By understanding what is truly possible, audiologists can reclaim control over their financial futures.