CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12335	**Date: October 27, 2023**
	Change Request 13279

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 06, 2023. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Allowing Audiologists to Furnish Certain Diagnostic Tests Without a Physician Order

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to add two new codes to the list of codes that can be billed with the AB modifier which allows audiologists to personally provide certain diagnostic tests for non-acute hearing conditions, and diagnostic services related to implanted auditory prosthetic devices, without an order from a physician or certain nonphysician practitioners, once every 12-months, per beneficiary. This CR also cross-references Business Requirements from CR 13055 to ensure that claims are processed and paid or denied, in accordance with the previously established policies.

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12335	Date: October 27, 2023	Change Request: 13279

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SUBJECT: Allowing Audiologists to Furnish Certain Diagnostic Tests Without a Physician Order

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to add two new codes to the list of codes that can be billed by audiologists with the AB modifier, that is, without an order from a physician or a non-physician practitioner (NPP), including a physician assistant, nurse practitioner, or certified nurse specialist.

During Calendar Year (CY) 2023 Physician Fee Schedule (PFS) rulemaking, CMS finalized a policy to except the physician or NPP order requirement to allow audiologists to furnish certain diagnostic services for non-acute hearing conditions, including services for implanted prosthetic devices ─ but may not include audiology services that are related to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids (outlined at §411.15(d)). This permits a beneficiary to receive one visit to an audiologist without a physician/NPP order, once every 12 months, per beneficiary. Audiologists use the AB modifier to bill for the service(s) ─ using a finalized list of 36 Current Procedural Terminology (CPT) codes found in Table 36 in the CY 2023 PFS final rule (87 FR 69662). CMS allowed audiologists to use the AB modifier and its policies since January 1, 2023, the edits implementing this policy through CR 13055 ─ where the AB modifier CPT code list appeared in Appendix A ─ became effective July 1, 2023. CMS maintains the complete list of Audiology Services on the PFS webpage at: https://www.cms.gov/audiology-services.

This year, CMS is updating the list of codes for which the AB modifier is applicable. Effective January 1, 2024, two new CPT codes will be added for diagnostic analysis and programming for auditory osseointegrated devices, as follows:

- CPT code 92622 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes.
- CPT code 92623 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure).

B. Policy: Effective January 1, 2024, this instruction establishes the edits needed to add two new CPT codes to the list of codes found in Appendix A of CR 13055 that may be billed with the AB modifier. It also establishes an edit regarding the proper posting of these global services (those that are not split into a professional component (PC) and technical component (TC)). Lastly, this CR instructs contractors to apply all the other instructions and processing logic, listed in CR 13055, to the two new CPT codes.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13279.1	Effective, January 1, 2024, contractors shall update their internal audiology code list and process and pay the following audiology services when submitted with the AB modifier: • 92622 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes; this code cannot be split into PC/TC components; and it is allowed to be billed with the AB modifier. • 92623 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure); this code cannot be split into PC/TC components; and it is allowed to be billed with the AB modifier.	X	X			X				
13279.1.1	The contractor shall make the codes 92622 and 92623 effective for dates of service on or after January 1, 2024, with a Type of Service (TOS) 9. Note: These two new CPT codes will be implemented with the annual January HCPCS update.								X	
13279.2	The contractor shall apply the same processing logic to new CPT code as applied in CMS CR13055 for Outpatient and Part B claims. SNF TOB 22x and 23x post as PROF Outpatient TOB 12x and 13x post as TECH Outpatient TOB 85x post based on REV codes. Part B claim post as global.								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13279.3	The contractor shall add new CPT code to the frequency editing created in CMS CR13055.5. CWF shall apply same logic created in CMS CR13055.2.4.1 to allow a Part B claim and Outpatient claim on the same day.								X	
13279.4	Contractors shall apply all the other instructions and processing logic, listed in CR 13055, to the two new CPT codes found in BR.1.	X	X			X	X		X	HETS, MBD, NGD
13279.5	Contractors shall add new CPT codes to PRVN, HUQA, MBD/NGD logic.								X	HETS, MBD, NGD

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13279.6	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Pamela West, 410-786-2302 or Pamela.West@cms.hhs.gov (For background and policy information) , Dennis Savedge, 410-786-0140 or Dennis.Savedge@cms.hhs.gov (For professional claims processing issues) , Carla Douglas, 410-786-4799 or Carla.Douglas@cms.hhs.gov (For institutional claims processing issues)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0