

### **Managing Patients Who Have Purchased Hearing Aids Elsewhere**

A variety of circumstances may lead to a patient arriving in your practice having obtained a hearing aid elsewhere. These include: relocation to a new area, a second opinion on the fit/settings of the device, an inherited device from a family member or those who have obtained amplification online or through alternative delivery models.

Accommodating the patient arriving in your office with a device of unknown history may involve some modifications to your current service/reimbursement model. Traditional service delivery models may leave limited options for assisting these patients. But denying service may be interpreted as an ethical violation if you have the capability to provide service. This may also serve as a missed opportunity if you choose not to help the patient. The patient arriving in your office seeking your assistance is an invitation to gain a new patient. Your professional expertise addressing an incorrectly fit or malfunctioning device can result in a satisfied and loyal customer.

The success of online commerce has resulted in an increase in patients obtaining hearing aids through online venues. Obtaining a hearing aid online can be attractive to the consumer who is not well informed about the unpredictable complexities of an effective and individualized hearing aid fitting. Many in the general public believe that the management of hearing loss is accomplished with a device alone. The average consumer of hearing care is not aware of the necessary components for successfully managing a hearing loss such as: an appropriately selected and programmed device based on an individual needs assessment, extensive counseling regarding adaptation and acclimatization, developing realistic expectations, the importance of communication strategies and long-term hearing aid maintenance. It's important to focus on the patient as a person with a hearing problem who needs a comprehensive solution; one that you can provide.

Capitalize on the opportunity to educate the consumer about the audiologist's role as an integral component of a successful and ultimately more cost-effective hearing aid fitting. This can be accomplished by providing service to the patient without judgment about where the device was obtained and addressing the patient's concerns within the face-to-face approach. Provide the consumer with an accurate hearing test, perform objective verification measurements of the hearing aid settings and provide counseling regarding care and use. Compensation should be expected for time and procedures rendered to obtain appropriate diagnostic and treatment measures. An appropriate rate should be charged to the patient (out-of-pocket) or the insurance company (third party payer) as determined by standard procedures within the audiology practice/facility.

Avoid making negative comments about the fitting "mistakes" that may have been made by the patient's previous hearing aid care provider. It is quite possible that this patient

formed a positive bond with the previous provider. Disparaging remarks, however subtle, could alienate your new patient, affecting quality of care and possibly driving them to seek services elsewhere. Simply by providing superior service, you will demonstrate to your 'new' patient that they made a wise decision in coming to you.

You may encounter the following patient scenarios when seeing a patient who has obtained amplification elsewhere. The reader is referred to the American Academy of Audiology's Guide to Itemizing included in Chapter 2 of this toolkit for appropriate billing references based on the professional services provided. When using CPT and HCPCS codes, a set of fees for specific hearing-aid-related-services should be developed to ensure consistency in billing practices to provide adequate compensation for your time and skills.

### **Patient Scenarios:**

Sound Quality Concerns: A current audiogram should be obtained followed by objective real-ear measurements to ensure a proper fit. Diagnostic CPT codes should be used for all diagnostic testing completed, with billing to insurance when applicable. HCPCS codes can be used to bill for hearing aid reprogramming, repairs, and real-ear measurements.

Improper Physical Fit: You may encounter a patient in your office experiencing discomfort from an earmold or poor retention from an open fitting. In addition to billing for new earmolds if applicable, earmold impressions and earmold modifications are services with unique HCPCS codes. HCPCS codes with a fee schedule developed by your practice can also be considered for tubing, dome and receiver replacements and adjustments.

Acoustic Feedback: Appropriate billing for resolving acoustic feedback will be determined by the troubleshooting services you perform. Refer to earmold and repair/modification HCPCS codes to bill for earmold, programming and/or physical hearing aid adjustments to resolve these concerns.

Troubleshooting a Malfunctioning Device: HCPCS codes exist to address the troubleshooting and repair/modifications for a hearing aid.

Additional instruction needed (hearing aid insertion/removal, battery information, cleaning and care of the device, etc.): When a patient purchases/acquires a hearing aid elsewhere it is possible he or she may receive either minimal or no instruction on how to insert or remove the hearing aid from the ear or even how to change the battery – especially if the hearing aid was purchased online or through mail order. The patient also may not have received instruction on battery precautions and determining when the battery is in need of replacement. Additionally, the patient may have questions regarding basic cleaning and care for the device. Each of these problems may then result in the patient experiencing reduced hearing aid performance. Adequately addressing these concerns can be time consuming, but will result in a successful hearing aid fitting. HCPCS codes specifically addressing orientation can be used for appropriate billing. It is

important to calculate your professional time to adequately counsel for these needs when generating your billing rate for this code.

Reprogramming to Accommodate for a Change in Hearing: When performing real-ear measurements and reprogramming, the HCPCS conformity evaluation code for real-ear measurements may be appropriate.

Cerumen Management: While removal of impacted cerumen is not reimbursed by Medicare and some other commercial payers when performed by an audiologist, this is a service that can still be provided and billed directly to the patient. For insurances that do reimburse audiologists, please use the CPT code for impacted cerumen.

Educating your patients about the benefits of your professional services and knowing how to appropriately bill for those services can be challenging. This kit will provide you with the resources to educate consumers, receive fair compensation, and inform legislators about the dangers of removing the audiologist and audiological services from the hearing aid fitting process. Adapting to alternative delivery service models is possible without compromising the integrity of your practice.