

Subject: Evaluation and Management Codes

1 Whereas, audiologists are professionals with Master’s and/or Doctoral Degrees in audiology who
2 are uniquely educated and trained in the evaluation, assessment, diagnosis, management,
3 treatment and prevention of hearing and balance problems, and
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5 Whereas, Current Procedural Terminology (CPT) Evaluation and Management codes are used by
6 health care professionals to report evaluation and management services including but not limited
7 to a patient history, a focused physical examination and medical decision making, and
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9 Whereas, audiologists, as part of their evaluation often complete a thorough and focused case
10 history including a description of the patient’s chief complaint, a history of their present illness or
11 problem, a review of other signs and symptoms the patient may be experiencing or has
12 experienced, and a review of past, family and social history that may be contributing to the
13 patient’s complaints, and
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15 Whereas, audiologists are regulated by state licensure or registration in all fifty states and the
16 District of Columbia, and
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18 Whereas, evaluation and management services are within the scope of practice of licensed
19 audiologists, and
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21 Whereas, some public/government payers (e.g., Medicaid programs) and private/commercial
22 payers, when permitted by their own statutes, contracts or policies, may pay for any and all
23 evaluation and management, therapeutic and diagnostic services that audiologists are authorized
24 to render under State scope of practice laws, and
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26 Whereas, Medicare payment for health care services and items is limited by Federal statute to
27 specific benefit categories and because of the current Centers for Medicare and Medicaid
28 Services (CMS) interpretation of the Medicare Statute audiologists may only bill Medicare for
29 diagnostic audiology tests, and
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31 Whereas, The Centers for Medicare and Medicaid Services currently considers services, other
32 than diagnostic testing (including evaluation and management codes) to be non-covered by
33 Medicare when performed by audiologists, and
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35 Whereas, this statutory interpretation and limitation applies only to the Medicare Program, and
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37 Whereas, services furnished by audiologists to Medicare patients that are non-covered by
38 Medicare may be billed to the patient directly, and
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40 Whereas, Medicare patients should be provided with a written notice of the patient's financial
41 responsibility for non-covered charges prior to the performance of the service or the delivery of
42 the item when said services or items are not covered by the Medicare program, and

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44 Whereas, Medicare law does not mandate how non-Medicare payers must treat other services
45 performed by audiologists.

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47 Be it resolved, that the American Academy of Audiology will investigate a change to the Social
48 Security Act that currently limits audiologists' ability to be reimbursed by Medicare for diagnostic
49 audiology tests only, and

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51 Be it resolved, that the American Academy of Audiology supports the continued payment of
52 evaluation and management services codes, and all therapeutic and diagnostic services that
53 audiologists are authorized to render under State scope of practice laws, by all third party payers.

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56 References:

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58 <http://www.audiology.org/resources/documentlibrary/Pages/ScopeofPractice.aspx>

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60 http://www.cms.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf

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62 Academy correspondence with consultant Thomas W. Coons, Esq. at Ober/Kaler, Attorney's at
63 Law.