

FOR AUDIOLOGY PROFESSIONALS

Remote Check Pathway to Reimbursement

Overview

Remote Check is a convenient, at-home testing tool that allows patients with a Cochlear™ Nucleus® 7 or Kanso® 2 Sound Processor to complete a series of tests using the Nucleus® Smart App. These tests are similar to those typically conducted during routine, in-clinic appointments for individuals with a cochlear implant. Remote Check will only be visible in the recipient's Nucleus Smart App menu if their clinician has assessed their suitability for remote support and enrolled the individual into the Remote Check program. In addition, the clinician will determine which combination of Remote Check tests are assigned to the patient.

More specific features:

- ✓ Assess and monitor performance at both the recipient's and provider's convenience.
- ✓ Providers determine which tests and functions to assign to the recipient, and the data is sent to the provider via the MyCochlear professional portal upon completion.
- ✓ Clinicians use their expertise to evaluate the Remote Check data in conjunction with recipient feedback to determine appropriate management.
- ✓ The method of communication with Remote Check is asynchronous, also known as store and forward. Store-and-forward telemedicine refers to collecting clinical information and sending it electronically to another site for evaluation. Once patients transmit data via Nucleus Smart App, providers may review the data through their MyCochlear professional portal.

What is Telehealth and how is it different from Telemedicine?

Telehealth or Telemedicine generally refer to the exchange of medical information from one site to another through electronic communication. Telehealth entails interactive audio and video communication systems that permit real-time (synchronous) communication. Telemedicine refers to the clinician's use of telecommunications technology to evaluate, diagnose, and treat patients at distant sites.

Remote Check	Remote Programming
Asynchronous communication	Synchronous communication
Store and forward communication method	Interactive audio and video
Patient tests results and images shared with provider	Live interactive appointment with qualified healthcare provider

Is Remote Check defined as a Telehealth service under the Medicare program?

Not currently. Remote Check is an asynchronous, store and forward, testing tool. Because of its asynchronous nature, Medicare does not recognize Remote Check as a Telehealth service because it is not an interactive appointment with the provider.

Did Medicare change an audiologist's ability to bill for Telehealth in response to the COVID-19 Public Health Emergency (PHE)?

Yes. Medicare is covering diagnostic analysis & programming of a cochlear implant as Telehealth on a temporary basis during the PHE.

The following services are the only audiology services covered under the Telehealth benefit:

CPT Code:	Description
92601	Diagnostic analysis of cochlear implant, <7 years of age; with programming
92602 with subsequent programming
92603	Diagnostic analysis of cochlear implant, ≥7 years or older; with programming
92604 with subsequent programming

Remote Check should not be billed with remote programming codes as it is not considered to be a Telehealth service.

If Remote Check isn't considered a Telehealth service, how will an audiologist obtain reimbursement for providing this service?

At present, there is no specific CPT code or coverage by Medicare for the asynchronous Remote Check interaction. Private payer coverage is expected to be limited. Practices are encouraged to verify individual patient benefits and consider a private pay agreement with the patient where an individual plan does not extend coverage. If an audiologist elects to submit a claim to a health plan, we suggest contacting the patient's health plan to confirm benefits and appropriate coding.

CODING

As new technology emerges, medical coding may not always be available to represent new service options. In these situations, providers may not have access to specific CPT codes related to such services. While there is no specific CPT code assigned to the Remote Check service, providers may have options to report utilization of this new service and seek payment where private pay is not feasible.

- ✓ Providers may choose to assign an internal use only code as a placeholder within their superbill and/or billing system to capture Remote Check services.
- ✓ In the absence of a specific CPT code, an unlisted code may be appropriate depending on the payer.
- ✓ If using unlisted code, include description for service(s) billed.
- ✓ Providers may establish an associated charge for this service according to their business model.

Can I use the unlisted CPT code for Remote Check?

Under Medicare guidelines, audiologists are not eligible for reimbursement for asynchronous interactions such as Remote Check. An unlisted code, CPT 92700 unlisted otorhinolaryngological procedure with proper modifiers may be billed to Medicare for Remote Check services; however, this code is not expected to support payment for traditional Medicare beneficiaries. Providers should be aware of how to properly transfer financial liability to patients when services are not covered through the administration of Advance Beneficiary Notices or ABNs. Please see the Payment section for additional CMS guidance on ABNs.

Commercial and State Medicaid plans billing guidelines vary from plan to plan, and professionals should seek guidance from the patient's insurance plan to determine appropriate coding for Remote Check as well as verify/authorize benefits and services. Again, providers should be aware of how to properly transfer financial liability to patients for non-covered services with the use of ABNs/waivers. If no benefit is available, private-pay arrangements may be an option so long as it is not prohibited by the beneficiary's plan.

A patient's insurance has advised that they will cover Remote Check and suggested using an unlisted code. What do I need to know about billing an unlisted CPT code?

Unlisted codes, such as CPT 92700 - Unlisted otorhinolaryngological service or procedure, do not have any relative value units or payment rates assigned to them since they represent a variety of procedures. When using an unlisted code, claims may be reviewed manually for payment. The provider should share specific information regarding the procedure identified by the code.

Some documentation examples may include:

- Patient reports and results of tests
- Detailed description of the service provided and the outcomes

i.e. Remote Check is an asynchronous, store and forward, virtual patient appointment where the provider reviewed the data transmitted by patient to determine patients' diagnostic conditions

Will Cochlear be seeking a code for Remote Check?

Cochlear recognizes the need to establish payer reimbursement for Remote Check, and we are working closely with professionals and the relevant specialty societies to do so. Meanwhile, practices should consider the value Remote Check provides to patients as a private pay service.

COVERAGE

Medicare

- ❖ Remote Check does not meet Medicare's definition of telehealth, an asynchronous, store and forward, testing tool
- ❖ Audiologists are not included within the approved list of providers for telehealth services
- ❖ Remote Check service does not clearly align with any CPT code included among the Audiology Code List

Providers should be aware of how to properly transfer financial liability to patients when services are not covered through the administration of Advance Beneficiary Notices or ABNs. Please see the Payment section for additional CMS guidance on ABNs.

Commercial and State Medicaid Coverage

- ❖ Remote Check coverage will vary across private payers and state Medicaid plans
- ❖ Providers are encouraged to verify potential benefits for Remote check by submitting a prior authorization.
- ❖ Within this authorization submission, providers can request guidance on the most appropriate CPT coding options.

When submitting a prior authorization for a service with an unlisted procedure code, the provider should provide a detailed description of the service. Providers can also share any supporting documentation to explain the time and effort it may take to provide the service. Providers should be aware of how to properly transfer financial liability to patients for non-covered services with the use of ABNs/waivers. If no benefit is available, private-pay arrangements may be an option so long as it is not prohibited by the beneficiary's plan.

PAYMENT

When services are excluded from an insurance benefit plan, providers may be permitted to shift financial liability to the beneficiary with appropriate consent and acknowledgement.

How do I receive payment for Remote Check if it is not covered by insurance?

When a benefit is not covered by a payer, providers may consider a private pay arrangement. Prior to activating Remote Check for a patient, providers should inform the patient of the financial responsibility associated with the optional service. Providers should consider a written agreement that outlines the patient's financial responsibility, a breakdown of the cost, timeline of services, and payment options.

For Medicare beneficiaries, providers utilize Advanced Beneficiary Notices (ABN) for services that may be the patient's financial responsibility. The use of ABNs may be mandatory or voluntary and can inform patients that Medicare may not cover a service or item.

- ✓ An ABN is required if a service is covered by Medicare but may be denied because medical necessity was not established. For example, research related services, those that exceed the number of Medicare allowed within a specific time period, etc.
- ✓ The use of ABN is voluntary if the services are statutorily excluded from Medicare coverage or no benefit category exists. For example, hearing aids, eyeglasses and contact lenses, cosmetic surgery, etc.

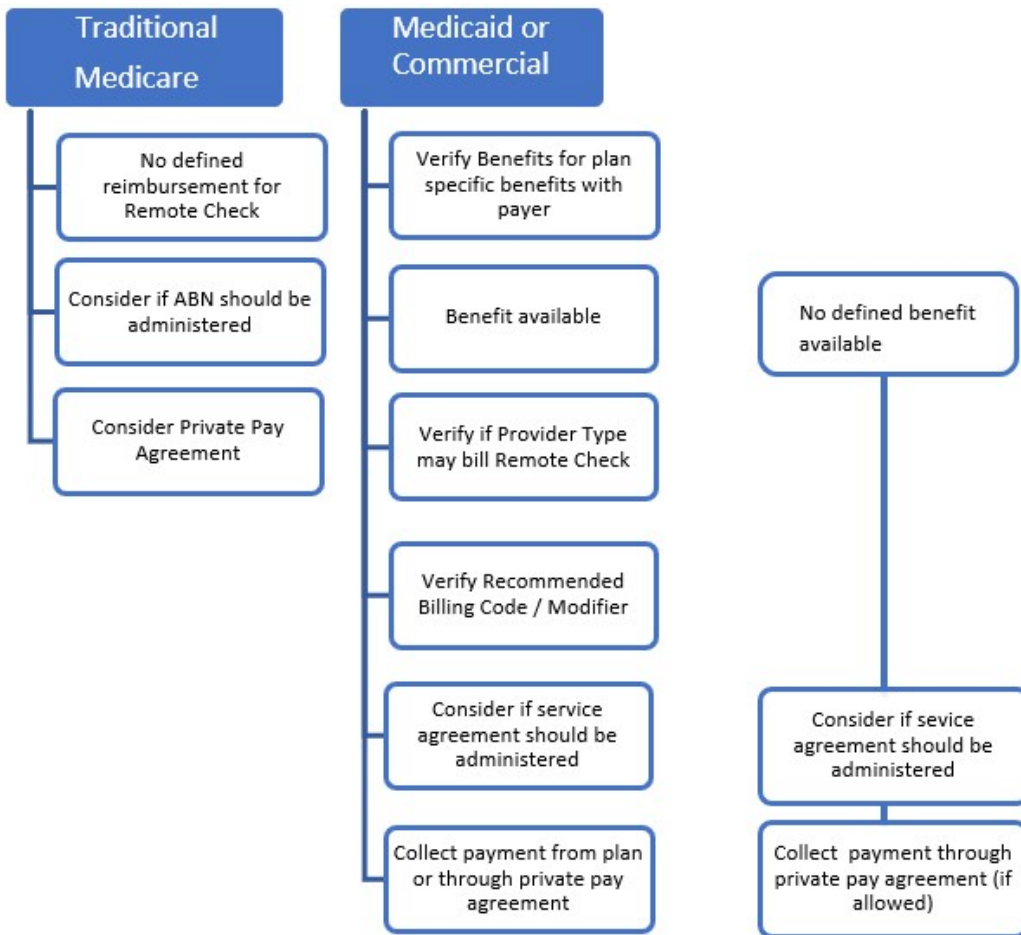
For additional guidance on the utilization of ABNs, please refer to CMS website:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ABN_Booklet_ICN006266.pdf

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN>

Commercial payers may require a consent/acknowledgement process similar to the ABN process when entering private pay arrangements. Please check with individual payers to determine specific requirements.

The following chart illustrates how a practice may approach the process for various payers:



As a good practice, providers should have a policy that outlines the clinic's protocol for private pay appointments. Some examples of templates are listed below:

<https://www.unitedconciiergemedicine.com/private-pay-agreement>

<https://www.uclahealth.org/torrance/Workfiles/UCLAHS-self-pay-patient-payment.pdf>

<https://www.cudoctors.com/Content/SOCC-Forms/SOCC%20-%20Self%20Pay%20Agreement.pdf>

For more information:

Cochlear's OMS department and Regional Reimbursement Managers are available to provide support. Please contact the OMS department at 800-633-4667 option 4 or via email at OMS@cochlear.com.

Please refer to Regional Reimbursement Managers based on geographical location.

Hear now. And always

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