

# Reimbursement Considerations for Cochlear™ Remote Care Solutions

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Cochlear’s Connected Care Portfolio includes technologies supporting the delivery of patient care through remote solutions. Remote Care offers audiologists several tools to give them the flexibility to customize patient care, increase clinic efficiency and maximize their time delivering care.

The focus of this resource is a discussion of reimbursement considerations for Remote Check, Remote Assist for Nucleus® System<sup>†</sup>, as well as Remote Assist for Baha® System<sup>‡</sup>. We provide additional information that may be helpful for further inquiry and respond to FAQs in each section.

The Market Access team has several resources to help customers. There is the Coding Hotline at (800) 587-6910 or [codingsupport@cochlear.com](mailto:codingsupport@cochlear.com), or the Reimbursement Resource [Hub](#). The Hub provides customers with direct access to reimbursement resources, including CPT code information, reimbursement overviews and considerations, as well as FAQs. Customers may also reach out to their Market Access & Payer Strategy (MAPS) Manager with questions. To identify their MAPS Manager, customers may check [here](#).

## Remote Check

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Remote Check is an app-based testing tool allowing patients to undergo a hearing check from the convenience of their own home, via the Nucleus® Smart App. Patients complete a series of activities to collect hearing health information, including a test of their hearing, photographs of the implant site, and diagnostic data from the implant and sound processor. Results are sent remotely to the patient’s audiologist for review using myCochlear.com.

### Reimbursement Pathway for Remote Check

#### **Q1. Does Medicare cover Remote Check as a telehealth service?**

No, Medicare doesn’t recognize Remote Check as a telehealth service due to its store and forward or asynchronous nature.

#### **Q2. If Remote Check isn’t considered telehealth, how will an audiologist obtain payment for providing the service?**

At present, there isn’t a specific CPT code or coverage by Medicare for the asynchronous Remote Check interaction. Practices may consider accepting private payment from Medicare patients in accordance with Medicare requirements.

Commercial insurance and Medicaid coverage may be available, so we encourage practices to verify benefits of patients and request authorization for coverage. Additionally, we suggest confirming the appropriate codes with the patient’s health plan. If the patient’s health benefits don’t cover Remote Check services, a private-pay arrangement may be an option so long as it isn’t prohibited by the patient’s plan.

**Q3. Could an audiologist use an unlisted/miscellaneous CPT code to bill Remote Check to a commercial insurance plan or Medicaid plan?**

The guidelines vary regarding claims submission for commercial insurance plans and Medicaid plans, so we suggest practices seek guidance from the patient’s health plan to determine appropriate coding for Remote Check as well as to verify/authorize benefits and services.

Practices should be aware of how to implement financial liability notices for non-covered services by using Advanced Beneficiary Notice (ABNs) or waivers. If the patient’s health benefits don’t include coverage of the Remote Check service, a private-pay arrangement may be an option so long as it isn’t prohibited by the patient’s plan.

**Q4. Why should an audiologist charge for Remote Check?**

From a reimbursement perspective, a charge represents the value an audiologist brings to patient hearing care through their knowledge, skills, and decision-making abilities. A charge for services rendered represents the clinical responsibility for reviewing test results, interpreting the information, and determining appropriate treatment options.

Even though Medicare does not cover Remote Check under the telehealth program, commercial insurance or Medicaid plans may cover the services under a patient’s health benefits. We encourage practices to verify individual patient benefits and request authorization for coverage. The outcome of those steps may influence the evolving reimbursement pathway for remote care.

In fact, patient demand for remote services may be demonstrated and conveyed to Medicaid and commercial insurance plans through provider claims and prior authorization requests. This clinical care history at the payer level can help drive and shape the reimbursement landscape for remote audiological services, as well as help establish the clinical value of the services rendered. National provider associations, i.e., ASHA, AAA, may also use claims data to substantiate the clinical validity of a service, its frequent use, and the necessity of a new code when applying for permanent billing codes.

**Q5. What could an audiologist charge for Remote Check?**

Practices should consider their own cost and fee structures along with the clinical value of the services when setting their charges. When services are new and undefined by existing CPT codes, there isn’t an established value (relative value units). We encourage practices to identify a comparator service, for which there is a specific CPT code and value (relative value units), to compare to the Remote Check service. The practice can use that information to establish their charge for Remote Check.

For those practices enrolled with Remote Check and who established a payment via Stripe, we identified a range of \$20 to \$120 per Remote Check with the average price being \$61<sup>1</sup>.

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<sup>1</sup> Internal Cochlear Services Reporting. Data on file as of 6/20/22

## Q6. What if patients reside in states where the audiologist isn't currently licensed?

**Important!** Questions regarding license restrictions should be addressed by clinicians directly with their compliance staff and applicable professional licensing boards (a list of State Audiology Licensing Boards may be found [here](#)).

Other general information concerning state licensing is outlined below:

- Interstate compacts: The Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC) may make it easier for clinicians to practice in multiple states. The ASLP-IC is designed to allow licensed audiologists and SLPs to practice across state boundaries and through telehealth in ASLP-IC states. To date, 30 states have adopted the ASLP-IC. Legislation is pending in Alaska, Florida, Illinois, Minnesota, New York, New Jersey, and Pennsylvania. The ASLP-IC expects applications for compact privileges will open in early 2024.

For additional information on the states who've adopted the ASLP-IC and updates on the compact status can be found [here](#).

- Adjoining state licensure: An audiologist may be able to obtain licenses in other states provided the specific state's licensing requirements are met. A resource for understanding other states' audiology license requirements may be found [here](#).

Additionally, multiple states modified their licensure requirements in response to the PHE, including out-of-state requirements for providers of telehealth services. To confirm a state's current licensure requirements please check [here](#).

- State licensure: Patients who reside in the state in which the audiologist is licensed may be the first to be identified and enrolled in Remote Check. Remote Check offers convenient care options to help clinicians deliver ongoing, personalized care.

## Q7. Who does an audiologist contact if they have additional questions about the billing of Remote Check?

The Market Access team has several resources to help customers. There is the Coding Hotline at (800) 587-6910 or [codingsupport@cochlear.com](mailto:codingsupport@cochlear.com), or the Reimbursement Resource [Hub](#). The Hub is designed to give customers direct access to reimbursement resources, including CPT code information, reimbursement overviews and considerations, as well as FAQs. Customers may also reach out to their Market Access & Payer Strategy (MAPS) Manager with any questions they may have. To identify the MAPS Manager for their geography, please check [here](#).

# Remote Assist for Nucleus System

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Remote Assist for Nucleus System (RA Nucleus) is an app-based tool that gives audiologists an interface with patients to adjust and balance certain settings on the patient’s processor, such as volume, bass/treble, or to activate the ForwardFocus<sup>2</sup> feature, in order to optimize audibility and sound quality in various listening environments. RA Nucleus is designed to work with Remote Check, but the service may be performed alone.

## Coding and Payment for Remote Assist for Nucleus

### Q1. Does Medicare cover RA Nucleus as a telehealth service?

Yes. Medicare is temporarily covering diagnostic analysis & programming of a cochlear implant through December 31, 2024.

For Medicare patients, the following audiology services are 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 of age; with programming
92604	with subsequent programming

Commercial insurance and Medicaid coverage may be available as well. We encourage practices to verify benefits of patients and request authorization for coverage. Additionally, we suggest confirming the appropriate codes with the patient’s health plan. If the patient’s commercial health benefits don’t cover remote services, a private-pay arrangement may be an option so long as it isn’t prohibited by the patient’s plan.

### Q2. Why should an audiologist charge for RA Nucleus?

Please reference Q4 in the Remote Check Section.

### Q3. How does an audiologist obtain payment for the services?

As noted in the table above, an audiologist may consider using a CI analysis and programming code in the code range 92601 through 92604. Because RA Nucleus doesn’t include diagnostic analysis, an audiologist may consider appending modifier-52 “Reduced Services” to the billed code.

We encourage practices to consult their own reimbursement professionals regarding coding and modifiers if there are questions with certain payers.

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<sup>2</sup> ForwardFocus can only be enabled by a hearing implant specialist. It should only be activated for users 12 years and older who are able to reliably provide feedback on sound quality and understand how to use the feature when moving to different or changing environments. It may be possible to have decreased speech understanding when using ForwardFocus in a quiet environment.

#### **Q4. How does using a 52-modifier affect the payment amount for the RA Nucleus?**

Medicare and many other payers may adjust the allowed amount based on the percentage of the full service performed and documented. Medicare processes the claim at the lower of actual charge or fee schedule allowance.

#### **Q5. How does an audiologist report a telehealth service provided to a Medicare patient?**

Medicare finalized several changes to how telehealth services are reported and billed in calendar year 2024:

- Audiologists are to use place of service (POS) 10 when providing telehealth services in the patient's home or POS 02 when the patient is at a location other than their home, such as another facility. Audiologists no longer use modifier-95 to identify telehealth services.
- Hospitals will use modifier-95, in addition to a hospital POS, for outpatient telehealth services, aligning with Medicare's current policy for other providers of outpatient services.

#### **Q6. What could an audiologist charge for RA Nucleus?**

We suggest referring to the practice's fee schedule for diagnostic analysis of cochlear implant – CPT codes 92601 through 92604. Then, based on the services provided during a RA Nucleus interaction, the practice may consider adjusting the charge amount in accordance with the modifier-52 "Reduced Services".

Example only: if the practice's usual charge for CPT code 92604 is \$200, the practice may consider adjusting the charge by 25%, to reflect the reduced service. Thus, the charge submitted to the insurance plan is \$150.

All other requirements, rules, or regulations for billing a clinical service with a modifier, such as medical necessity and proper documentation, apply to billing for RA Nucleus.

#### **Q7. What could be the expected Medicare reimbursement using the established CPT codes with a modifier for RA Nucleus?**

As of January 1, 2024, Medicare will pay claims with POS 10 (patient's home) at the non-facility rate under the Medicare Physician Fee Schedule. Claims billed with POS 02 will be paid at the facility rate.

For example, assuming Medicare reimburses 75% of the full-service amount, the average payment for CPT code 92602 POS 10 is ~\$73 and for code 92604 (POS 10) is ~\$66 – actual payment will vary according to geographic location.

#### **Q8. What if patients reside in states where the audiologist isn't licensed?**

Please reference Q6 in the Remote Check Section.

#### **Q9. Will Medicaid cover RA Nucleus?**

There are wide variations in how states presently approach the coverage and payment of telehealth services. Many states enacted post-PHE policies or extended them similar to the Medicare extensions through December 2024. It's important to examine each state's policy in order to understand how telehealth may be used. For information on telehealth regulations status for a particular state, check [here](#).

Additionally, we suggest practices contact the Medicaid agency for guidance on the following questions:

- Which services may or may not be covered when delivered remotely?
- What provider types are eligible to deliver services remotely?
- Which codes are eligible for telepractice and what modifiers and/or place of service codes should be used to indicate services were delivered remotely?

**Q10. Will Medicare cover RA Nucleus or remote cochlear implant programming/analysis after December 31, 2024?**

We do not anticipate CMS passing additional telehealth waivers beyond the 2024 extension. Permanent coverage of eligible audiology telehealth services requires congressional intervention, so a future state is unknown. We encourage providers to engage with their professional societies' advocacy groups on this effort.

If legislation doesn't occur before the extension ends December 31, 2024, practices may consider entering private pay arrangements with Medicare patients for those services that are no longer included on Medicare's eligible and covered telehealth list.

**Q11. Who does an audiologist contact if they have additional questions about the billing of RA Nucleus?**

The Market Access team has several resources to help customers. There is the Coding Hotline at (800) 587-6910 or [codingsupport@cochlear.com](mailto:codingsupport@cochlear.com), or the Reimbursement Resource [Hub](#). The Hub is designed to give customers direct access to reimbursement resources, including CPT code information, reimbursement overviews and considerations, as well as FAQs. Customers may also reach out to their Market Access & Payer Strategy (MAPS) Manager with any questions they may have. To identify the MAPS Manager for their geography, please check [here](#).

# Remote Assist for Baha System

Remote Assist for Baha System (RA Baha) is an app-based tool that allows audiologists to render full programming adjustments (including first fit) and provide counselling via a live video session with their patient. The audiologist:

- Establishes a live video session with patient via Baha Fitting Software
- Consults or offers troubleshooting and support via live video, audio, or text chat
- Connects to and adjusts the sound processor, or performs first fit via Baha Fitting Software
- Saves notes in the patient’s record

## Coding and Payment for Remote Assist for Baha System

### Q1. Does Medicare cover RA Baha service as telehealth?

No, Medicare is continuing to temporarily cover certain telehealth services through December 31, 2024. A list of those services may be accessed [here](#). Medicare didn’t have the authority to add new services to the covered telehealth list given the list’s temporary extension from the PHE.

CPT code	Description
92622	Diagnostic analysis, programming, and verification of auditory osseointegrated sound processor, any type; first 60 mins
92623	.....; each add'l 15 mins (list separately in addition to the code for primary procedure

Medicare would need to review a formal request to add the two CPT codes describing the activation, fitting, programming, and verification of an acoustic sound processor as covered telehealth services. Medicare also lacks the authority to change the statutory restrictions regarding authorized providers of telehealth. Until those are resolved, practices may consider accepting private payments from Medicare patients in accordance with all other Medicare requirements.

Permanent coverage of eligible telehealth services provided by audiologists requires congressional intervention, so a future state is unknown. We encourage providers to engage with their professional societies’ advocacy groups on this effort.

### Q2. How does an audiologist obtain payment for the services?

As noted, Medicare doesn’t recognize the above-mentioned CPT codes as covered telehealth services so practices may consider accepting private payments from Medicare patients in accordance with all other Medicare requirements. Commercial insurance coverage may be available, so we encourage practices to verify benefits of patients and request authorization for coverage.

We also encourage practices to consult their own reimbursement professionals if there are questions with certain commercial payers.

### Q3. Why should an audiologist charge for RA Baha?

Please reference Q4 in the Remote Check Section.

#### **Q4. What could an audiologist charge for RA Baha?**

Practices should consider their own cost and fee structures along with the clinical value when setting their charges. While audiologists have discretion to charge appropriate amounts for their services, charges should remain consistent, regardless of payment type or patient's insurance status. Resources for establishing a fee schedule may be found [here](#) in the November 28, 2023, post.

#### **Q5. What could be the expected payment using the above-mentioned CPT codes for RA Baha?**

In general, the payment amount will vary by commercial health plan. Medicare didn't include the new CPT codes on the telehealth coverage list, consequently practices may consider accepting private payments from Medicare patients in accordance with all other Medicare requirements.

#### **Q6. Does Medicaid cover RA Baha?**

There are wide variations in how states presently approach the coverage and payment of telehealth services. Many states enacted post-PHE policies or extended them similar to the Medicare extensions through December 2024. It's important to examine each state's policy in order to understand how telehealth may be used. For information on telehealth regulations status for a particular state, check [here](#).

Additionally, we suggest practices contact the Medicaid agency for guidance on the following questions:

- Which services may or may not be covered when delivered remotely?
- What provider types are eligible to deliver services remotely?
- Which codes are eligible for telepractice and which modifiers and/or place of service codes should be used to indicate services were delivered remotely?

#### **Q7. How does an audiologist receive payment for RA Baha if it's not covered by insurance?**

So long as it is not prohibited by the patient's commercial insurance plan, private-pay arrangements may be an option. The practice should inform the patient in writing of their financial liability through an ABN/waiver.

#### **Q8. If an audiologist wants to submit a claim to a commercial insurance plan, what do they need to know?**

The billing guidelines for commercial insurance plans vary from plan to plan. Practices should seek guidance from the patient's health plan to determine the billing code as well as to verify/authorize benefits and services.

#### **Q9. What if patients reside in states where the audiologist isn't licensed?**

Please reference Q6 in the Remote Check Section.

#### **Q10. Who does an audiologist contact if they have additional questions about the billing of RA Baha services?**

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† Remote Check and Remote Assist for Nucleus sound processors are intended for ages 6 and older. Remote Check and Remote Assist features are only visible and accessible if they are enabled by a clinician. Clinicians should consider the suitability of the feature before enabling Remote Check and Remote Assist. Remote Check does not replace clinical care and does not involve remote programming of the sound processor. Only available at clinics that have enrolled in Remote Care.

‡ Remote Assist for Baha for compatible Baha sound processors is intended for follow-up adjustment or setup of a replacement or upgrade sound processor for suitable qualified patients based on clinical judgement. For compatibility information visit [www.cochlear.com/compatibility](http://www.cochlear.com/compatibility). Only available at clinics that have enrolled in Remote Care.

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