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Medicare Finalizes New Codes, Payment Cuts, Quality Measures, and Telehealth Coverage for 2024

November 6, 2023

The Centers for Medicare & Medicaid Services (CMS) has released the 2024 Medicare Physician Fee Schedule (MPFS) final rule, which establishes payment policies and rates for Part B (outpatient) audiology and speech-language pathology services. Significant policies finalized in this rule include—but are not limited to—new codes for auditory osseointegrated device (AOD) programming and caregiver training; payment cuts for audiology, speech-language pathology, and other services; audiology access; telehealth services; quality reporting; and alternative payment models.

ASHA submitted comprehensive comments [PDF] on the proposed rule to support or improve policies applicable to audiologists and speech-language pathologists (SLPs). The final rule will apply to services provided in the 2024 calendar year.

The following information highlights key provisions impacting audiologists and SLPs. **We will post a more detailed summary of these and other finalized changes on ASHA's website this week, and will also share through the ASHA Advocate on ASHA Headlines.**

Payment Rates and Coding Updates

Conversion Factor

CMS uses an annual conversion factor (CF) to calculate MPFS payment rates. For 2024, the CF is **\$32.7442**, representing a 3.37% decrease from the \$33.89 CF for 2023. The decrease in the CF is mostly due to the expiration of the temporary 2.5% positive adjustment that Congress implemented to

mitigate significant payment cuts in 2023 and Medicare's requirement to maintain a budget neutral program. However, it's important to note that the CF includes a 1.25% increase required by Congress to help mitigate the 2024 payment cuts.

Take Action: ASHA continues to work with a large coalition of health care provider groups to find short and long-term solutions to address Medicare payment issues, including supporting H.R. 2474, the Strengthening Medicare for Patients and Providers Act. ASHA members can take action by urging their members of Congress to improve fiscal stability for Medicare providers by supporting H.R. 2474, which would provide an annual inflationary payment update based on the Medicare Economic Index (MEI).

Coding Updates

CMS has added five new Current Procedural Terminology (CPT®) codes related to AOD programming (2 codes) and caregiver training (3 codes) as covered services under the 2024 MPFS. ASHA worked with stakeholders to develop and value these new procedure codes through the American Medical Association's (AMA) code development process [PDF].

Auditory Osseointegrated Device (AOD) Services

Effective January 1, 2024, audiologists will see two new timed codes describing the first hour and each subsequent 15 minutes of time for the analysis, programming, and verification of an auditory osseointegrated sound processor. CMS has added both codes to the list of services that can be billed with an AB modifier when performed by an audiologist without a physician referral for a nonacute hearing condition.

CPT Code	Descriptor
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
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)

Caregiver Training

Beginning in 2024, SLPs can report caregiver training services (CTS) **without the patient present** when provided under an established, individualized, and patient-centered plan of care. This marks the first time CMS will allow therapists, including SLPs, to bill and receive MPFS payment for services without the patient present. CMS acknowledges the importance and efficacy of reasonable and necessary caregiver training to influence successful outcomes for patients.

The three new codes were written and valued for billing based on the individual patient whose caregiver(s) require training to assist with the treatment plan and facilitate functional performance in the home or community. Billing should **not** be based on the number of caregivers present during the training

session. However, CMS has stated in its coding guidance that billing should be based on the number of caregivers, rather than the number of patients represented. This is not consistent with the intent of the codes. ASHA will work with related stakeholders to request that CMS issue updated guidance with accurate coding and billing instructions.

CPT Code	Descriptor
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) (Use 9X016 in conjunction with 9X015)
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers

Access to Audiology Services and AB Modifier

In 2023, CMS implemented a policy that allows audiologists to provide nonacute hearing assessment services under limited circumstances without a physician order. No substantive changes were made to this policy with the exception of adding two CPT codes to the list of services that can be provided without an order—92622 and 92623—bringing the total number of services that can be provided under the limitations of the policy to 38 CPT codes. More details regarding this policy can be found on the ASHA website.

Telehealth

CMS has implemented the requirements of the Consolidated Appropriations Act of 2023 (CCA) by extending telehealth coverage of audiology and speech-language pathology services paid under the fee schedule through December 31, 2024. All CPT codes that were covered during the federal public health emergency (PHE) will remain covered through the end of next year. However, CMS has finalized some changes to how telehealth services are billed on the claim beginning in 2024, as follows.

- Hospitals will use modifier “95” in addition to a hospital place of service (POS) code for outpatient telehealth services, aligning with current policy for other types of institutional providers.
- Therapy providers, including SLPs, will continue to use modifier “95” to indicate telehealth services and will not use one of the POS codes for telehealth services, regardless of settings.
- Audiologists will no longer use modifier “95” and will instead use 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 a satellite office or other facility.

While there is technically a brief gap in guidance from CMS regarding telehealth coverage beginning in October through the end of 2023, the agency highlighted in a frequently asked questions (FAQ) resource [PDF] that it would exercise enforcement discretion through the end of 2023 to allow the necessary regulations to be finalized for 2024. This FAQ applies enforcement discretion to all outpatient providers, including those in institutional settings like outpatient hospital departments. This means that providers in outpatient settings can continue to provide telehealth services to Medicare beneficiaries without interruption through the end of 2024. See [Providing Audiology and Speech-Language Pathology Telehealth Services Under Medicare](#) for more information.

Take Action: ASHA remains committed to securing permanent authority for audiologists and SLPs to receive reimbursement for services provided via telehealth at parity with reimbursement for in-person services. Please visit ASHA's [Take Action](#) site to contact your members of Congress to advocate for permanent telehealth coverage under Medicare.

Merit-Based Incentive Payment System (MIPS)

The audiology specialty measure set for the 2024 performance/2026 payment year includes two new measures:

- *Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:* Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive
- *Connection to Community Service Provider: Percent of patients 18 years or older who screen positive for one or more of the following health-related social needs (HRSNs):* food insecurity, housing instability, transportation needs, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least 1 of their HRSNs within 60 days after screening

The speech-language pathology specialty measure set for 2024 includes three new measures for the 2024 performance/2026 payment year:

- *Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease:* Percentage of all patients with a diagnosis of Parkinson's Disease (PD) who were assessed for cognitive impairment or dysfunction once during the measurement period
- *Screening for Social Drivers of Health:* Percent of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
- *Connection to Community Service Provider:* Percent of patients 18 years or older who screen positive for one or more of the following health-related social needs (HRSNs): food insecurity, housing instability, transportation needs, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least 1 of their HRSNs within 60 days after screening

Clinicians continue to be excluded from mandatory MIPS participation if they have allowed charges for covered professional services less than or equal to \$90,000, furnish covered professional services to 200 or fewer Medicare Part B-enrolled individuals, or furnish 200 or fewer covered professional services to Medicare Part B-enrolled individuals. As a result, ASHA estimates that less than 1% of its members are subject to MIPS.

In addition, CMS will apply the promoting interoperability performance category to audiologists and SLPs beginning in 2025. Given the small number of ASHA members subject to MIPS and additional exemptions specific to this category, ASHA does not anticipate this change will have implications for most members.

ASHA Resources

The final 2024 Medicare outpatient payment rates and related information for audiologists and SLPs will be published on ASHA's Outpatient Medicare Physician Fee Schedule web page.

Questions?

Please contact ASHA's health care & education policy team at reimbursement@asha.org.