

**DMEPOS**

**DMEPOS Items Processed by Local Carriers**

The Durable Medical Equipment Regional Carrier (DMERC) processes most durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS); however, processing jurisdiction for certain services remains with local carriers, or in some cases is shared with the DMERC. The following pricing updates are for local carrier and joint jurisdiction codes for services/items **provided on or after July 1, 2001.**

<b>Code/Mod</b>	<b>Allowance</b>	<b>Code/Mod</b>	<b>Allowance</b>
E0751	6042.11	E0786 UE	5471.41
E0753	1497.24	L8600	503.18
E0756	6799.41	L8603	353.40
E0757	4858.05	L8606	185.50
E0758	4276.18	L8610	516.14
E0781 RR	247.69	L8612	544.38
E0782 NU	3950.46	L8613	243.73
E0782 RR	395.06	L8614	15427.00
E0782 UE	2962.85	L8619	6617.61
E0783 NU	7532.94	L8630	271.48
E0783 RR	753.30	L8641	294.65
E0783 UE	5649.72	L8642	241.86
E0785	434.76	L8658	252.78
E0786 NU	7295.21	L8670	448.55
E0786 RR	729.52		

**AUDIOLOGY**

**Payment for Services Furnished by Audiologists**

This article is based on HCFA Program Memorandum (PM) B-01-34, the purpose of which is to make the medical coverage determinations for audiology tests similar and comparable to ophthalmology tests as outlined in section 2320 of the Medicare Carriers Manual. The effective date for this information is May 29, 2001.

Diagnostic testing, including hearing and balance assessment services, performed by a qualified audiologist is paid for as "other diagnostic tests" under section 1861(s)(3) of the Social Security Act ("the Act"). This type of testing is paid for when a physician orders testing to obtain information as part of his/her diagnostic evaluation, or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem. Services are excluded under section 1862(a)(7) of the Act when the diagnostic information required to determine the appropriate medical or surgical treatment is already known to the physician, or the diagnostic services are performed only to determine the need for or the appropriate type of a hearing aid.

Diagnostic services performed by a qualified audiologist and meeting the above requirements are payable as "other diagnostic tests." The payment for these services is determined by the reason the tests were performed, rather than the diagnosis or the patient's condition. Payment for these services is based on the physician fee schedule amount. The entity billing for the audiologist's services may accept assignment under the usual procedure or, if not accepting assignment, may

charge the patient and submit a non-assigned claim on their behalf.

If a physician refers a beneficiary to an audiologist for evaluation of signs or symptoms associated with hearing loss or ear injury, the audiologist's diagnostic services should be covered, even if the only outcome is the prescription of a hearing aid. If a beneficiary undergoes diagnostic testing performed by an audiologist without a physician referral, then these tests are not covered, even if the audiologist discovers a pathologic condition.

As provided in 1861(l)(3) of the Act, a qualified audiologist is an individual with a master's or doctoral degree in audiology and who:

- A. Is licensed as an audiologist by the state in which the individual furnishes such services; or
- B. In the case of an individual who furnishes services in a state which does not license audiologists, has:
  - 1. Successfully completed 350 clock hours of supervised clinical practicum (or is in the process of accumulating such supervised clinical experience),
  - 2. Performed not less than 9 months of supervised full-time audiology services after obtaining a master's or doctoral degree in audiology or a related field, and
  - 3. Successfully completed a national examination in audiology approved by the Secretary of HHS.