

November 5, 2020

Cathy Cook, MD
Medical Director
National Correct Coding Initiative (NCCI)
Capitol Bridge LLC
P.O. Box 368
Pittsboro, IN 46167-0368

RE: Proposed 2021 National Correct Coding Initiative Procedure-to-Procedure and Medically Unlikely Edits for Vestibular Evoked Myogenic Potential (92517-92519) and Auditory Evoked Potential (92650-92653) Testing Codes

Dear Dr. Cook:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments and recommendations as Capitol Bridge LLC and the Centers for Medicare & Medicaid Services (CMS) prepare to implement the proposed 2021 National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits and Medically Unlikely Edits (MUEs).

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA's comments and recommendations relate to proposed PTP edits and MUEs for new Current Procedural Terminology (CPT®) codes for vestibular evoked myogenic potential (VEMP) testing (CPT codes 92517-92519) and auditory evoked potential (AEP) testing (CPT codes 92650-92653). ASHA also offers an abbreviated version of our recommendations in the attached spreadsheet provided by Capitol Bridge LLC as part of the review and comment process.

Proposed Crosswalks Resulting in PTP Edits (Tab 1, lines 130-150)

VEMP Testing Codes (92517, 92518, and 92519)

CMS proposes to crosswalk new CPT codes 92517, 92518, and 92519 to CPT code 92270, *electro-oculography with interpretation and report*. However, 92517-92519 represent new VEMP testing procedures that have never been described in the CPT code set and which were previously reported using CPT code 92700, *unlisted otorhinolaryngologic services or procedures*. The new codes do not replace 92270 nor should they be considered analogous to 92270, which is an ophthalmologic procedure. Electro-oculography evaluates macular degeneration by assessing eye movement in response to light stimuli, whereas VEMP testing evaluates vestibular function by eliciting and recording electromyogenic responses to acoustic or vibratory stimulation. Furthermore, ASHA notes that 92270 is included in the exclusionary parentheses for 92517-92519 and other vestibular testing codes in the *special otorhinolaryngologic services* section on page 720 of *CPT® 2021 Professional Edition* ("CPT manual").¹ As such, crosswalking 92517-92519 to 92270 will create inappropriate PTP edits preventing clinically appropriate same-day reporting with other vestibular testing codes (e.g., 92537, 92540).

ASHA disagrees with CMS’s proposal to crosswalk the new VEMP testing codes—92517, 92518, and 92519—to CPT code 92270 and urges CMS to rescind this crosswalk and associated PTP edits. Instead, ASHA recommends CMS implement PTP edits for CPT codes 92517-92519 based on CPT manual instructions, as discussed later in this letter and as outlined in Tab 6 of CMS’s proposed 2021 NCCI edits.

AEP Testing Codes (92650, 92651, 92652, and 92653)

CMS proposes to crosswalk new CPT codes 92650 and 92651 to current code 92586, and new CPT codes 92652 and 92653 to current code 92585. These crosswalks are appropriate, as the new codes will replace CPT codes 92585 and 92586 in 2021. **As such, ASHA agrees with the proposed crosswalks and recommends CMS implement the corresponding PTP edits for 92650, 92651, 92652, and 92653.**

Proposed MUEs (Tab 4, lines 73-79)

VEMP Testing Codes (92517, 92518, and 92519)

CMS proposes to assign an MUE of “2” to CPT codes 92517, 92518, and 92519. However, these codes describe bilateral testing (i.e., testing of both ears) and were valued as such. An MUE of “2” would allow duplicative billing of professional work and direct practice expense inputs that are already accounted for in each CPT code. **Therefore, ASHA disagrees with the proposed MUE of “2” and instead recommends CMS implement an MUE of “1” for CPT codes 92517, 92518, and 92519.** There is precedent among other vestibular testing codes found in the *special otorhinolaryngologic services* section of the CPT code set. For example, CPT code 92540, *basic vestibular evaluation*, also describes bilateral testing and is assigned an MUE of “1”.

AEP Testing Codes (92650, 92651, 92652, and 92653)

CMS proposes to assign an MUE of “1” to new AEP testing codes 92650, 92651, 92652, and 92653. This is appropriate because CPT codes for audiologic function tests include bilateral testing. **As such, ASHA recommends CMS implement the proposed MUE of “1” for CPT codes 92650-92653.**

Proposed PTP Edits Based on CPT Manual Instructions (Tab 6, lines 573-577)

VEMP Testing Codes (92517, 92518, and 92519)

CMS proposes multiple PTP edits with a modifier indicator of “0” for CPT codes 92517-92519, based on parenthetical instructions in the CPT manual. **ASHA agrees with the PTP edits and modifier indicators and recommends CMS implement them in 2021, as proposed.**

AEP Testing Codes (92650, 92651, 92652, and 92653)

CMS proposes a PTP edit with a modifier indicator of “0” based on CPT manual instructions for CPT codes 92561, *Bekesy audiometry; diagnostic*, and 92652, *auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report*. However, ASHA believes this proposed edit is an error, with the intended edit being for CPT code **92651**, *auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report*. ASHA directs CMS to the parenthetical instruction on page 721 of the 2021 CPT manual indicating that CPT codes **92651** and **92652** may not be reported together on the same day, as outlined below.

92650 Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis

92651 for hearing status determination, broadband stimuli, with interpretation and report

92652 for threshold estimation at multiple frequencies, with interpretation and report

(Do not report 92652 in conjunction with 92651)

ASHA asserts that the proposed PTP edit was meant to address 92651 rather than 92561. **Therefore, ASHA urges CMS to rescind the proposed edit and replace it with a PTP edit with a modifier indicator of “0” for 92652 and 92651, based on the CPT manual instructions outlined above.**

In addition, ASHA recommends similar PTP edits for the other testing code —**92653**—in the AEP family. Although the CPT manual instructions do not address CPT code 92653, ASHA has determined that additional PTP edits are necessary to prevent inappropriate same-day billing of this code with other, more extensive procedures in the family. Specifically, a neurodiagnostic evaluation (92653) is considered a *component* of 92651 and 92652, when performed sequentially on the same day. **ASHA recommends CMS implement the following PTP edits for the AEP testing family.**

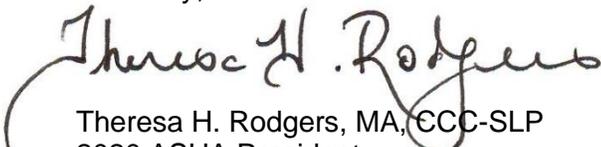
Column 1 Code	Column 2 Code	Modifier	Reason
92652	92651	0	CPT manual instruction
92651	92653	0	More extensive procedure
92652	92653	0	More extensive procedure

ASHA will work with the American Medical Association CPT Editorial Panel and other stakeholders to add corresponding parenthetical instructions in a future edition of the CPT manual. However, until such action is taken, **ASHA asserts the recommended PTP edits are necessary to prevent inappropriate billing and urges CMS to implement them in 2021.**

Conclusion

ASHA appreciates the opportunity to submit these comments and recommendations, including the attached spreadsheet, for your consideration as Capitol Bridge LLC and CMS prepare to implement the 2021 NCCI MUEs and PTP edits. If you or your staff have questions, please contact Neela Swanson, ASHA’s director for health care policy for coding and reimbursement, at nswanson@asha.org.

Sincerely,



Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

Attachment: *ASHA Comments - Editsfor2021_v2021q1*

¹ American Medical Association. (2020). *CPT® 2021 Professional Edition* (Book). Chicago, IL: American Medical Association.