



ASHA
American
Speech-Language-Hearing
Association



**Massachusetts
Speech-Language
Hearing Association**

March 10, 2022

Thomas Hawkins, MD
Medical Director, Health Informatics and Wellness
Blue Cross Blue Shield of Massachusetts
101 Huntington Ave, Suite 1300
Boston, MA 02199

Dear Dr. Hawkins:

On behalf of the American Speech-Language-Hearing Association and the Massachusetts Speech-Language-Hearing Association, we write to express concerns about the decision by Blue Cross Blue Shield (BCBS) of Massachusetts to alter its coverage of telehealth services during the COVID-19 pandemic.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 223,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiology treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, and swallowing disorders. Over 5,000 ASHA members reside in Massachusetts.¹

The Massachusetts Speech-Language-Hearing Association (MSHA) was established in 1949 to realize the founding philosophy of providing persons in the fields of human communication disorders with the opportunity to establish common standards, to exchange information and ideas, and to act as a strong, unified voice for upgrading the profession within Massachusetts. MSHA is a recognized professional association for audiologists and speech-language pathologists by ASHA.

ASHA and MSHA maintain that all payers consider implementation of permanent telehealth coverage at the same rate as in-person service, but—at the minimum—current coverage policies remain in place for as long as the federal public health emergency (PHE) is in effect.

ASHA and MSHA are concerned that the upcoming and arbitrary 20% cut in reimbursement rates for services conducted via telehealth will have a negative impact on both patients and providers by potentially disrupting medically necessary care, decreasing provider reimbursement, and unnecessarily exposing both patients and providers to COVID-19.

Evidence Supports Telehealth Outcomes

ASHA and MSHA maintain that payer coverage of audiology and speech-language pathology services delivered through telehealth be permanent as evidence supports positive outcomes. Research demonstrates the efficacy of audiology and speech-language pathology services delivered via telehealth and its equivalent quality as compared to in-person service delivery for a wide range of diagnostic and treatment procedures for adults and children.^{2,3}

Audiologists and speech-language pathologists (SLPs) are trained and qualified to provide telehealth services, which has been recognized by numerous states and payers.

Prior to the PHE, more than 20 states had licensure laws authorizing audiologists and SLPs to provide telehealth services, while other states provided temporary authority during the PHE. The Veteran's Administration authorized audiologists and SLPs to provide telehealth services and the Centers for Medicare & Medicaid Services (CMS) is reimbursing audiologists and SLPs for certain services during the PHE.

ASHA recognizes that while telehealth is appropriate for some patients in whole or in part, there are other circumstances in which it is not appropriate as it does not benefit the patient due to the nature of their condition, technological issues, or a preference for in-person care. Determination of appropriateness for telehealth is best left to the clinician and dependent primarily upon patient need and the ability to meet medically necessary goals.

Similar Costs of Providing Telehealth and In-Person Services

Setting a lower reimbursement rate for services conducted via telehealth assumes that the provider costs are less than they would be for in-person service. However, this is not the case as office expenses such as rent, utilities, and technology remain constant. In many instances, the ability to offer telehealth visits has incurred additional expenses for practices who required technology updates or new systems to maintain compliance.

BCBS's reduced reimbursement rate proposal is excessive and arbitrary as there was no review of the different elements of telehealth, including additional costs for providing telehealth while maintaining brick and mortar infrastructure. As BCBS is aware, Current Procedural Terminology (CPT®) codes undergo an exhaustive valuation process led by the American Medical Association that explicitly determines relative values of medical procedures including a thorough review of related practice expense elements. ASHA also notes that the entire practice expense portion of speech-language pathology code values does not approach 20% of the code value making the planned rate reduction fundamentally flawed.

Lack of Evidence of Medicare Cuts

It is ASHA and MSHA's understanding that one reason for the planned BCBS decrease is related to a Medicare payment reduction. ASHA notes that Medicare has paid for telehealth services in parity with in-person care. CMS has not proposed any changes to Medicare reimbursement rates for telehealth. **ASHA and MSHA request clarification on the reference to Medicare payment reductions that are being used to drive or justify BCBS's planned payment cut.**

April 1 Implementation Date

The policy update memo lists April 1, 2022, as the effective date for the 20% reductions. This date falls within the current federal PHE, which is effective until at least April 16 with the expectation of being extended again for an additional 90-day period, as required by law. **ASHA and MSHA emphasize that implementing a policy that would reduce telehealth access during the ongoing PHE places BCBS subscribers and providers at unnecessary risk for COVID-19 transmission.**

ASHA and MSHA are requesting a meeting to discuss these concerns about BCBS's recent plan to arbitrarily reduce the reimbursement rate of telehealth services. The BCBS program

change will negatively affect plan participants by not appropriately reimbursing audiologists and SLPs who provide necessary services for their patients; thereby, decreasing access to care for these critical services in a safe and efficient manner.

ASHA and MSHA look forward to a discussion with you at your earliest convenience and will be reaching out to schedule a meeting. If you or your staff have any questions, please contact Jacob Manthey, ASHA's director of health care policy, private health plans reimbursement, at jmanthey@asha.org.

Sincerely,



Judy Rich, EdD, CCC-SLP, BCS-CL
2022 ASHA President

Martha H. Testa, PhD, CCC-SLP
2022 MSHA President

¹ American Speech-Language-Hearing Association. (2021). *Massachusetts* [Quick Facts].

<https://www.asha.org/siteassets/uploadedfiles/massachusetts-state-flyer.pdf>.

² Swanepoel, D. W., & Hall, J. W. (2010). A systematic review of telehealth applications in audiology. *Telemedicine And e-Health*, 16(2), 181-200. <http://dx.doi.org/10.1089/tmj.2009.0111>.

³ Grogan-Johnson, S., Alvares, R., Rowan, L., & Creaghead, N. (2010). A pilot study comparing the effectiveness of speech language therapy provided by telemedicine with conventional on-site therapy. *Journal of Telemedicine and Telecare*, 16, 134-139.