



October 2, 2020

SUBMITTED ELECTRONICALLY

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

**Re: Expanding Access to Critical Telehealth Services for Medicare Beneficiaries
with Disabilities and Functional Impairments**

Dear Administrator Verma:

The undersigned members of the Coalition to Preserve Rehabilitation (CPR) write to urge the Centers for Medicare and Medicaid Services (CMS) to expand coverage of certain telehealth services during the public health emergency (PHE) to ensure that individuals with hearing, speech, swallowing, and cognitive impairments have access to medically necessary rehabilitative and habilitative services they need to restore, improve, and maintain their health and ability to function as independently as possible in the face of the COVID-19 pandemic.

CPR is a coalition of more than 50 national consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities, and chronic conditions may regain and/or maintain the maximum level of health and independent function. CPR is comprised of organizations that represent patients—as well as the providers who serve them—who are frequently in need of rehabilitation care and who in many cases are especially vulnerable to COVID-19, necessitating considered, patient-centered telehealth policy to support their health and function.

CPR appreciates the work that CMS has completed thus far to protect access to health care during the pandemic, especially regarding the expansion of telehealth under the authorities provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. In the Interim Final Rules with Comment Periods (IFC) released on March 31 and April 30, CMS added a number of services to the Medicare telehealth list for the duration of the pandemic.

In the April 30 IFC, CMS also identified a sub-regulatory process for modifying the services included on the telehealth list in order to allow for appropriate additions necessitated by the public health emergency (PHE). However, CMS has since refrained from further expanding telehealth coverage to any additional procedures or devices. As the pandemic continues to upend

the American health care system, we urge CMS to continue to adapt policies to meet the ever-changing and growing needs of Medicare beneficiaries.

We request that CMS add the Current Procedural Terminology (CPT[®]) codes identified in the appendix of this letter to the authorized telehealth services list for the duration of the PHE as soon as possible.

Additional coverage is needed to ensure that Medicare beneficiaries with disabilities and functional impairments related to hearing, speech, language, swallowing, and cognition have safe and effective access to the services they need during the PHE. Many Americans already have broad telehealth coverage under Medicaid and private health plans, but Medicare continues to restrict virtual access to a smaller subset of services compared to those available through other insurance programs.

Medicare beneficiaries must have access to the clinically appropriate audiology and speech-language pathology services they require to meet their medically necessary needs. During the pandemic, however, receiving audiology and speech-language pathology services face-to-face can unnecessarily increase the risk of transmission and contraction of the virus. Additionally, the use of personal protective equipment (PPE) by both clinicians and patients can negatively impact the ability to effectively evaluate and diagnose complex communication and swallowing conditions by obscuring both clear sight and sound.

The audiology services we recommend adding to the telehealth list represent core diagnostic tests for identifying the type, severity, and cause(s) of hearing loss or the need for further testing. Absent any means to receive core audiologic testing services via telehealth, Medicare beneficiaries with undiagnosed hearing or balance disorders face an even higher risk for isolation and depression, conditions that are already being exacerbated by pandemic-related quarantine and distancing policies. We urge CMS to allow Medicare beneficiaries to access these services, which are being provided by practices that are fully equipped and, in many cases, already providing telehealth services to non-Medicare patient populations.

Similarly, the CPT codes utilized by speech-language pathology we recommend adding to the telehealth list represent evaluation and treatment of a range of communication and swallowing disorders that speech-language pathologists (SLPs) are already providing via telehealth to non-Medicare patients. Patients with neurodegenerative diseases, such as amyotrophic lateral sclerosis (ALS), may quickly lose their ability to communicate if they do not receive an evaluation to determine their suitability for a speech-generating device (SGD).

Additionally, many beneficiaries, including those with swallowing or other speech-related disorders, may be unable or unwilling to obtain in-person SLP services during the pandemic. Without access to a clinical evaluation and treatment for swallowing disorders, beneficiaries cannot fully recognize or mitigate their risk of choking, aspiration, and, in extreme cases, death. Broader access to telehealth is needed now in this area.

The improvements that have already been made to Medicare telehealth coverage have been crucial for beneficiaries to maintain access to certain services during the pandemic, but there is

clearly a gap in this coverage. As the situation continues to evolve, beneficiaries with swallowing, speech, and other disorders similarly need access to virtual services. As stated above, many SLP practices are already successfully conducting these services via telehealth for non-Medicare patients, and CMS should approve these services for the Medicare population as well to ensure that beneficiaries have sufficient access to the medically necessary care they need.

CPR is aware of efforts by a variety of organizations such as the American Speech-Language-Hearing Association (ASHA), the Assistive Technology Law Center working with the USSAAC, which supports the rights of people in need of augmentative and alternative communication, and other stakeholders, to encourage CMS to cover this same series of speech language pathology and audiology codes through telehealth. While we are supportive of these efforts, we make this request on behalf of our consumer members who are particularly impacted by CMS's lack of coverage of these services through telehealth. We encourage CMS to seriously consider authorizing payment for these and other telehealth services relevant to people with disabilities and chronic conditions through its sub-regulatory process during the COVID-19 pandemic.

As CMS continues to review existing and future telehealth policies, we urge CMS to work under the agency's current authority to ensure that patient-centered telehealth is available to as many patients as possible, in as many appropriate forms as possible, while ensuring that telehealth adds to existing forms of available care without replacing or supplanting these modalities.

Thank you for your consideration of our request. Should you have any questions regarding this information, please contact Peter Thomas or Joe Nahra, coordinators for CPR, by e-mailing Peter.Thomas@PowersLaw.com and Joseph.Nahra@PowersLaw.com or by calling 202-466-6550.

Sincerely,

The Undersigned Members of the Coalition to Preserve Rehabilitation

ACCSES
ALS Association
American Academy of Physical Medicine & Rehabilitation
American Association of People with Disabilities
American Association on Health and Disability
American Congress of Rehabilitation Medicine
American Heart Association
American Medical Rehabilitation Providers Association
American Network of Community Options and Resources
American Occupational Therapy Association
American Physical Therapy Association
American Speech-Language-Hearing Association
American Spinal Injury Association

American Therapeutic Recreation Association
The Arc of the United States
Association of Assistive Technology Act Programs
Association of Rehabilitation Nurses
Association of University Centers on Disabilities
Brain Injury Association of America
Center for Medicare Advocacy
Child Neurology Foundation
Christopher & Dana Reeve Foundation
Clinician Task Force
Disability Rights Education and Defense Fund
Epilepsy Foundation
Falling Forward Foundation
Lakeshore Foundation
The Michael J. Fox Foundation for Parkinson's Research
National Association for the Advancement of Orthotics and Prosthetics
National Association of Social Workers
National Association of State Head Injury Administrators
National Athletic Trainers' Association
National Council on Independent Living
National Disability Rights Network
National Multiple Sclerosis Society
Rehabilitation Engineering and Assistive Technology Society of North America
Spina Bifida Association of America
United Cerebral Palsy
United Spinal Association

CC:

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Appendix: Codes Recommended for Addition to the Approved Telehealth Services List for the
Duration of the Public Health Emergency

CPT Codes Utilized by Audiology for Telehealth Services

- 92550** – tympanometry and reflex threshold measurements
- 92552** – pure tone audiometry, air only
- 92553** – pure tone audiometry, air and bone
- 92555** – speech audiometry threshold
- 92556** – speech audiometry threshold; with speech recognition
- 92557** – comprehensive audiometry
- 92563** – tone decay test
- 92565** – stenger test, pure tone
- 92567** – tympanometry
- 92568** – acoustic reflex testing; threshold
- 92570** – acoustic immittance testing, including tympanometry, acoustic reflex threshold and decay testing
- 92585** – auditory evoked potentials, comprehensive
- 92586** – auditory evoked potentials, limited
- 92587** – distortion product evoked otoacoustic emissions, limited, with interpretation and report
- 92625** – assessment of tinnitus
- 92626** – evaluation for pre-implant candidacy or post-implant status of auditory function; first hour
- 92627** – evaluation for pre-implant candidacy or post-implant status of auditory function; each additional 30 minutes

CPT Codes Utilized by Speech-Language Pathology for Telehealth Services

- 92526** – treatment of swallowing dysfunction and/or oral function for feeding
- 92607** – evaluation for speech generating device; first hour
- 92608** – evaluation for speech generating device; each additional 30 minutes of evaluation time
- 92609** – therapeutic services using speech generating device, includes programming and modification
- 92610** – evaluation of oral and pharyngeal swallowing function
- 92626** – evaluation for pre-implant candidacy or post-implant status of auditory function; first hour
- 92627** – evaluation for pre-implant candidacy or post-implant status of auditory function; each additional 30 min
- 96105** – assessment of aphasia, per hour
- 96125** – standardized cognitive performance testing, with time in interpretation and report, per hour
- 97129** – cognitive function intervention, initial 15 min
- 97130** – cognitive function intervention, each additional 15 min