

May 31, 2022

To Whom it May Concern:

The American Speech-Language-Hearing Association expresses appreciation to AIM Specialty Health for requesting and considering comments on the updated outpatient habilitative and rehabilitative services guideline, which goes into effect in June 2022.

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.

Occupational Therapy Code List (Pages 20-21)

The following codes are listed as within the occupational therapy scope of services: 92526, 92605 to 92611, 92618; however, ASHA maintains that speech-language pathologists (SLPs) are the most qualified providers for dysphagia and augmentative and alternative communication. Specific to codes 92607 and 92608, many payers require a prescription by an SLP to approve funding the related durable medical equipment (DME), such as speech generating devices. Therefore, if an occupational therapist (OT) provides the service alone, the device will likely not be covered. This creates a situation where the patient may be required to pay for the device, which will likely be a barrier to seeking services.¹

Requiring ASHA Certification for Speech-Language Pathologists (Section: Background; Page 24)

The section on ASHA Certification implies that all SLPs hold ASHA's Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). However, ASHA's CCC-SLP is not a requirement established by ASHA for the practice of speech-language pathology. If AIM is requiring ASHA's CCC-SLP for SLPs to provide services, we recommend adding an explicit requirement from AIM clarifying that. Furthermore, if the certification is required to provide speech therapy service, there needs to be additional clarification on how that impacts AIM's allowance for an occupational therapist to provide speech therapy services.

Occupational Therapists May Provide Speech Services (Section: Background; Page 24)

The guideline states, "Occupational therapists may also be qualified to provide speech therapy services". ASHA maintains that this statement is inaccurate and should be removed from the document. The intended concept needs further clarification to support the appropriate scope of practice for each profession and not be misinterpreted. SLPs and occupational therapists do not have the same education, training, or state-regulated scope of practice. OTs are not credentialed or licensed to present themselves as SLPs or practice within the scope of speech-language pathology. If an OT engages in practice reserved for speech-language pathology, they may face licensure challenges of practicing outside their license. This language is problematic throughout the document as it inaccurately and inappropriately implies that occupational therapists can provide the same services as SLPs. While there is some overlap in scope of practice related to swallowing treatment, OTs do not engage in speech-language evaluation or treatment in any way. Additionally, in treating patients with dysphagia, OTs only provide about 0.1% of swallowing treatment and an even lower percentage of related evaluations.

Clinical Indications (Section A. Initial Speech-Language Pathology Evaluation; Page 26)

The final bullet lists conditions outlined in the SLPs' scope of practice but does not mention fluency and aural (re)habilitation. Additional clarification regarding coverage of these diagnoses will be helpful.

Code Additions (Page 28)

ASHA recommends adding the following codes to the list.²

CPT Code	Descriptor
31575	Laryngoscopy; flexible; diagnostic
31579	Laryngoscopy; flexible or rigid telescopic, with stroboscopy
92511	Nasopharyngoscopy with endoscope
92597	Evaluation for use/fitting of voice prosthetic device to supplement oral speech
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
92615	interpretation and report only
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing
92617	interpretation and report only
96105	Assessment of aphasia with interpretation and report, per hour
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
98975	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98976	Device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes
98981	each additional 20 minutes (listed separately in addition to code for primary procedure)

Physical Therapy and Occupational Therapy Adjunctive Treatments

1. Section: Background (Page 31)

ASHA requests adding SLPs to the list of qualified providers of hippotherapy as many SLPs are appropriately trained and competent in these services.

2. Section: Code (Page 34)

ASHA requests clarification the purpose of this code list. The title of the section implies that this is a list of codes of adjunct and alternate treatments for physical and occupational therapy and would exclude speech-language pathology. However, the following codes included in the list are within the scope of practice for SLPs and should not be considered for physical and occupational therapists.

Additionally, the guideline defines adjunctive treatments as follows “Adjunctive treatments are primarily but not exclusively passive measures which are mechanical, electrical, magnetic or thermal in nature. They must be used as a complement to a more comprehensive and active therapy program”. However, the services in the list of codes below are not passive or complementary in nature. As the SLP code list on page 28 indicates, they are not adjunct or alternate treatments.

- 92526 - Treatment of swallowing and/or oral feeding function
- 92605 - Evaluation and prescription of non-speech-generating and alternative communication device first hour
- 92606 - Therapeutic services for use of non-speech-generating device with programming
- 92607 - Evaluation of patient with prescription of speech-generating and alternative communication device
- 92608 - Evaluation and prescription of speech-generating and alternative communication device
- 92609 - Therapeutic services for use of speech-generating device with programming
- 92610 - Evaluation of swallowing function
- 92611 - Fluoroscopic and video recorded motion evaluation of swallowing function
- 92618 - Evaluation and prescription of non-speech-generating and alternative communication device

Speech Therapy Alternative Treatments

1. Section: Background/Scope (Pages 52-53)

As indicated above, OTs are neither trained nor qualified to provide the range of services included in the SLPs’ scope of practice. These sections imply otherwise and should be updated to clarify the treatments fall within the SLPs’ scope of practice.

2. Blue Dye Test (Page 53)

ASHA suggests removing the reference to FD&C Blue Number one food coloring as it has an FDA advisory against its use.³

3. Parkinson Voice Project (Page 53) -

The Parkinson Voice Project is the company that offers the training it is not the program itself. The program is called SPEAK OUT!® & The LOUD Crowd®.⁴

Thank you for requesting and considering these comments on the updated outpatient habilitative and rehabilitative services guideline. Please contact Jacob Manthey, ASHA’s director of health care policy, private health plans reimbursement, at jmanthey@asha.org, with any questions

1. American Speech-Language-Hearing Association. (n.d.). *Speech-language pathologists as the preferred providers for dysphagia services*. Speech-Language Pathologists as the Preferred Providers for Dysphagia Services. Retrieved May 27, 2022, from <https://www.asha.org/slp/clinical/speech-language-pathologists-as-the-preferred-providers-for-dysphagia-services>

2. American Speech-Language-Hearing Association. (n.d.). *Speech-language pathology CPT and HCPCS code changes for 2022*. American Speech-Language-Hearing Association. Retrieved May 27, 2022, from https://www.asha.org/practice/reimbursement/coding/new_codes_slp/
3. Center for Food Safety and Applied Nutrition. (n.d.). *FDA Public Health Advisory: Subject: Reports of blue discoloration*. U.S. Food and Drug Administration. Retrieved May 27, 2022, from <https://www.fda.gov/industry/medical-devices/fda-public-health-advisory-subject-reports-blue-discoloration-and-death-patients-receiving-enteral>
4. Greenhaw, T. (n.d.). *Speak out! & loud crowd training*. Retrieved May 27, 2022, from <https://www.parkinsonvoiceproject.org/SPEAKOUT!Training>