ASHA
American
Speech-Language-Hearing
Association

January 3, 2024

Anitra Graves, M.D., FCCP, FAASM, MMM
Benita Jackson, M.D., MPH, FACPM, CHCQM
Medical Directors
First Coast Service Options, Inc.
532 Riverside Avenue, 4T
Jacksonville, FL 32202

RE: Coverage of Services Provided by Speech-Language Pathologists

Dear Dr. Graves and Dr. Jackson:

On behalf of the American Speech-Language-Hearing Association, I am writing to request First Coast update its coverage policies to include remote therapeutic monitoring (RTM) services and laryngoscopy with stroboscopy (commonly referred to as videostroboscopy) provided by speech-language pathologists.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

At this time, ASHA is not aware of a local coverage determination for speech-language pathology services that could be subject to a reconsideration request. However, it is our understanding, based on claims denials our members have received, that First Coast is not paying SLPs when they bill RTM or videostroboscopy services.

Remote Therapeutic Monitoring

The Centers for Medicare & Medicaid Services (CMS) has covered RTM services reported by therapy providers who cannot bill for evaluation and management (E/M) services, including SLPs, since January 1, 2022.[1] Therefore, ASHA requests that First Coast align its coverage of RTM services with CMS's guidance by allowing SLPs to bill and receive payment for these services when criteria for billing are met. The Current Procedural Terminology (CPT®) codes covered by CMS include:

CPT Code	Descriptor
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98980	Remote therapeutic monitoring treatment management services, physician or 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)

The RTM codes allow clinicians who cannot bill for E/M services to report remote monitoring of health conditions as well as adherence and response to treatment during an episode of care. By

covering these codes, when used by SLPs, CMS acknowledged that these services are important to beneficiaries needing speech-language pathology services. When billing the RTM codes to Medicare, SLPs should include the GN modifier to indicate services are being provided under a speech-language pathology plan of care.

SLPs may report RTM codes for home-based voice or swallowing training devices that provide biofeedback to the patient and produce objective data for the clinician; thereby, allowing the clinician to provide ongoing adjustments to training exercises and informing the plan of care and treatment goals. SLPs may also conduct remote monitoring through mobile applications or computer-based software used to design a personalized home training program supplementing speech, language, and/or cognitive treatment and allowing the clinician to collect objective data regarding the patient's functional performance and progress. ASHA offers the following clinical vignettes as illustrative, but not exhaustive, examples of RTM services provided by SLPs.

Patient with aphasia: A Medicare beneficiary with aphasia—a language disorder caused by brain injury—has been receiving language treatment under a speech-language pathology plan of care. The patient/caregiver is provided with and trained to use a mobile application that allows the SLP to create a customized plan for the patient to work on language-based and communication activities at home, between visits. The mobile application guides the patient through interactive activities and exercises to implement the skills and strategies learned during treatment in real-world communication contexts. The application automatically adapts to the patient's skill level as they progress through the activities and provides feedback to the patient on their performance. Data are automatically transmitted to the SLP through a secure portal, allowing the SLP to remotely monitor the patient's adherence to treatment, review objective data regarding the patient's functional progress, and adjust the activities and exercises based on the patient's current needs. Using the data gathered, the SLP can contact the patient/caregiver to review the results and discuss the patient's adherence and progress between sessions. The SLP also uses the data to inform and modify ongoing treatment goals, as needed. A generated report may also be shared with the patient's physician and other health care providers.

Patient with dysphagia: A Medicare beneficiary with dysphagia—a swallowing disorder—has been receiving dysphagia treatment under a speech-language pathology plan of care. The patient is provided with and trained to use a remote monitoring and biofeedback system, consisting of a mobile application and wireless device, that allows the patient to continue retraining swallowing physiology at home, between sessions. The system allows the SLP to create a customized plan for the patient to perform swallowing exercises at home. The mobile application guides the patient through exercises while sensors on the wireless device are placed under the patient's chin to monitor muscle contractions. This provides real-time biofeedback on the length and strength of muscle contractions; thereby, allowing the patient to adjust their swallow effort or change swallow strategies to successfully complete the individualized exercises. Data are automatically transmitted to the SLP through a secure portal, allowing the SLP to remotely monitor the patient's adherence to treatment, review objective data regarding the patient's functional progress, and adjust the exercises based on the patient's current needs. Using the data gathered, the SLP can contact the patient/caregiver to review the results and discuss the patient's adherence and progress between sessions. The SLP also uses the data to inform and modify ongoing treatment goals, as needed, and may also forward a report to the patient's physician and other health care providers.

Videostroboscopy Services

ASHA's *Scope of Practice in Speech-Language Pathology* includes using instrumentation, such as videostroboscopy, to assess aspects of voice, resonance, velopharyngeal function, and swallowing within an SLP's scope of practice.[2] CMS has allowed SLPs to perform videostroboscopy (CPT code 31579) without physician supervision since October 1, 2011, as long as it is not required under state law. This is supported by CMS assigning a payment policy indicator "09" under the physician supervision requirement, which means that supervision requirements do not apply for CPT code 31579. In addition, Florida law allows SLPs to perform this service and does not require any level of physician supervision. As such, patients covered by other payers may have this service covered when provided by an SLP, which could potentially lead to inequitable access to medically necessary care for Medicare beneficiaries seeking voice evaluation services. Therefore, ASHA requests First Coast cover and pay for videostroboscopy when provided by an SLP.

Thank you in advance for your consideration of this request. If you have questions, please contact Sarah Warren, MA, ASHA's director for health care policy, Medicare, at swarren@asha.org or 301-296-5696.

Sincerely,

Tena L. McNamara, AuD, CCC-A/SLP
2024 ASHA President

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[1] Federal Register. Vol. 86, No. 221 (2021 Nov. 19). *Rules and Regulations.* Page 65116. https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf.

[2] American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from www.asha.org/policy/.