

May 5, 2023

Carol Blackford
Director, Hospital and Ambulatory Policy Group
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Sent via email

Dear Ms. Blackford,

The AAO-HNS, ABEA, and ALA are writing to request clarification on whether outpatient telehealth services provided to Medicare beneficiaries by facility-based speech-language pathologists (SLPs) will be covered after the end of the federally declared public health emergency (PHE) on May 11, 2023. The physician-led healthcare team that diagnoses and treats both acute and chronic speech, voice and swallowing problems can only achieve the best patient outcomes when all the tools are available to care for individual patients. Whether the etiology of these problems is related to trauma, neurologic disease, aging or misuse, the involvement of SLPs is essential to carry out the entirety of the team-based plan that is based on individual needs and circumstances. The use of telehealth services has proven to be an effective way to expand access to these services, particularly for those patients living in areas of under supply of providers. This is especially true for patients who are under resourced and have limited family support.

Patients can be accurately diagnosed and have an appropriate treatment plan created, but without access to SLP services they will not be able to reach optimal treatment goals. Many patients who are diagnosed in a hospital setting require post-discharge SLP services in a variety of different settings including, but not limited to skilled nursing facilities (SNFs), hospital outpatient departments (HOPDs) and individual offices. It is essential that they are able to access this care, regardless of whether they can travel in person to receive treatment at the designated facility or must rely on telehealth services due to inability to travel.

Multiple studies demonstrate that SLP teletherapy for selected patient populations experience outcomes and satisfaction comparable to in-person services provided by SLPs. Research has also indicated that adherence to teletherapy is increased, which may ultimately reduce healthcare costs through timely medical intervention.

There is confusion amongst our joint membership about the continued availability of telehealth visits for SLPs after the May 11, 2023, end of the PHE. Furthermore, if these services will continue to be covered under the Medicare program, there is a lack of clarity regarding how they should be appropriately reported to CMS. Both the UB04 and 1500 forms have been appropriately used in the past depending on provider classification type. It is important that both the ordering physicians and the SLPs providing the service are made aware of any new or revised agency rules for reporting the services beginning May 12, 2023.

The AAO-HNS, ABEA, and ALA request that CMS continue to cover telehealth visits for our Medicare/Medicaid patients by SLPs regardless of their employment status and provide clear guidance on how to report telehealth services using the UB04 and 1500 claims forms or whatever reporting process CMS requires to bill for outpatient telehealth services provided by SLPs after May 11. We urge CMS to maintain a policy that allows SLPs to provide these essential services across the various sites of service settings, including telehealth, after the official end of the PHE, May 11, 2023.

Sincerely,

Kathleen L. Yaremchuk, MD, MSA
President
American Academy of Otolaryngology-Head and Neck Surgery

Peter Belafsky, MD
President
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