AMERICAN COCHLEAR IMPLANT ALLIANCE

Research. Advocacy. Awareness.

OUR MISSION:

To advance access to the gift of hearing provided by cochlear implantation through research, advocacy and awareness.

April 14, 2020

Seema Verma, MPH
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

On behalf of the members of the American Cochlear Implant (ACI) Alliance, I write to request that the Secretary of the U.S. Department of Health and Human Services (HHS) use its authority under Section 3703 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act to allow audiologists and speech-language pathologists to provide Medicare Part B services during a national emergency, including the current COVID-19 crisis.

ACI Alliance is a non-profit 501(c)3 organization whose mission is to advance access to cochlear implantation and other implantable prosthetic hearing implants through research, advocacy and awareness. The membership includes clinicians who provide the cochlear implant (CI) intervention (e.g., ENT surgeons, audiologists, speech-language pathologists, other professionals on implant teams including psychologists), researchers, adult cochlear implant recipients, parents of children with cochlear implants and other advocates. The organization seeks to ensure appropriate access to, and quality of, clinical care relating to cochlear implantation.

Section 3703 of the CARES Act references the Social Security Act and grants authority to waive requirements within Section 1834(m) which restricts coverage of telehealth to those provided by physicians and practitioners. Audiologists and speech-language pathologists are not listed as providers. We respectfully request that you use your authority granted by Congress to include these two key medical clinicians enabling them

to provide patients with continuity of care during this COVID-19 timeframe. It may be appropriate to consider continuing such coverage for care over the longer term, but our concern for now is for the present and immediate need to address the break in delivery of key services critical to the CI intervention.

Cochlear implantation is a covered medical service under Medicare for appropriate individuals. CIs provides older adults with the ability to care for themselves and for family members by providing access to speech and environmental sounds. We can think of no situation more crucial than the current COVID-19 crisis to emphasize the importance of hearing to allow effective and efficient communication with family and healthcare providers, particularly for older people at higher risk for poorer health and well-being.

Telehealth for Cochlear Implant Programming: Audiology Services

Telehealth for CI services for both audiology and speech-language pathology has already been demonstrated to be safe and effective. Remote programming (known as mapping) by CI audiologists (who have been specially trained to provide this medical service) after the CI surgery has been examined in peer reviewed studies (Slager HK, Jensen J, Kozlowski K et al. Remote programming of cochlear implants, *Otol Neuro*, 40:e260-e266, 2018; Luryi AL, Tower JI, Preston J. Cochlear implant mapping through telemedicine—A feasibility study, *Otol Neuro*, 41:e330-e330, 2020). The study by Slager et al of forty CI recipients demonstrated similar outcomes for in-office, remote-facilitated and remote-unassisted MAPs (or programs).

Another study by Luryi et al (Cochlear Implant Mapping Through Telemedicine—A Feasibility Study in *Otol Neuro*, 2020) was completed by Yale University clinicians collaborating with Veterans Affairs Connecticut Healthcare System to address access to follow-up cochlear implant care within the VA system and evaluate remote CI programming and related aural rehabilitation via telehealth. The Yale paper documented that the 20 patients in the study had programming and speech perception outcomes that were similar in live and telehealth produced sessions.

Telehealth for Speech-Language Services

Telehealth for services provided by speech-language pathologists has been common practice for well over a decade. Use of telehealth by speech-language pathologists in older adults is particularly helpful for those who need regular care but have difficulty traveling to a clinic location. Adults who undergo various medical procedures, strokes and cognitive changes have all been shown to benefit from telehealth from speech-language therapy via a computer or tablet.

Numerous peer reviewed papers document safety and effectiveness of telehealth. “A systematic review of the use of telehealth in speech, language and hearing sciences” authored by Molini-Avejonas DR et al was published in *The Journal of Telemedicine and Telecare* in 2015. It documented a trend towards increased use of telehealth by

speech-language pathologists and audiologists. An overwhelming majority (86%) of the 103 studies reviewed concluded that telehealth procedures often had advantages over the non-telehealth approach, and no studies suggested telehealth negatively affected provision of care.

Constantinescue G et al reported on “Treating disordered speech and voice in Parkinson's disease online: a randomized controlled non-inferiority trial” in the *International Journal of Language and Communication Disorders* in 2011. The study demonstrated successful delivery of services online, with significant improvements in patient outcomes on a majority of measures as well as high participant satisfaction on par with in-person therapy. “Moving toward the future: Providing speech-language pathology services via telehealth” authored by A. Brady documented speech-language services for older adults in *Home Healthcare Nurse: The Journal for the Home Care and Hospice Professional* in April 2007.

Updates in Cochlear Implant Mapping Technology

Cochlear implant technology has advanced allowing programming of the sound processor device via remote methods. Patients are sent a programming pod and programming cables to connect with their own computer or, if they don’t have a computer, the patient can be loaned a specially programmed laptop to use and then return to the clinician. The patient is sent step-by-step instructions on how to set up the equipment and the programming is done in real-time with their audiologist remotely.

Existing Insurance Coverage of Cochlear Implant Aftercare Services

Several CI centers began remote programming prior to the COVID-19 crisis with patients who live at a distance from the center, and this process is already underway at the VA center in Connecticut and elsewhere. Other CI centers are currently providing this service during the COVID-19 crisis with insurance coverage from State Medicaid and private insurers. A listing of states covering audiology and/or speech pathology services under Medicaid are listed here: https://www.acialliance.org/page/covid-19updates

As of April 12, a total of 24 states covered telehealth under Medicaid for audiology and 39 were providing Medicaid funding for speech-language pathology services. Approximately 12 states had standing approval for telehealth under Medicaid; the additional states recently passed coverage during the COVID-19 crisis.

Private insurance companies are increasingly supporting hearing related telehealth. For example, all private insurance companies in North Carolina cover telehealth services for hearing healthcare. Some of the larger private insurers already provide telehealth coverage; others are implementing temporary waivers. Cigna, United, and various Blue Cross/Blue Shield companies (e.g., Vermont, Oklahoma, South Carolina, Minnesota) have published waivers for speech-language therapy and we expect more to be available soon.

Audiologists and speech-language pathologists are using existing codes with a modifier to indicate the services were provided via telehealth. These include:

- 92602, Subsequent reprogramming (cochlear implant)
- 92604, Subsequent reprogramming (cochlear implant)
- 92590, Hearing aid examination and selection; monaural
- 92591, Hearing aid examination and selection; binaural
- V5014, Repair, modification of a hearing aid
- V5011, Fitting/Orientation/Checking of a hearing aid
- 92507, Treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92633, Auditory rehabilitation; post-lingual hearing loss

Access to CI Remote Programming is Time-Sensitive

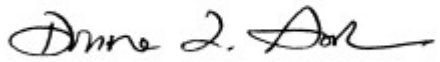
- We have patients who have been initially activated with their cochlear implant but due to the COVID-19 pandemic, we have not been able to see them for their 2nd programming visit (usually 2 weeks post-activation). Our experience has shown that large programming changes occur at the two week and sometimes one month post-activation appointments (parameters such as: C-levels, T-levels, possibly deactivate channels, changes to pulsewidth, and more) as the patient's brain adapts to the new stimulus. Given the break in service, we have patients using MAPs (programming) that may be sub-optimal.
- We have patients who have been surgically implanted with a cochlear implant, but have not had their CI devices activated due to the COVID-19 pandemic. One of the predictive factors for successful cochlear implant outcomes relates to duration of deafness. Prolonging the initial activation could negatively affect CI patient outcomes.
- It is critical that patients, who have recently received cochlear implants, are able to continue to receive the standard of care for cochlear implant programming. Remote CI programming visits are a method for the audiologists to make necessary adjustments on the CI programs for patients.
- It is critical that we provide CI programming services to selected patients using remote technology. It is not appropriate or feasible that they come into the clinic right now due to age, other health issues (diabetes, COPD, heart or lung concerns, etc.).
- Remote CI programming could be used in the future at many clinics once we are able to begin seeing patients again as a way to socially isolate and minimize contact between a patient and clinician. The patient could be in one room (with minimal furniture to clean and minimal contact surfaces) and the audiologist could be in another room programming the cochlear implant remotely.
- Two cochlear implant manufacturers have FDA approval for remote programming of CI sound processors. Due to the COVID-19 pandemic and also for selected patients in the future, it would be advantageous to be able to utilize CI remote programming.

Medicare Coverage of Cochlear Implant Services

The CARES Act grants the authority to waive the requirements within Section 1834(m) of the Social Security Act, which restricts coverage of telehealth services to only those services provided by physicians and practitioners. There is a need to have coverage for audiologists and speech-language pathologists as providers. American Cochlear Implant Alliance includes physicians, audiologists, and speech-language pathologists. We all agree that these changes are critical to continuity of care for our patients during the COVID-19 crisis.

Thank you for considering this request.

Sincerely,



Donna L. Sorkin MA
Executive Director
American Cochlear Implant Alliance

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