



The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1807-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Brooks-LaSure:

On behalf of the American Cochlear Implant Alliance (ACI Alliance), I thank you for the opportunity to provide comments on the 2025 PFS Proposed Rule, CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies (the Proposed Rule). The ACI Alliance is a non-profit organization with the mission to address barriers to cochlear implantation by sponsoring research, driving heightened awareness and advocating for improved access to cochlear implants for patients of all ages across the United States. ACI Alliance members are hearing care clinicians including surgeons, audiologists, speech-language pathologists (SLPs), and psychologists as well as scientists, educators, adults with hearing loss, and family members.

We are concerned that the Centers for Medicare & Medicaid Services (CMS) has not added audiology and speech-language pathology services to the authorized telehealth services list—either on a provisional or permanent basis—as part of the proposed rule. As we work with Congress to pass legislation extending this coverage for telehealth services, we urge CMS to ensure the appropriate SLP and Audiologist CPT codes are added to the FY2025 authorized telehealth services list.

It is important to note that the FDA first approved telehealth options for cochlear implant (CI) programming in 2017. Since 2020, the ability to perform CI services has increased dramatically and is fully supported by the three companies that manufacture cochlear implants for sale in the United States. Numerous studies have documented the benefit of telehealth services in cochlear implant care (Sorrentino F 2024, Premkumar P 2023, Luryi A 2020, Carter J 2021, D'Onofrio J 2022, Slager H 2019). The VA Healthcare System has been a pioneer in utilizing telehealth for Veterans, a process that has greatly improved access to services for Veterans seeking this life-changing healthcare intervention. These same approaches should be encouraged for Medicare beneficiaries.

Access to telehealth services should remain in place for patients who are unable, or find it difficult, to leave their home—even for medical appointments. Telehealth also addresses the ability to serve those who have limited access to specialized providers in their community as cochlear implant clinicians may not be operating in many rural or lower socio-economic communities. Services provided include aural rehabilitation, CI programming of the device (an ongoing service), diagnosing issues and more. An estimated 2.1 million adults aged 65 or older are CI candidates (Yu et al., 2023) and incidence of cochlear implantation among adults increased significantly in the last 5 years, with the largest projected increase for older adults over the age of 80 (Nassiri et al., 2023).

During COVID, when telehealth was relied upon to continue offering a range of healthcare services including cochlear implant care, clinicians reported that outcomes with telehealth are comparable or even better than in-person care as the patient is, on average, more compliant about attending appointments. Physicians note that they have experienced very few missed telehealth appointments during the PHE. A Member CI Audiologist reported in 2022 that, “Patients seen under telehealth are on-time as they don’t need to fight traffic and find parking.” Another clinician speaking of the benefits and whose practice includes septuagenarian and octogenarian Medicare beneficiaries, noted that, “Transportation for this population can be difficult. During the winter virus season when weather can also be a complicating factor, getting to the clinic can be difficult. Providing telehealth services reduces risks for all—patient and provider—and has not affected quality of care.” The fields of Speech-Language Pathology & Audiology are both critical shortage professions. This means that it is already difficult to find providers and book appointments in a timely manner. Limiting service delivery for these professions further exacerbates this issue.

Telehealth provides the ability to easily communicate with both patient and family members who can support follow-up for elderly patients. We strongly urge CMS to maintain the telehealth CPT codes for Speech Language Pathologists and Audiologists to allow support for the ongoing care that is a critical part of the cochlear implant intervention for all patients and most especially needed to support access and healthcare equity for Medicare beneficiaries.

Thank you for your consideration of this important issue.

Sincerely

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