

## **Statement of the American Academy of Audiology**

### **United States Senate Committee on Finance**

#### **Hearing: *The President's Fiscal Year 2021 Budget* February 13, 2020**

The American Academy of Audiology appreciates the opportunity to provide these comments to the Committee as it seeks to gather information regarding the Administration's planned healthcare priorities from Health and Human Services Secretary Alex Azar. The Academy is the world's largest professional organization of, by and for audiologists. Representing the interests of approximately 14,000 audiologists nationwide, the Academy is dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness of hearing and balance disorders.

#### **President's Budget Proposes Additional Five Percent Reduction to Non-Primary Care/Services—Compounding Significant Reductions for Those Providers Planned for 2021**

The Administration's budget proposal contemplates a monthly payment to providers who are eligible to bill for evaluation and management services (E/M) and who provide ongoing primary care to Medicare beneficiaries. In order to achieve budget neutrality, a five percent reduction to the valuations of all non-primary care services and procedures under the PFS would pay for these additional payments. While the Academy appreciates the importance of primary care services for Medicare beneficiaries, this five percent reduction would compound the already expected eight percent reduction contemplated for audiology in 2021. A combined thirteen percent reduction for audiology in Medicare would be unsustainable.

#### **Expected 2021 Medicare Reimbursement Cuts to Providers that Do Not Bill E/M Codes Need Reevaluation to Ensure Equity Across Provider Types**

In the 2020 Physician Fee Schedule (PFS) final rule, CMS accepted the AMA RUC recommendations for increased payment for the office/outpatient evaluation and management (E/M) codes. However, in an effort to maintain budget neutrality and offset the E/M increased payments, CMS also announced significant decreases in Medicare reimbursement in 2021 that will directly impact providers with low utilization of E/M services and providers who do not bill office/outpatient E/M codes. Given the existing disparities between the actual reimbursement rates prior to the application of any reductions and the access or lack thereof to particular billing codes among different providers, the actual impact of the expected reductions will not be uniform across all providers.

## **Audiology-Specific Distinctions That Compound Planned Reimbursement Reductions**

With respect to audiology, we would like to highlight some of the unique circumstances and distinctions that will compound the effect of the planned reimbursement reductions:

- Current regulations prohibit audiologists from billing Medicare for E/M codes.
- Audiologists are not permitted to use the new G codes for E/M services.
- Audiologists do not have any dedicated E/M codes at this time. In contrast, some other non-physician providers have created their own dedicated E/M codes.
- The AMA drafted a listing of E/M services performed by HCPAC providers. However, this listing only identified the word “evaluation” in the code descriptor.
  - Audiology codes identified are procedural services which have “evaluation” in the descriptor. This is an erroneous assumption as “evaluation” in these CPT codes defines cognitive work, not management.
  - The closest approximation of audiology E/M codes may be based on payment for cognition within the RVU.

In light of the aforementioned considerations, the proposed 6% cut for budget neutrality and additional 2% sequestration cut will have a disproportionate effect on audiologists. Audiologists do not have access to E/M services to offset the expected 8% reimbursement reduction. We have concerns that these reductions will have an unfortunate impact on patient access to services and care.

We have highlighted these concerns to CMS in hopes that the Agency will consider an alternate approach with respect to achieving budget neutrality to offset the E/M increases in a way that takes into account the inherent differences between provider types.

## **Improving Access to Hearing Healthcare in Rural Areas-- the Medicare Audiology Access and Services Act of 2019 (H.R. 4056/S. 2446).**

The President’s budget proposal lists improving access to rural healthcare as an overarching priority. To that end, untreated hearing loss is a significant concern in rural areas. Approximately 20% of the U.S. population reside in rural areas and adults within these areas represent a vulnerable population with barriers to accessing hearing healthcare.<sup>1</sup> Untreated hearing loss can lead to depression, anxiety and social isolation and tends to be more prevalent in rural areas<sup>2</sup>. In addition, hearing impairment prevalence is positively associated with poverty, reduced educational attainment, and manual labor occupations<sup>3</sup>--characteristics that

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<sup>1</sup> Chan S., Hixon B., Adkins M., Shinn J. B., & Bush M. L. (2017). Rurality and determinants of hearing healthcare in adult hearing aid recipients. *The Laryngoscope*, 127(10), 2362–2367

<sup>2</sup> Brennan-Jones CG, et al. Self-reported hearing loss and manual audiometry: A rural versus urban comparison. *Aust J Rural Health*. 2015

<sup>3</sup> Chou C, et al. Association of socioeconomic position with sensory impairment among US working-aged adults. *American Journal of Public Health*. 2015;105(6):1262–1268.

are more prominent in rural communities.<sup>4</sup> Untreated hearing loss also has profound implications to overall health and can impose significant financial burdens to the healthcare system. Individuals with even mild hearing loss are three times more likely to experience a fall and falls are the leading cause of fatal injury for Americans over age 65.<sup>5</sup> In addition, research is now emerging indicating that Seniors with hearing loss are more likely to develop cognitive decline up to 40% faster than those without hearing loss.<sup>6</sup>

Legislation has been introduced in both the House and Senate that would eliminate many of the current barriers to rural elderly patients being able to more efficiently access hearing healthcare-- This legislation would reclassify audiologists under Medicare as “practitioners,” allow for direct access by Medicare patients to audiologists and allow audiologists to provide currently covered services beyond diagnostics.

### **Direct Access to Audiologist Services in Medicare Would Remove A Current Barrier to Rural Patient Screening and Treatment**

Currently Medicare beneficiaries must first receive a physician referral in order to see an audiologist for hearing and balance diagnostic tests. The American Academy of Audiology strongly supports removing this barrier and favors giving beneficiaries the option to see either a physician or an audiologist first for hearing and balance-related health care. The Federal Employees Health Benefits Program (FEHBP), the Veterans Administration (VA) as well as many private health plans allow their enrollees direct access to audiologists without physician referral. The VA has had this policy in place since 1992. In a letter from VA Acting Deputy Under Secretary for Health, Michael Kussman, MD to Senator Grassley in 2004, he states that the VA direct access policy “provides high-quality, efficient and cost-effective hearing care.” Dr. Kussman goes on to state that requiring all veterans with hearing loss complaints to see ENT physicians would result in unnecessary medical care, inefficient use of VA resources, and longer waits for veterans who need the specialized care of ENT physicians. The [direct access] policy is cost-effective because an unnecessary clinic visit is avoided.” In addition, Dr. Kussman states that “the VA has not experienced patient complaints or problems as a result of the direct access policy.”<sup>7</sup>

Rural Medicare beneficiaries in particular would benefit from being able to directly access the care of an audiologist. Given significant travel distances that exist in rural communities, removing an unnecessary physician visit would streamline access to care, provide needed interventions in a more timely manner and save the patient and the Medicare program money.

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<sup>4</sup> Chan S., Hixon B., Adkins M., Shinn J. B., & Bush M. L. (2017). Rurality and determinants of hearing healthcare in adult hearing aid recipients. *The Laryngoscope*, 127(10), 2362–2367.

<sup>5</sup> Centers for Disease Control and Prevention. (May 2018) *Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016*. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm>;

<sup>6</sup> Lin, Frank and Yaffe, Kristine. *Journal of the American Medical Association: Hearing Loss and Cognitive Decline in Older Adults*. (February 2013) <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452>

<sup>7</sup> [https://www.audiology.org/sites/default/files/advocacy\\_files/DeptofVeteranAffairs.pdf](https://www.audiology.org/sites/default/files/advocacy_files/DeptofVeteranAffairs.pdf)

## **The Department of Veterans Affairs Successfully Uses TeleAudiology to Reach Rural Patients; Medicare Should Follow Suit**

Audiologists are currently classified as “suppliers” in Medicare and as such are not among the list of providers authorized to provide services via telehealth. However, if audiologists were to be reclassified as “practitioners”—similar to how clinical psychologists and clinical social workers are classified in Medicare, they would be authorized to provide and be reimbursed for audiology services provided via telehealth.

As a model, the Department of Veteran Affairs has recognized that providing audiology services via telehealth is an effective way to reach rural veterans.<sup>8</sup> “Expanded use of innovative technology is increasing access points to hearing care in remote areas, enabling telehealth providers to expand their reach to patients and their families in satisfying and effective ways,” said Chad Gladden, audiology telehealth coordinator for the Audiology and Speech Pathology National Program Office.<sup>9</sup>

### **Conclusion**

The American Academy of Audiology appreciates this opportunity to provide our thoughts and suggestions on the President’s 2021 budget proposal specifically as it relates to imminent Medicare reimbursement reductions for audiology, additional proposed reductions and ways in which to expand rural Medicare beneficiary access to hearing care services.

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<sup>8</sup> <https://www.blogs.va.gov/VAntage/62446/audiology-telehealth-helping-rural-veterans-access-hearing-evaluations/>

<sup>9</sup> <https://www.blogs.va.gov/VAntage/62446/audiology-telehealth-helping-rural-veterans-access-hearing-evaluations/>