



# Telepractice Guidance for Speech-Language Pathology Services

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What we know and what's changing during the  
COVID-19 pandemic



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# Disclosures

## Financial

ASHA Employee

## Nonfinancial

Contributor to and author of multiple free and for-sale ASHA products on the topics of health care payments, coding, and payer advocacy; receives no compensation for product sales.

# Learner Outcomes

- Identify telepractice resources for speech-language pathologists.
- Describe billing and coding for speech-language pathology telepractice services.
- Discuss coverage and payment considerations related to speech-language pathology telepractice services across payers.

# What We Know

Speech-language pathology telepractice coding & payment landscape

# What Isn't Going to Change

- Telepractice is an appropriate model of service delivery for speech-language pathologists (SLPs).
- The use of telepractice must be equivalent to the quality of services provided in person and consistent with adherence to ASHA's [Code of Ethics](#), [speech-language pathology scope of practice](#), state and federal laws, and ASHA policy.

# Modes of Telepractice SLPs Use

- **Synchronous** (interactive): Connects a patient or group of patients with an SLP, or they may include consultation between a clinician and a specialist.
- **Asynchronous** (store-and-forward): Examples include transmission of voice clips or outcomes of independent client practice.
- **Hybrid**: Applications of telepractice that include combinations of synchronous, asynchronous, and/or in-person services.

# Coding & Billing

- Coding for evaluation and treatment is typically accomplished using *the same* CPT codes
- Report CPT codes just as you would for in-person services, following the same guidelines for appropriate billing
- For example, do *not* report CPT code 92523 (evaluation of speech and language) for a quick “check-in” via telecommunication technology
- So, how do you distinguish between in-person and telepractice services on the claim?



# Coding & Billing

## Modifiers

- GQ** Telehealth service rendered via **asynchronous** telecommunications system
- GT** Telehealth service rendered via **interactive** audio and video telecommunications system
- 95** **Synchronous** telemedicine service rendered via a real-time interactive audio and video telecommunications system

## POS Code

- 02** Telehealth

# Coding & Billing

- There is **no consistency** among payers regarding which combination of modifiers or POS codes to use
- Check with payers directly regarding their requirements. For example,
  - Medicare requires use of POS 02
  - Some payers require POS 02 **and** GT/GQ
  - Some use *only* 95 or GT/GQ
  - Some use 95 for synchronous and GQ for asynchronous
- If a payer doesn't recognize POS 02, report the POS that best reflects the location of the **rendering provider**, not the location of the patient

# Coding & Billing

- Most payers, including Medicare, **do not** reimburse SLPs for:
  - Evaluation and management (E/M)
  - Virtual check-ins (G2010, G2012)
  - E-visits (G206–G2063 or 98970–98972)
  - Remote patient monitoring (99453, 99454, 99457)

# State Laws & Regulations

- Many states have licensure requirements and policies regarding telepractice by SLPs
- Many have also passed laws requiring Medicaid and/or commercial plans to pay for telepractice
- See [ASHA's state-by-state pages](#) for state-specific information
  - We are also tracking [temporary changes to laws and regulations](#) during COVID-19
- However...even with all these laws, coverage of telepractice for SLPs varies **widely** among payers

# Medicare

- Under current Medicare law, SLPs **are not** statutorily authorized Medicare providers of telepractice (telehealth)
- Evaluation and treatment provided by SLPs via telepractice aren't Medicare covered services and are exempt from Medicare requirements
- SLPs may enter into a [private pay contract with Medicare beneficiaries](#) to furnish the telepractice services, with the patient's consent
- Medicare Advantage (Part C) plans have the flexibility to cover telepractice services

# Medicaid

- State Medicaid programs and Medicaid managed care organizations (MCOs) have flexibility to cover telepractice by SLPs
- Even with telepractice laws in many states, not all specify that SLPs *must* be included
- Coverage varies widely
  - Some states cover all services provided by SLPs
  - Some cover a limited number of CPT codes
  - Others may limit based on setting (e.g., school vs. health care)

# Commercial Plans

- This is going to sound familiar...
- Commercial plans have flexibility to cover telepractice by SLPs
- Even with telepractice laws in many states, not all specify that SLPs *must* be included,
- Coverage varies widely
  - Some plans cover all services provided by SLPs
  - Some cover a limited number of CPT codes

# What's Changing

How payers are implementing telepractice (or not) during the COVID-19 pandemic



# HIPAA Flexibilities

- Although the relaxed HIPAA enforcement will help SLPs in many circumstances, the degree of flexibility still varies, absent emergency orders
  - Will apply for **self-pay patients** who have no insurance or whose plans allow out-of-pocket payment arrangements.
  - **Commercial insurance plans** may implement policies at their discretion
  - Although **Medicaid** is heavily guided by federal policy, each state Medicaid program will have some state-specific variation
  - **Medicare and Tricare** follow federal policy and have relaxed HIPAA requirements (but remember, Medicare doesn't cover telepractice for SLPs yet)

# Medicare

- As of today, Medicare **has not** expanded telepractice to SLPs
- But...they are now allowing SLPs to bill for e-visits. This is *progress* but still not ideal
- E-visits (G2061-G2063)
  - **Are not** part of the Medicare telehealth benefit
    - Considered *technology-based communications*
  - Meant for brief, **patient-initiated** communications requiring clinical decision making via a patient portal over the course of seven days
  - **Do not** replace CPT codes for evaluation and treatment
- Stay tuned – COVID-19 relief package may give Medicare the authority to temporarily expand the telehealth benefit

# Medicaid

- There is significant action on the Medicaid front
- State mandates and emergency orders are beginning to take effect in many states, with more to come. For example:
  - Coverage of telepractice for *all providers*, when medically necessary and appropriate
  - Adding specific groups of providers, such as SLPs
  - Expanding availability of e-visits, telephone check-ins
  - Applying HIPAA flexibilities
  - Waiving originating site requirements to allow for telepractice at the patient's home

# Commercial Plans

- There is significant action on the commercial front
- Plans are beginning to actively evaluate or implement expansion of telepractice services
  - Breaking news – UnitedHealthCare is expanding telepractice to SLPs **across all lines of business** (this is unprecedented)
    - Will be a strong precedent to push other plans

# Stay Tuned!

- Stay tuned – things are changing daily!
- ASHA is tracking and compiling what we know and will post initial information shortly
  - Medicaid, commercial, & emergency orders related to telepractice
  - We will continue to update our tracking resources as new changes are verified

# ASHA Resources

- [COVID-19 update page](#)
- [Payment & coverage considerations for telepractice during COVID-19](#)
- [Telepractice resources during COVID-19](#)
- **Contacts**
  - [reimbursement@asha.org](mailto:reimbursement@asha.org) for coding & payment questions
  - [healthservices@asha.org](mailto:healthservices@asha.org) for clinical questions



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**Thank you!**