

Payment and Coverage Considerations for Telepractice Services During Coronavirus/COVID-19

Updated on March 18, 2020

Audiologists and SLPs should be aware of the following payment and coverage issues as they consider implementing telepractice as an alternative service delivery model during the Coronavirus Disease 2019 (COVID-19) outbreak. ASHA also provides [COVID-19 updates](#), including on-the-job resources related to academic programs, telesupervision, handling in-person appointments, assessing personal risk, and taking precautions.

NOTE: Policies regarding COVID-19 and telepractice are currently changing both rapidly and slowly. Although some payers are modifying certain policies, others are not. Broad statements regarding the availability or expansion of telepractice do not always apply to all payers nor directly to audiology and speech-language pathology services. Leaders in health care across public and private sectors are exploring options for expanding access, but policy changes take time and implementation across health care doesn't happen instantly.

It is critical to check with your payer before initiating a new type of service or service delivery model, such as telepractice. Providers must understand the standing compliance requirements for payment for each of their payers. ASHA provides ongoing policy analysis and updates to members here and on ASHA's [main COVID-19 update page](#).

Most emergency flexibilities apply to services directly related to COVID-19.

Although some states or payers may loosen telepractice policies or expand coverage to additional provider types during emergencies, current COVID-19 related guidance focuses primarily on exceptions for services directly related to the diagnosis and treatment of COVID-19. There is also little evidence of expansion of telepractice services to provider groups that are not already covered by payers at this time. For example, Medicare has **not** extended telepractice to audiologists, SLPs, or physical and occupational therapists, despite the publicity regarding alleviation of penalties regarding noncompliance with telepractice requirements. However, [Medicare has expanded use of e-visit G-codes](#)—which are not considered telepractice—to more providers in an effort to ease access issues.

ASHA will post updates regarding coverage of audiology and speech-language pathology telepractice services on this web page. However, it is critical to monitor communications from local state agencies and payers (Medicare, Medicaid, commercial insurers) for policy changes as this situation continues to unfold.

Loosened Health Insurance Portability and Accountability Act (HIPAA) regulations don't apply across the board.

The Administration recently relaxed HIPAA enforcement of federal penalties, providing more flexibilities for health care providers to choose telepractice platforms. Although this will help audiologists and SLPs in many circumstances where they can provide telepractice services, other payer policies may still apply and can impact reimbursement of your services. **Providers must ensure due diligence to payer policy at all times, but especially when providing a new service or a new delivery model, such as telepractice.** Here are key considerations based on payer type.

- HIPAA flexibilities 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, so check with and follow *each payer's* policy.
- Although **Medicaid** is heavily guided by federal policy, each state Medicaid program will have some state-specific variation. Relaxation of HIPAA requirements may also apply to Medicaid, but check with your particular program directly.
- **Medicare and Tricare** follow federal policy and have relaxed HIPAA requirements, but neither program currently recognizes audiologist or SLPs for telepractice.

You may be able to work directly with payers to waive certain requirements.

Contact your payer or educational agency directly if you are concerned about violating an established education plan/plan of care by failing to provide treatment due to COVID-19. State agencies and payers generally allow missed sessions or a “hold” on care due to unforeseen circumstances, such as illness or inclement weather. They may also waive requirements related to disruption of care during emergencies. If you decide to place a patient on hold due to COVID-19, determine how long the hold should be, note the rationale for the hold in your documentation, and establish a plan to assess when to resume therapy.

Follow current state and payer policies related to telepractice in the absence of emergency guidelines.

Follow [existing payer policies and state and federal regulations for telepractice](#), absent specific guidance regarding telepractice services during emergencies. Always check with your employer, payer, and state licensing board for final guidance before engaging in telepractice. Here are key things you can do to prepare:

- [Check whether your state covers telepractice](#) by audiologists or SLPs.
- Learn about [coding and payment for telepractice services](#).
- Contact your payers directly for additional guidance regarding covered services via telepractice. Their policies may differ from state regulations.
- Follow best practice and legal requirements for telepractice, including using [Health Insurance Portability and Accountability Act \(HIPAA\)-compliant software](#). Learn more through ASHA's [practice portal on telepractice](#), the [Center for Connected Health Policy](#), and the [American Telemedicine Association](#).

- If you supervise students or Clinical Fellows, be sure you are aware of ASHA's [telepractice and telesupervision guidelines](#).

Federal laws and regulations may affect your ability to provide telepractice services.

Clinicians should be aware of federal laws and regulations related to privacy and security of patient and student records. For example, HIPAA protects the transmission of health-related information and the Family Educational Rights and Privacy Act (FERPA) protects the privacy of student educational records. Although FERPA gives parents the right to consent to disclosure of personally identifiable information within educational records, school systems that receive Medicaid reimbursement for school-based services may also be bound by HIPAA requirements. See ASHA's practice portal for additional information on [telepractice privacy and security](#). The Department of Education (ED) also answers [frequently asked questions regarding FERPA and COVID-19](#) [PDF].

ASHA continues to advocate for coverage of telepractice services across all major payers.

Advocacy for comprehensive coverage and equitable reimbursement of audiology and speech-language pathology services—including telepractice—is a key health care priority of [ASHA's 2020 Public Policy Agenda](#). ASHA is prioritizing additional advocacy urging payers to support coverage of medically necessary audiology and speech-language pathology telepractice services on an emergency basis during this time.

ASHA also encourages members to contact their state speech-language-hearing associations for support in direct advocacy to local payers, particularly commercial insurers and state Medicaid programs. Local advocacy is critical because most payers are individually managed in each state and locality. Contacting national payer offices may not always directly impact payers in your area. Find contact information for your state association on ASHA's [state-by-state webpages](#).

Questions?

Contact reimbursement@asha.org for additional information related to coding and payment for telepractice services. For clinical questions, audiologists can contact audiology@asha.org and SLPs can contact healthservices@asha.org.