

ADA Advocacy Update Memorandum

Date: September 1, 2010

To: ADA Members

From: ADA Board of Directors

Re: ASHA Proposal for Comprehensive Coverage of Audiology Services

The ADA Board of Directors has discussed ASHA's proposal for comprehensive coverage of audiology services by Medicare, to include rehabilitative services (for more details about the proposal for expanded Medicare coverage please visit the following links: <http://www.asha.org/advocacy/briefs-agenda/public-policy-agenda/> and <http://www.asha.org/Publications/leader/2010/100216/MedicareAudiologyCoverage.htm>).

ADA has engaged in discussions about this idea with ASHA representatives and representatives from other organizations. The questions and statements below reflect areas of concern expressed by the ADA Board of Directors regarding ASHA's reported public policy top priority.

1. Although ASHA representatives suggest that CMS (Centers for Medicare and Medicaid Services) will not be supportive of the current diagnostic direct access legislation that is in process, what data or resources support this opinion?
2. What information is there to suggest that CMS would be supportive of covering rehabilitation services provided by audiologists (i.e. the chances of acquiring payment for rehabilitation services, whether payments would fall under the existing therapy cap or that the level of reimbursement would be adequate)?
3. What data and resources were reviewed for ASHA to determine to move forward and to develop the draft language?
4. What benefits are anticipated from expanded coverage? What level of reimbursement would be expected for treatment and rehabilitation services?

5. Is there agreement on the importance of an opt out provision for audiologists and is this likely to be supported by CMS?
6. Is there any data regarding how many audiologists are billing for rehabilitative and treatment services now on a private pay basis and how they would be affected by expanded CMS coverage?
7. Medicare is a "budget neutral" program. If add codes and/or reimbursement are added, in one area, reimbursement must be decreased in another area. Reimbursement continues to only decrease. Why would we want to add more covered services to this already broken system?
8. Isn't it likely that Medicare will require physician orders/supervision of any covered treatment as it does for OT, PT and SLP to make sure that treatments are medically necessary? How will that be beneficial?
9. Having organizations supporting different legislative agendas related to Medicare coverage presents another conflicting message to the medical community, CMS, legislators and others, which will ultimately undermine our progress.

At this time, the ADA Board does not believe there is enough information available to support an effort for expanded Medicare coverage of rehabilitative services. Although the concept of expanded access for patients and increased reimbursement for services is valued, placing rehabilitative services into the Medicare system may not achieve those outcomes and may actually reduce the provision of rehabilitative services due to poor reimbursement. ADA is continuing to support Direct Access and currently cannot support expanded Medicare coverage due to the concerns and unanswered questions above. Please go to [ADAConnect](#) to provide the ADA Board with your input regarding this issue by posting to the thread on this topic.