September 15, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS–1834–P
P.O. Box 8010
Baltimore, MD 21244–8010

RE: Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency

Dear Administrator Oz:

On behalf of the American Speech-Language-Hearing Association (ASHA), I am writing in response to the calendar year (CY) 2026 Medicare outpatient prospective payment system (OPPS) proposed rule.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Many of ASHA's audiology members work in outpatient hospital departments and are integral members of multidisciplinary care teams dedicated to the quality and outcomes of care patients receive.

ASHA's comments focus on the following key areas:

- Proposed OPPS Ambulatory Payment Classification (APC) Group Policies (Section III.)
- Cross-Program Proposals for the Hospital Outpatient Quality Reporting (OQR), Rural Emergency Hospital Quality Reporting (REHQR), and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs (Section XIV.)

III. Proposed OPPS Ambulatory Payment Classification (APC) Group Policies

ASHA appreciates CMS' ongoing efforts to ensure OPPS APC groupings appropriately reflect clinically similar services with comparable resource costs. We support the proposed changes for audiology-related services, including the reassignment of CPT code 92579 (visual reinforcement audiometry) from APC 5721 (Level I Diagnostic Tests and Procedures) to APC 5722 (Level II Diagnostic Tests and Related Services) and the reassignment of CPT code 92588 (evoked auditory test, complete) from APC 5722 to APC 5723 (Level III Diagnostic Tests and Related Services). **ASHA supports these changes and urges CMS to finalize them.**

We also support adding new remote therapeutic monitoring (RTM) codes—98XX4, 98XX5, 98XX6—for payment under the OPPS.

However, **ASHA remains concerned with the placement of CPT code 92540 (basic vestibular evaluation)** in APC 5721. CPT code 92540 is both clinically homogenous and more consistent—in terms of resource use—with placement in APC 5722. CPT code 92540 represents a vestibular evaluation, with recording, and is the primary procedure for the diagnosis of a balance disorder. It is a comprehensive bundle of individual tests that are separately reported by CPT codes 92541 (spontaneous nystagmus test), 92542 (positional nystagmus test), 92544 (optokinetic nystagmus test), and 92545 (oscillating tracking test). These tests are performed together in order to distinguish between peripheral and central pathologies. The time and resources required to perform CPT 92540 are clinically analogous to the electrophysiological tests in APC 5722. Therefore, **ASHA again requests reassignment of CPT 92540 from APC 5721 to APC 5722.**

The current and proposed inclusion of CPT code 92540—with its subparts (i.e., 92544, 92545) in APC 5721 is not appropriate from a clinical or resource-use standpoint. To better understand the determination of this particular APC grouping decision, **ASHA kindly request that CMS clarify how it determines whether a service is clinically similar as well as how it weighs cost versus clinical homogeneity when assigning APCs.**

ASHA's Position on Key APC Reassignments

CPT	Descriptor	Current APB	CMS Proposed Changes	ASHA's Position
92579	visual reinforcement audiometry	5721	5722	Support finalizing
92588	evoked auditory test, complete	5722	5723	Support finalizing
92540	basic vestibular evaluation	5721	5721	Move to 5722

XIV. Cross-Program Proposals for the Hospital Outpatient Quality Reporting (OQR), Rural Emergency Hospital Quality Reporting (REHQR), and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs

XIV.B. Measure Concepts Under Consideration for Future Years in the Hospital OQR, REHQR, and ASCQR Programs—Request for Information (RFI): Well-Being and Nutrition

Well-Being

As the U.S. population ages and the burden of chronic disease grows, strengthening social connections and psychological well-being—including factors such as purpose, optimism, and social support—offers a promising, evidence-based strategy to prevent disease and promote resilience in older adults.[1] Research suggests that quality of life in older adults depends not only on physical health status but also on meaningful social connections, which may be valued as highly as health itself.[2]

Communication disorders can severely disrupt these essential connections from patients to their community and natural environment. These conditions vary in type, severity, and co-occurrence with other symptoms that limit mobility, vision, endurance, or cognition.[3] Audiologists and SLPs specialize in the prevention, screening, diagnosis, and treatment (including caregiver training) of communication disorders. Early access to hearing and communication services improves a

patient's ability to share and receive essential health information and to maintain the social connections that are vital to their well-being as they age.

ASHA underscores the vital importance of comprehensive functional outcome measures to accurately capture a patient's full range of functional status, including communication, swallowing, and cognitive function. Failure to capture holistic functional outcomes leaves beneficiaries vulnerable to significant health risks and avoidable increased costs to Medicare. Accurately measuring these domains of function for patients will capture potential hinderances to social interaction and its downstream effects on well-being.

Therefore, ASHA urges CMS to review the existing cross-setting discharge function measure used by skilled nursing facilities, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals, which could serve as a starting point for such measures and be expanded to include additional domains. We remain committed to working with CMS and OPPS providers to ensure all domains of function include measures that complement the existing cross-setting discharge function measure.

Nutrition

The speech-language pathology scope of practice encompasses assessment, management, and treatment of swallowing and feeding disorders, including dysphagia, which can impact a patient's nutritional status. As the primary providers for swallowing and feeding services, SLPs are responsible for identifying signs and symptoms of swallowing problems, evaluating swallow function, and providing treatment to improve swallowing ability. SLPs also often work with patients who are tube fed to help them transition to oral intake. Treatment for feeding and swallowing disorders has been shown to be cost effective with potential cost savings of $54,000 per patient.[4,5]

Therefore, we encourage CMS to consider ASHA's Functional Communication Measures (FCMs) for swallowing—developed as part of the National Outcomes Measurement System (NOMS)—as the basis for a measure of swallowing skills for oral nutrition. ASHA stands ready to partner with CMS to explore the use of swallowing-specific FCMs and other potential measures to ensure beneficiaries with swallowing and feeding disorders receive adequate nutrition and hydration to support recovery and overall health.

XV. Hospital Outpatient Quality Reporting (OQR) Program

The Hospital OQR Program is an important pay-for-reporting program that holds hospital outpatient departments (HOPDs) accountable for the quality and outcomes of care provided through the required reporting of data on quality measures specified by CMS. If they don't, Medicare payments are reduced by 2 percentage points. CMS also makes this data available to the public on its Care Compare website to support more informed choices by patients and caregivers.

CMS proposes—and **ASHA opposes**—**removing three measures from the ORP:**

1. Hospital Commitment to Health Equity (HCHE), beginning with the CY 2025 reporting period and CY 2027 payment determination.
2. Screening for Social Drivers of Health (SDOH), beginning with the CY 2025 reporting period.
3. Screen Positive Rate for SDOH, beginning with the CY 2025 reporting period.

ASHA supported the original addition of these three measures, which gather critical information on SDOH. We continue to believe that robust data collection on patient demographics and SDOH enables more accurate analysis of health care access and outcomes and improves the quality of care for all Medicare beneficiaries. ASHA agrees that SDOH—nonmedical factors such as where people are born, live, learn, work, play, worship, and age—affect a wide range of health, functioning, and quality-of-life outcomes and risks. Identifying, documenting, and addressing these factors is essential for accessible, high-quality, holistic, patient-centered care.

Consistent with the administration's prevention and wellness model, ASHA supports early, holistic attention to upstream drivers to improve outcomes and reduce costs and remains committed to integrating SDOH and all determinants of value as payment transitions from volume-based to value-based care.

Thank you for considering our comments. ASHA is available to collaborate with CMS on measure development and testing. If you have questions regarding our recommendations associated with the APC changes, please contact ASHA's director of health care policy for coding and payment, Inoka Tennakoon, MS, CCC-SLP, at itennakoon@asha.org. For feedback on QRP, please contact ASHA's director for health care policy for value and innovation, Rebecca Bowen, CCC-SLP, at rbowen@asha.org.

Sincerely,

A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

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