



February 9, 2023

Quality Payment Program
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-8016

RE: Stakeholder Recommendations for Potential Consideration of New Specialty Measure Sets and/or Revisions to the Existing Specialty Measure Sets for the 2024 Performance Year of the Merit-Based Incentive Payment System (MIPS)

To Whom it May Concern:

On behalf of the American Speech-Language-Hearing Association, I write to offer recommendations for additions to the Merit-Based Incentive Payment System (MIPS) Specialty Measure Set for Speech-Language Pathology. Speech-language pathologists have been included in MIPS since 2019 and are committed to improving the quality and outcomes of care for Medicare beneficiaries.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 223,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

To date, speech-language pathologists (SLPs) have five quality measures in their specialty measure set. ASHA is committed to improving the measure set to include measures that align with the Centers for Medicare & Medicaid Services' (CMS) goal to have a minimum of six measures for reporting. Additionally, SLPs are keenly interested in a measure set that includes quality measures that are more reflective of the types of clinical conditions they treat compared to many of the existing measures in the specialty set. Therefore, ASHA is recommending that CMS consider adding the following nine measures to the specialty set.

- Measure 281: Dementia: Cognitive Assessment
- Measure 282: Dementia: Functional Status Assessment
- Measure 283: Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management
- Measure 286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia
- Measure 288: Dementia: Education and Support of Caregivers for Patients with Dementia
- Measure 291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease
- Measure 293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease
- Measure 386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences
- Measure 487: Screening for Social Drivers of Health

Measure 281: Dementia: Cognitive Assessment

SLPs play a central role in the screening, assessment, diagnosis, and treatment of persons with dementia. The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment); prevention and advocacy; and education, administration, and research. While the diagnosis of dementia is made by a medical team, SLPs are trained to assess cognitive-communication deficits related to dementia including memory impairments; disorientation to time, place, and person; difficulty with language comprehension and expression; and to identify cultural, linguistic, and environmental influences that have an impact on functioning. The services provided by SLPs contribute to improving the safety and well-being of the individual. Therefore, it is important to consider SLPs as an integral member of the clinical care team working with dementia patients and include this measure in the speech-language pathology specialty measure set.

When addressing cognitive function in dementia, SLPs screen individuals with cognitive-communication difficulties to determine the need for further assessment, conduct a culturally and linguistically relevant comprehensive assessment of cognitive-communication function, diagnose cognitive-communication disorders, and monitor cognitive-communicative status to ensure appropriate intervention and support throughout the course of the underlying disease. SLPs utilize standardized instruments with demonstrated reliability for dementia screening. These instruments typically assess orientation to time, place, and person. Other tests (e.g., story recall/story retelling) assess episodic memory and can be useful for screening early dementia.^{1,2,3,4} If screening reveals cognitive impairment, the individual is referred to an SLP for a comprehensive evaluation of communicative function.

If CMS were to include this measure in the specialty set, ASHA recommends the follow Current Procedural Terminology (CPT®) codes be included in the measure denominator:

- **96125:** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- **92523:** Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

Measure 282: Dementia: Functional Status Assessment

SLPs play a role in assessing cognitive and swallowing function for patients with dementia. Support for inclusion of cognitive assessment is associated with Measure 281.

Swallowing function changes are more pronounced in individuals with dementia, and swallowing difficulties may appear sooner in this population compared to a healthy aging population.⁵ Overall, 13%-57% of individuals with dementia have a swallowing impairment.⁶ Cognitive and behavioral changes associated with dementia can also have an impact on eating. Swallowing disorders increase the risk of malnutrition, dehydration, aspiration pneumonia, choking, chronic lung disease, and compromised general health. SLPs play a critical role in diagnosis and management of dysphagia in patients with dementia through comprehensive assessment, diet consistency modifications, educating their caregiver on the use of compensatory strategies, prescribing exercise programs, and referring them to other professionals as needed, such as an occupational therapist for feeding skills and a dietitian for dietary recommendations. SLPs also

perform instrumental assessments such as flexible endoscopic swallow evaluations and videofluoroscopic swallow studies to assess the anatomy and pathophysiology of oropharyngeal swallow function. Caregiver education performed by SLPs is crucial, as most of these individuals with dementia are unable to identify and articulate swallowing difficulties or to follow the safe swallow strategies independently. In these situations, caregivers play a vital role providing supervision and assistance.

As a result, ASHA recommends including SLPs in the measure associated with both cognitive and swallowing functional assessment.

If CMS were to include this measure in the specialty set, we recommend the follow CPT codes be included in the measure denominator:

- **92610:** Evaluation of oral and pharyngeal swallowing function
- **92611:** Motion fluoroscopic evaluation of swallowing function by cine or video recording
- **92612:** Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
- **92614:** Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
- **92616:** Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording
- **96125:** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- **92523:** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

Measure 283: Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management

Depression is common in individuals with dementia and can adversely affect test performance. Cognitive changes associated with depression resemble the cognitive changes associated with dementia. These depressive symptoms are often referred to as “pseudodementia.” Due to underlying cognitive-communication impairment in dementia, individuals may not be able to effectively articulate their feelings associated with depression. A trained SLP can provide insight into differentiating cognitive-communication impairment from other depression associated symptoms along with the caregivers to make appropriate referrals. If signs and symptoms of depression are present, the individual is referred to a neuropsychologist or clinical psychologist experienced with geriatric depression.

Given the SLPs' role in the identification of dementia patients with depression and other behavioral and psychiatric symptoms, ASHA recommends CMS include Measure 283 in the speech-language pathology specialty measure set.

If CMS were to include this measure in the specialty set, we recommend the follow CPT codes be included in the measure denominator:

- **96105:** Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
- **96112:** Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
- **96125:** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- **92523:** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

Measure 286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia

Individuals with dementia are at high risk for safety concerns due to underlying cognitive-communication impairment impacting judgment, reasoning, and memory as well as physical weakness resulting from other medical conditions. Falls, wandering, household safety, physical and psychological neglect/abuse are some of the common safety hazards these individuals face. SLPs play a critical role in assessing individuals with dementia by determining the risks and taking measures to improve their safety and quality of life. SLPs work directly with individuals with dementia and their caregivers to screen, assess, and establish care plans to address these issues through cognitive-communication exercises, use of compensatory strategies, environmental modifications, referrals to other professionals, and providing caregiver training. For example, if a concern was forgetting to take medications, getting lost, or falling, SLPs would conduct a cognitive assessment and recommend compensatory strategies such as pill boxes with alarm reminders, identification tags sewn into clothing, or furniture rearrangement/home modifications to prevent falls to address these concerns along with training caregivers on how to support these individuals.

Swallowing impairment also imposes a choking risk, difficulty remembering the recommended diet consistencies, and challenges following compensatory strategies.

Since SLPs have the education and are qualified to identify safety concerns and address such concerns as part of a comprehensive plan of care, ASHA recommends adding Measure 286 to the speech-language pathology specialty measure set.

If CMS were to include this measure in the specialty set, we recommend the follow CPT codes be included in the measure denominator:

- **96105:** Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
- **96112:** Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by

standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour

- **96125:** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- **92610:** Evaluation of oral and pharyngeal swallowing function
- **92523:** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

Measure 288: Dementia: Education and Support of Caregivers for Patients with Dementia

SLPs recognize the critical role caregivers play in the life of individuals with dementia. When assessing a patient for dementia, SLPs conduct an interview with the caregiver(s) to determine the impact of dementia on the patient, such as the loss of functional communication on their ability to perform activities of daily living, to determine what compensatory strategies the caregiver can use to assist the patient.

Some of the ways SLPs engage, support, and educate caregivers include counseling individuals with dementia and their families about swallowing deficits and cognitive-communication related issues. They also provide information about the nature of dementia and its course of progression. SLPs make recommendations for environmental modifications, such as using alarms and pill boxes for medication reminders, visual aids, and provide education on communication strategies and modifications to caregiver behaviors to ensure the safety of the patient and compliance with the plan of care. In addition, SLPs address swallowing difficulties in these individuals and provide education to caregivers on diet consistencies, how to prepare the recommended diet consistencies, use of safe swallowing strategies, and associated risks of aspiration to reduce medical complications and hospitalizations. SLPs also engage in interprofessional practice by consulting and collaborating with other professionals, family members, caregivers, and others to facilitate program development throughout the course of the underlying disease to ensure continuum of care. As a result, ASHA recommends Measure 288 be added to the speech-language pathology specialty measure set.

If CMS were to include this measure in the specialty set, ASHA recommends the follow CPT codes be included in the measure denominator:

- **92507:** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- **92526:** Treatment of swallowing dysfunction and/or oral function for feeding
- **97129:** Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes

Measure 291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease

Cognitive-communication deficits are commonly seen in individuals with Parkinson's disease and can vary from mild cognitive impairment to severe impairments. The likelihood of developing dementia as the disease progresses remains high in this population with a cumulative prevalence of 75%-90%.⁷ Because of the progressive nature of this disease, needs and goals change over its course requiring the expertise of a trained SLP to periodically evaluate and provide services as clinically indicated. Due to underlying cognitive impairment, individuals with Parkinson's may not be able to identify and articulate signs of swallowing difficulties and voice disorders, which are commonly associated with the disease. SLPs engage with these individuals and caregivers to address memory, reasoning, judgment, communication skills, voice, and swallowing impairment to improve overall safety and quality of life for the patient. For example, if the patient is forgetting to take medications, SLPs will work with the caregivers to recommend the use of pill boxes, alarms, and visual aids. Voice therapy and voice amplifiers are recommended for voice disorders. SLPs also contribute valuable input in palliative care decision making by providing information on the nature of the swallowing/cognitive-communication disorder; engaging in team decision making on the use of alternate nutrition (e.g., tube feeding); and facilitating alternate communication for the patient to express their wishes, wants, and needs.⁸

Given the SLPs' role assessing patients with Parkinson's disease, ASHA recommends adding Measure 291 to the speech-language pathology specialty measure set.

If CMS were to include this measure in the specialty set, ASHA recommends the follow CPT code be included in the measure denominator:

- **96125:** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.

Measure 293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease

Parkinson's disease is a neurodegenerative disease that is progressive in nature affecting all aspects of one's life. Movement disorders, cognitive-communication disorders, voice disorders, swallowing deficits, and psychological symptoms associated with this disease require an interprofessional team approach to care. SLPs play a key role identifying these deficits and referring patients for appropriate care such as physical and occupational therapies, neuropsychologists, and social workers. Patients with Parkinson's disease experience swallowing difficulties that may require referrals for comprehensive/instrumental swallow assessments—such as flexible endoscopic swallow assessments and a videofluoroscopic swallow assessment—provided by a trained SLP. A care plan must be developed to address swallowing difficulties through exercise programs, use of compensatory strategies, and diet consistency modifications; additionally, referral to other professionals along with caregiver training may also be necessary. Individuals with Parkinson's disease also experience speech and voice problems. SLPs address these deficits through the use of specialized exercise programs, compensatory and communication strategies, voice amplifying devices, augmentative and alternative communication (AAC), and caregiver education.

SLPs should be eligible to report on Measure 293 because of their critical role in the evaluation and treatment of patients with Parkinson's, including the ability to identify clinical needs best

addressed by other rehabilitation clinical professionals, such as physical and occupational therapists.

If CMS were to include this measure in the specialty set, we recommend the follow CPT codes be included in the measure denominator:

- **96125:** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- **97129:** Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
- **92522:** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
- **92523:** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
- **92524:** Behavioral and qualitative analysis of voice and resonance
- **92507:** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- **92526:** Treatment of swallowing dysfunction and/or oral function for feeding
- **92610:** Evaluation of oral and pharyngeal swallowing function
- **92611:** Motion fluoroscopic evaluation of swallowing function by cine or video recording
- **92612:** Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
- **92614:** Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
- **92616:** Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording

Measure 386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences

Amyotrophic lateral sclerosis is a progressive motor neuron disease that causes muscle weakness impacting a person's respiration, speech, cognitive-communication skills, and swallowing abilities. As the disease progresses, the ever-changing needs and goals of these individuals need to be addressed by a trained SLP. SLPs screen for swallowing deficits and perform comprehensive swallow evaluation/instrumental swallow evaluation to understand the nature of the swallow deficits and establish a treatment plan that may include diet modifications, use of compensatory strategies, or referral to other professionals when alternate nutrition/hydration is warranted.

Over the course of the disease, individuals with ALS also exhibit difficulty producing intelligible speech to communicate basic needs and wants. SLPs are trained to address communication deficits via exercise programs, use of communication strategies, and introducing augmentative and alternative communication (AAC) methods. For example, SLPs will provide a culturally and linguistically relevant assessment on communication abilities and the use of AAC methods—

such as speech-generating devices—and act as the liaison between the patient, their caregiver, and the AAC provider. SLPs provide training to the patient and caregiver on the use of the device to maximize effective communication. Respiratory complications associated with these patients with ALS may require tracheostomy and SLPs play a vital role in addressing the communication and swallowing needs of tracheostomy patients. When respiratory support is inadequate to produce speech, exercise programs will be implemented along with using compensatory strategies identified by an SLP. Cognitive-communication impairment is also noted in individuals with ALS; thereby, requiring speech-language pathology services to address the use of compensatory strategies, environmental modifications, and caregiver training. SLPs also contribute valuable input in palliative care decision making by providing information on the nature of the swallowing or cognitive-communication disorder and engaging in team decision making regarding the use of alternate nutrition (e.g., tube feeding) and facilitating alternate communication for the patient to express their wishes, wants, and needs.⁹

Given the SLP's integral role in identifying and addressing the clinical needs of patients—including patient preferences around diet modifications and communication needs—ASHA recommends that Measure 386 be included in the speech-language pathology specialty measure set.

If CMS were to include this measure in the specialty set, ASHA recommends the follow CPT codes be included in the measure denominator:

- **96125:** Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
- **97129:** Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
- **92522:** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
- **92523:** Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
- **92524:** Behavioral and qualitative analysis of voice and resonance
- **92507:** Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- **92526:** Treatment of swallowing dysfunction and/or oral function for feeding
- **92610:** Evaluation of oral and pharyngeal swallowing function
- **92611:** Motion fluoroscopic evaluation of swallowing function by cine or video recording
- **92612:** Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
- **92614:** Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
- **92616:** Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording

- **92597:** Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
- **92607:** Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
- **92609:** Therapeutic services for use of speech-generating device, including programming and modification


Measure 487: Screening for Social Drivers of Health

Social determinants of health (SDOH) have been identified as one of the major causes of health inequity. ASHA and its members are committed to addressing health inequity. SLPs play a key role screening individuals for social risks—such as economic and housing instability, food insecurity, transportation access, communication needs, and education disparities—through interviews and medical record reviews as well as making referrals to additional clinical and social support services (e.g., community-based organizations) to achieve optimal health outcomes. SLPs perform culturally and linguistically relevant and responsive evaluations that account for the unique socioeconomic variables applicable to the patient that shape their views of health and health care. These factors are considered when establishing a care plan. For example, an individual who does not have access to transportation may not get to appointments, an individual who is experiencing financial insecurity may not be able follow diet recommendations, or an individual with education disparities may not be able to follow the home exercise program or written directions. When SDOH factors are identified, SLPs make modifications to their care plans to create achievable, sustainable, and functional goals that are person-centered. Individuals with cognitive-communication difficulties are at a greater disadvantage due to their inability to effectively articulate their needs and wants and their limited health literacy. In these situations, SLPs play an integral role by providing communication strategies, educating the care team, and connecting patients with community resources to help overcome these barriers.

ASHA notes that CMS did not finalize its proposal to adopt this measure as part of the speech-language pathology specialty measure set for the 2023 performance year because SLPs do not currently have a minimum of six measures. Instead, CMS elected to make this measure optional for SLPs to report. If CMS adopted one or more of ASHA's recommendations for additions to the specialty measure set, ASHA suggests also adding Measure 487.

Thank you in advance for your consideration of this request. If you or your staff have any questions, please contact Sarah Warren, ASHA director for health care policy for Medicare, at swarren@asha.org.

Sincerely,



Robert M. Augustine, PhD, CCC-SLP
2023 ASHA President

-
- ¹ Bayles, K. A., & Tomoeda, C. K. (1993). *Arizona Battery for Communication Disorders of Dementia*. Austin, TX: Pro-Ed.
- ² Rabin, A., Paré, N., Saykin, A. J., Brown, M. J., Wishart, H. A., Flashman, L. A., & Santulli, R. (2009). Differential memory test sensitivity for diagnosing amnesic mild cognitive impairment and predicting conversion to Alzheimer's disease. *Neuropsychology, Development, and Cognition, Section B, Aging, Neuropsychology and Cognition*, 16, 357–376.
- ³ Takayama, Y. (2010). A delayed recall battery as a sensitive screening for mild cognitive impairment: Follow-up study of memory clinic patients after 10 years. *Journal of Medical and Dental Sciences*, 57, 177–184.
- ⁴ Wechsler, D. (2009). *Wechsler Memory Scale—Fourth Edition*. San Antonio, TX: Pearson.
- ⁵ Groher, M. E. (2015). Issues and challenges in managing patients with dementia and dysphagia. *Japanese Journal of Gerontology*, 30, 61–67.
- ⁶ Alagiakrishnan, K., Bhanji, R. A., & Kurian, M. (2013). Evaluation and management of oropharyngeal dysphagia in different types of dementia: A systematic review. *Archives of Gerontology and Geriatrics*, 56, 1–9.
- ⁷ Aarsland, Dag, Wilhelm Kurz, Martin. The epidemiology of dementia associated with Parkinson disease. *Journal of the Neurological Sciences*. Volume 289, Issues 1–2, 15 February 2010, Pages 18-22.
<https://www.sciencedirect.com/science/article/abs/pii/S0022510X09008193>.
- ⁸ Landes, T. L. (1999). Ethical issues involved in patients' rights to refuse artificially administered nutrition and hydration and implications for the speech-language pathologist. *American Journal of Speech-Language Pathology*, 8(2), 109-117.
- ⁹ Ibid.