

## **Medicare Repeals Videostroboscopy Supervision Rules**

As of October 1, 2011, Medicare will no longer require speech-language pathologists performing videostroboscopy (CPT 31579) or nasopharyngoscopy (CPT 92511) to be supervised by physicians. The Centers for Medicare and Medicaid Services (CMS) had instituted a requirement on January 1, 2011, that a physician be in the room supervising an SLP performing the procedures. This onerous requirement, as a national Medicare policy, will be eliminated in October.

A letter from CMS Administrator Donald Berwick acknowledged that “while physicians perform these diagnostic procedures, speech pathologists also perform these procedures to evaluate and treat a patient’s functional/use problems.” Berwick’s letter removed all supervision levels previously assigned to the procedures, effective October 1. Thus, a properly trained SLP performing videostroboscopy or nasopharyngoscopy will not need to have a physician on the premises or exercising supervision.

Because no national supervision level is established, individual Medicare administrative contractors (MACs) may establish local supervision requirements for these procedures in their speech-language pathology local coverage determinations. Moreover, it does not diminish the vital role of the otolaryngologists. Please refer to ASHA’s *Preferred Practice Patterns for Voice*, which state in part, “All patients/clients with voice disorders are examined by a physician, preferably in a discipline appropriate to the presenting complaint...” ([www.asha.org/docs/html/PP2004-00191.html#sec1.3.34](http://www.asha.org/docs/html/PP2004-00191.html#sec1.3.34))

The CMS decision regarding videostroboscopy and nasopharyngoscopy does not affect fiberoptic endoscopic examination of swallowing (FEES) or other endoscopy procedures. Supervision levels for FEES continue to be determined by MACs.

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