American Academy of Audiology

Position Statement

The Use of Telehealth for the Delivery of Audiological Services

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BACKGROUND

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health[1]. The term *tele-audiology* has been used to refer to services specific to the profession of audiology. While telemedicine has historically referred to remote clinical services, the American Medical Association[2] notes that telehealth can refer to a broader range of services including:

- Real-time, audio-video communication that connect physicians and patients in different locations. (Note: This definition is used for telehealth for CMS coverage and payment.)
- Real-time audio and telephone communications.
- Store-and-forward technologies that collect images and data to be transmitted and interpreted later.
- Online digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether an office visit is warranted (through patient portal and/or smartphone).
- Interprofessional internet consultations between physicians and/or other qualified health care professionals to improve care coordination for patients by sharing verbal or written reports for further assessment and/or care management.

The use of telehealth services expanded in 2020 due to the COVID-19 pandemic to allow continuous access to health-care services[3], including hearing care[4], while limiting the potential spread of the disease by reducing opportunities for exposure.[5] Third-party payers, including Medicare[6] and Medicaid[7], temporarily increased support for telehealth, including payment for expanded services to multiple providers. Subsequently, consumers have taken advantage of telehealth opportunities and are showing increasing preference for using this service delivery model[8]. Due to this preference, Congress (2021) introduced legislation that would make the temporary expansion of Medicaid and Medicare telehealth services permanent.[9]

Similarly, tele-audiology services expanded in response to the COVID-19 pandemic to ensure patients continue to receive appropriate levels of hearing care.[10] These services have been for pediatric and adult patients[11,12] and have included remote clinical services, real-time audio and video consultations, remote assessment and programming of devices, and assessment and treatment of tinnitus, decreased sound tolerance, dizziness, and auditory processing disorders.[13-24]

POSITION STATEMENT

It is the position of the American Academy of Audiology that audiologists should provide the full range of telehealth options for the delivery of audiologic services as allowed by state licensure. Consumers will continue to demand telehealth as an option and third-party payers, including Medicare and Medicaid, may continue to support the use of telehealth as an option for service delivery. Consumers also can elect to self-pay for uncovered telehealth services.

The full scope of audiological services should be considered for delivery via telehealth, including services associated with the screening, assessment, and treatment of hearing loss and auditory system disorders; the delivery, follow-up, and monitoring of hearing devices; assessment and treatment of vestibular and balance disorders; consultations with other health-care professionals; and remote service delivery.

Audiologists should work within state licensure, local and third-party rules for the delivery of services and any audiological services provided by telehealth should meet standards of care for those services. It is the position of the

American Academy of Audiology that state licensure boards and third-party payers should include audiologists among those providers whose services are deliverable and reimbursable when conducted through telehealth.

ENDNOTES

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