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Edmond G. Brown Jr
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Index: Benefits

Supplements: NL 09-1208

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS AND STATE
CHILDREN'S MEDICAL SERVICES AND REGIONAL OFFICE
STAFF

SUBJECT: COCHLEAR IMPLANTS (SUPPLEMENTS N.L: 09-1208)

I. PURPOSE

The purpose of this Numbered Letter is to notify the Counties of new Cochlear Implant Center Standards and to clarify the authorization requirements for Cochlear Implant evaluations and surgeries.

II. BACKGROUND

The N.L. 09-1208 requires that all requests for cochlear implant evaluations and surgeries be reviewed according to the criteria delineated by the State Audiology Consultant prior to authorization by the County. Requests should be forwarded to the State Audiology Consultant as soon as possible, so as not to delay services and to maximize for the acquisition of language. There have been inconsistencies regarding the Service Authorization Requests (SARs) for the evaluations and surgeries. To avoid further delay and confusion, this N.L. will outline the necessary policies and procedures for cochlear implant authorizations.

In March 2011, Medi-Cal ceased approving Cochlear Implant Centers as Centers of Excellence. To ensure comprehensive, coordinated care for cochlear implant recipients, and to remain consistent with CCS Special Care Center policy, Cochlear Implant Centers will now be approved by CCS. Standards have been developed and added to Chapter 3 of the California Children's Services Manual of Procedures (See Attachment). Current Centers previously approved by Medi-Cal will maintain their approval and include:

- 7.36.1: University of California Davis Medical Center (limited to current implant patients only; no new patients, NPI 1710918545)
 - Dr. Hilary Brodie, (1407820095)
- 7.36.2: Ronald Reagan University of California Los Angeles Medical Center (1902803315)
 - Dr. Akira Ishiyama (1932125044)
 - Dr. Quinton Gopen (1114955788)
- 7.36.3: Children's Hospital, Oakland (1003961251)
 - Dr. Michael Murray (1700088754)
- 7.36.4: Rady Children's Hospital, San Diego (1710065933)
 - Dr. Daniela Carvalho (1154492916)
- 7.36.5: House Ear Institute, Los Angeles
 - Surgery performed at St. Vincent's Medical Center, 1124004304
 - Dr. Jose Fayad-Mattar, 1952490492
 - Dr. Rick Friedman, 1982708558
 - Dr. William Luxford, 1538258082
 - Dr. Eric Wilkinson, 1114906013
 - Dr. John House, 1417051095
 - Dr. William Slattery, 1184728750
- 7.36.07: Stanford Cochlear Implant Center, Palo Alto (1871543215)
 - Some surgeries performed at Lucille Salter Packard Outpatient Clinic (1467442749)
 - Dr. Nikolas Blevins (1093863169)
 - Dr. Kay Chang (1649318577)
- 7.36.08: University of California Irvine Medical Center (1689608150)
 - Dr. Hamid Djalilian (1750331179)
- 7.36.09: University of California San Francisco Medical Center (limited to current patients and in-county patients, 1457450116)
 - Dr. Lawrence Lustig (1184672594)
 - Dr. Anna Meyer (1366592743)

Because of the varying relationships between the physicians, Cochlear Implant Centers, and the Outpatient Hospital Surgery facilities, authorizations have not been consistently issued in a manner which allows for appropriate claims and billing practices. The following Implementation instructions specify the benefits that can be authorized for the cochlear implant evaluations and surgeries, if requested by the Cochlear Implant Centers.

III. POLICY

- A. It is not necessary to pend SARs for approval prior to forwarding the case to the State Audiology Consultant if it is not clear which provider will be offering the services. If the referring audiologist, school, or physician does not indicate the Cochlear Implant Center in the referral, the parents should be informed of the Centers(s) geographically near to their home to assist them in their decision. If the parents do not indicate a preference, the State Audiology Consultant will choose the facility to best serve the family.
- B. The audiology consultant may change the provider if the review indicates the child may be better served at another facility.

IV. IMPLEMENTATION

- A. Authorizations for cochlear implant evaluations:
 - 1. The SCG 05 should be pended for approval for the Cochlear Implant Center, using the "7.36" number of the facility, through the eligibility period of the child. The Category should indicate "Cochlear Implant Evaluation", the EPSDT-SS box remain unchecked, and the status of the SAR remain "Request-Approval." The State Audiology Consultant will indicate "Yes" or "No" upon review of the case.
 - 2. The SCG 01 should be pended for approval for the surgeon, if known, when requested by the Cochlear Implant Center, through the eligibility period of the child. If the surgeon is unknown at the time of the cochlear implant evaluation referral, the SCG 01 can be issued by the County as requested by the Cochlear Implant Center.
 - 3. For some facilities, the SCG 01 may need to be authorized for imaging and/or sedation. In these cases, the SCG 01 may be issued to the outpatient hospital NPI number of the facility for 30 days approximate to the expected evaluation date, as requested by the Cochlear Implant Center and after State approval for the evaluation.
 - 4. A separate SAR is necessary for the authorization of educational consultation, as requested by the Cochlear Implant Center and after State approval for the evaluation. Three units of Z5999 should be authorized to the Cochlear Implant Center outpatient clinic number or group number, with a rate of \$112.32 listed in the "Amount" column.

B. Authorizations for cochlear implant surgery and post-surgical services:

1. The SCG 01 and L8614, one or two units, no modifier, should be pended for approval for the Outpatient Hospital NPI number where the surgery is scheduled to occur. The Category should indicate "Cochlear Implant Surgery and/or Post-Surgical Services", the EPSDT-SS box remain unchecked, and the status of the SAR remain "Request-Approval." The State Audiology Consultant will indicate "Yes" or "No" upon review of the case.
2. The State Audiology Consultant will modify the existing surgeon SAR to include the necessary cochlear implant surgery HCPCS codes, and will extend the authorizations for the surgeon, Cochlear Implant Center, and educational consultation, if necessary.
3. It is not outside the standard of care for a surgeon to request one overnight inpatient stay for observation before medically releasing the child. The Inpatient SAR can be issued by the county to the Inpatient NPI of the facility where the surgery is being performed by the County for one day during the estimated time frame of the surgery after the approval of the surgery. The authorization may be issued prior to surgery, or following surgery if it was later determined the inpatient stay was necessary.

C. Final Authorization by the County:

Once the Request-Approval SARs have been reviewed by the State Audiology Consultant, their status will change to either "Approved-Y" or "Approved-N." The "Approved-Y" SAR requires authorization by the County and notification to the provider and family. The "Approved-N" SAR indicates the State Audiology Consultant is recommending a denial of services. The Case Notes will indicate the reason for the denial according to the criteria in N.L. 09-1208. Language from the Case Note can be used in the Notice of Action, which must be issued by the County in accordance with N.L. 03-0205.

The CMS will continue to monitor developments in cochlear implant technology and will update criteria for the authorization of implant technology and services as appropriate.

Should you have any questions regarding the authorization of cochlear implant services, please contact Lisa Satterfield, CCS Audiology Consultant, at (916) 323-8100.

Thank you for your services to California's children.

Sincerely,

Original Signed by Robert Dimand

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3.41 STANDARDS FOR COCHLEAR IMPLANT CENTERS**A. Definition**

A Cochlear Implant Center is a multi-disciplinary team capable of providing cochlear implant candidacy evaluations, cochlear implant maintenance, adjustments, programming, and cochlear implant aural rehabilitative management of children of all ages together with their parents.

B. General Requirements and Procedures for Approval

1. The Cochlear Implant Center shall be located at a health care provider office or facility. The cochlear implant surgery shall be performed in a CCS-approved hospital facility by a surgical member of the cochlear implant team.
2. The health care provider or facility, and hospital shall be enrolled as a Medi-Cal provider, as shall all health care professionals delivering services to CCS-eligible children.
3. The Center shall operate as an identifiable team which shall be responsible for the coordination of all aspects of comprehensive evaluation, treatment, and management related to speech-language and hearing concerns.
4. The Cochlear Implant Center must be concurrently approved as a Type C Communication Disorder Center which provides services for infants through the age of 21.
5. Cochlear Implant Centers previously approved by Medi-Cal as Medi-Cal Centers of Excellence will maintain their approval, but shall submit an application with current team members identified for CCS record maintenance.
6. A provider wishing to participate in the California Children's Services Program as a Cochlear Implant Center shall submit an application to:

Department of Health Care Services
Hearing and Audiology Services Unit
ATTN: Cochlear Implants
MS 8102
P.O. Box 997413
Sacramento, CA 95899-7413

7. A provider whose application meets the requirements identified in these standards, by a review of the application, a site visit, or both, shall be approved as a Cochlear Implant Center.

CALIFORNIA CHILDREN'S SERVICES MANUAL OF PROCEDURES

CHAPTER 3 – PROVIDER STANDARDS

COCHLEAR IMPLANT CENTERS

8. Center staff and consultants providing care to CCS-eligible children shall be CCS approved, eligible for approval, or receiving supervision by a CCS-approved provider according to the standards for panel participation established by the State CCS program.
9. Changes in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to the state CCS program at the above address whenever they occur.
10. Center approval shall be subject to re-evaluation at intervals defined by the State CCS program.
11. Centers shall be in compliance with communication and accessibility standards in the Americans with Disabilities Act.
12. Centers shall be responsible for having translation services available for non-English speaking families.

C. Requirements for Participation

1. Staff

- a. The Cochlear Implant Center must include a team of multi-disciplinary providers with expertise in pediatric care for children with hearing loss and their families. Team members are not required to work within the same facility, must be individually identified, and specified if they are a referral source outside the facility. Referral sources are used to supplement the cochlear implant evaluation and/or treatment recommendations for the individual patient as deemed appropriate by the core team members.
- b. The team shall include:
 - (1) A CCS approved audiologist as a core team member and primary contact for the team, who has at least two years of professional experience in providing cochlear implant services to children of all ages. The audiologist shall be responsible for leading or co-leading the cochlear implant team for implant selection and care coordination of the cochlear implant candidate.
 - (2) Additional audiologists as cochlear implant team members, with experience in pediatric cochlear implant evaluations and post-surgical treatment. In compliance with California licensure standards and CCS approval standards, non-licensed audiologists during their Required Professional Experience and

CALIFORNIA CHILDREN'S SERVICES MANUAL OF PROCEDURES

CHAPTER 3 – PROVIDER STANDARDS

COCHLEAR IMPLANT CENTERS

- licensed audiologists prior to obtaining CCS approval may provide services to CCS-eligible children under the supervision of a CCS-approved audiologist on the cochlear implant team. Supervision requires the licensed, CCS-approved provider to be on-site, immediately available for consultation and assistance.
- (3) A CCS-approved cochlear implant surgeon as a core team member, having completed at least 20 surgeries on children without complications. The surgeon responsible for leading or co-leading the team for implant selection. Additional surgeons with like experience are encouraged to participate as team members.
 - (4) A CCS-approved or equivalent speech-language pathologist, with experience in providing services to children of all ages who are deaf or hard of hearing. If the speech pathologist is not CCS approved, work experience documenting two years of pediatric experience is required, and completion of a CCS application is encouraged. A speech pathologist must be a core member of every cochlear implant team.
 - (5) Additional speech pathologists as referral sources for the post-implant rehabilitation as necessary. Speech pathologists providing post-implant rehabilitation shall be CCS-approved or equivalent and must coordinate services with the cochlear implant team.
 - (6) A Behavioral Health professional capable of evaluating behavioral, social, and/or developmental characteristics outlined in current CCS cochlear implant criteria. The professional must be California licensed and have two years experience in pediatric evaluations. The Behavioral Health professional may be a psychiatrist, psychologist, social worker, and/or a developmental pediatrician. A Behavioral Health professional should be a consistent referral source.
 - (7) Additional team members or referral sources as necessary. This may include, but is not limited to, educational specialists, neurologists, or credentialed teachers of the deaf.
 - (8) If the audiologist utilizes a test assistant, the test assistant shall work under the direct supervision of

the CCS approved audiologist and be registered with the Speech Language Pathology and Audiology and Hearing Aid Dispensers Board as an approved Audiology assistant. The CCS approved audiologist shall be in the same room or visually observing the test assistant when the assistant is providing services to a CCS-eligible child.

- (9) If the speech-language pathologist utilizes a speech-language pathology assistant, the assistant shall work under the direct supervision of the CCS approved speech-language pathologist, as specified in Section 2538 et seq. of the California Business and Professions Code.

2. Facility and Equipment

- a. There shall be a waiting room appropriately furnished for children.
- b. There shall be at least one sound-treated examination room, conforming to the requirements set forth in current ANSI standards.
- c. Equipment capable of performing all procedures for the evaluation of cochlear implant audiology candidacy criteria and post-implant services, as referred to in current peer-reviewed audiologic guidelines, standards, or preferred practice patterns published by professional audiological associations for infants and children of all ages shall be available and used by the Center's audiologist(s).
- d. Equipment shall be calibrated in accordance with the manufacturer's recommendation and a log shall be kept documenting the dates of calibration, repair or replacement. The electroacoustic equipment and ambient noise shall meet current ANSI and manufacturer's specifications.
- e. Biologic checks of the equipment (e.g., identifying signs of wear, listening checks by the operator for hearing levels, cross talk, signal distortion, noise levels, etc.) shall be made and recorded daily or, if less than daily, each time equipment is used.

3. Services

- a. The Center shall comply with current peer-reviewed cochlear implant guidelines, standards, or preferred practice patterns published by professional audiological and speech-language pathology associations and provide

CALIFORNIA CHILDREN'S SERVICES MANUAL OF PROCEDURES

CHAPTER 3 – PROVIDER STANDARDS

COCHLEAR IMPLANT CENTERS

- comprehensive cochlear implant evaluation and post-implant treatment for children of all ages.
- b. The Center shall provide cochlear implant counseling, including communication and educational options, and follow-up for children of all ages.
 - c. The multi-disciplinary cochlear implant team shall be responsible for addressing all the criteria for cochlear implant surgical selection outlined in CCS policy, delineated in the most recent Numbered Letter.
 - d. The core members of the cochlear implant team shall be responsible for the final decision regarding cochlear implant candidacy, based on evaluations and reports from all team members. A report summarizing all findings shall be compiled by a core member and disseminated to the family and the County CCS office.
 - e. An audiology test assistant, if utilized, may assist the CCS approved audiologist to perform the functions outlined below.
 - (1) Behavioral management, including:
 - (a) Assisting the child to cooperate in the testing environment.
 - (b) Conditioning the child to respond appropriately during play and orientation to audiological test techniques;
 - (2) Reassure the child to allay fear of the testing and evaluation process.
 - (3) Assist the child that may require careful observation and/or assistance in responding to acoustic stimuli.
 - (4) Supervise the care of the child during the parent(s) interview and counseling session, before and after the evaluation.
 - f. If the cochlear implant team determines the child is not a candidate at their facility, it is the responsibility of the team to inform the family and the County CCS office.
4. Care Coordination/Referral
- a. The Core team members are ultimately responsible for the post-surgical care and care coordination of the cochlear implant recipient. It is the expectation that beneficiaries of

CCS that are implant recipients will receive comprehensive, continuous care by the Cochlear Implant Center where the authorization is issued. The Cochlear Implant Center determines who to share the authorization with, and referrals for care outside the Cochlear Implant Center must be to providers who are CCS-approved or equivalent as described in the Staff section of this document, and able to bill Medi-Cal for services. Care coordination must include:

- (1) Cochlear implant checking, mapping, repairs, and equipment maintenance
- (2) Referral for aural rehabilitation
- (3) Coordination with schools or Early Start programs regarding therapy and/or classroom needs
- (4) Referrals for psychological, social or developmental counseling, if necessary
- (5) Referrals to other medical specialist if additional disorders are suspected
- (6) Authorization requests for replacement parts, batteries and accessories
- (7) If available, coordination with local audiology providers for on-going hearing aid, aural rehabilitation, and/or cochlear implant care
- (8) Referral to appropriate services for communication options if it is determined a cochlear implant is not an option for the child, or if post-implantation language development is not progressing as predicted.

5. Reporting Requirements

- a. Each Cochlear Implant Center shall submit to the CCS program summary reports at least annually on the progress of each child authorized for care by the CCS program.

6. Billing

- a. A Cochlear Implant Center shall submit claims for reimbursement of CCS authorized services in a format specified by the CCS program.

CALIFORNIA CHILDREN'S SERVICES MANUAL OF PROCEDURES

CHAPTER 3 – PROVIDER STANDARDS

COCHLEAR IMPLANT CENTERS

- b. Claims for the surgical device(s) and surgery is the responsibility of the outpatient hospital facility where the surgery is performed and the physicians involved with the surgery.