State of California-Health and Human Services Agency
Department of Health Care Services

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

SUBJECT: COCHLEAR IMPLANTS

I. PURPOSE

The purpose of this Numbered Letter is to provide policy for the CCS County programs and CMS Regional Offices for authorization of requests for cochlear implant evaluations, surgeries, and post-surgical services.

II. BACKGROUND

Cochlear implantation has been a benefit of Medi-Cal since 1996 and has grown to be the standard of care for many children with hearing loss. Previously, cochlear implants were only considered for those patients with minimal or no usable residual hearing. With advances in technology and research, the use of cochlear implantation has extended to patients with residual hearing. Children found to have auditory neuropathy/auditory dysynchrony (AN/AD) are also realizing benefit from cochlear implantation, though behavioral evaluations must confirm the degree of hearing loss given that AN/AD disrupts the evoked potential of the auditory nerve. Additionally, bilateral pediatric cochlear implantation has progressed as a standard of care as research-based evidence supports the binaural benefit in language development and localization.

Experience with cochlear implant recipients confirms the importance of a cochlear implant team approach when determining cochlear implant eligibility. Successful implant users have been found to have language, psychological and social factors not measured by audiologists or surgeons alone. The team approach to

implantation allows for these factors to be assessed and addressed, preparing the family and the child for the optimal cochlear implant experience. Cochlear implant "Centers of Excellence" have been approved by Medi-Cal and must include a cochlear implant team that at a minimum needs to be comprised of the following:

- Implant Surgeon
- Audiologist
- Speech/Language Pathologist
- Psychologist

Additional members that contribute to the assessment, eligibility determination and care of the child may include:

- Educational Liaison
- Geneticist
- Social Worker
- Developmental Pediatrician
- Neurologist

The current "Centers of Excellence" that have been approved by Medi-Cal to perform cochlear implants on individuals under 21 years of age are located at:

- Children's Hospital, Oakland
- House Ear Institute (with surgery performed at St. Vincent Hospital), Los Angeles
- Rady Children's Hospital, San Diego
- Stanford Cochlear Implant Center, with surgery at Lucille Salter Packard Children's Hospital, Palo Alto
- University of California, Irvine
- University of California, Los Angeles Medical Center

III. POLICY

A. Cochlear implants continue to be a benefit of the CCS program for all CCS clients, regardless of payer source. Cochlear implant cases are reviewed by the State CCS audiology consultant before evaluation or surgery is recommended. Pre- and post-implant services are available as Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS), when performed at a Center of Excellence approved by the Medi-Cal program.

B. Children must meet the following criteria for cochlear implant evaluation:

1. Children under the age of 12 months will be considered if they have a confirmed diagnosis of meningitis where ossification of the cochlea is a concern and frequency-specific evoked potential technology indicates a profound sensorineural hearing loss.

2. Children under the age of 18 months must have bilateral, profound (>90 dB HL) sensorineural hearing loss, as indicated by current frequency-specific evoked potential technology with absent responses to bone conduction and confirmed with behavioral evaluations.

3. Children 18 months to 36 months must have bilateral, severe to profound (>70 dB HL) sensorineural hearing loss, as indicated by behavioral evaluations and confirmed with frequency-specific evoked potential technology that includes bone conduction.

4. Children three years and older must have at a minimum a bilateral, sloping moderate-profound sensorineural hearing loss, with the moderate loss only in the low frequencies (250 Hz and 500 Hz) and a severe-profound hearing loss from 1000 Hz to 8000 Hz. Testing must include reliable, ear-specific behavioral thresholds, with a minimum of one evaluation to include bone conduction thresholds, testing may be supported by frequency-specific evoked potential technology.

5. All children must have a hearing aid trial, either prior to or concurrent with the cochlear implant evaluation request, of at least three months.

6. Significant periods of auditory deprivation due to lack of hearing aid use, late diagnosis of hearing loss, or late fitting of hearing aids must be offset by the development of language and the abilities of the child and parents to communicate with each other. Circumstances should be explained on the cochlear implant evaluation request form.

7. History of compliance with medical evaluation and treatments.

C. Eligibility for cochlear implantation includes all of the above criteria in addition to:

1. Qualifying best-aided speech perception scores for the ear to be implanted as appropriate for the child's chronological age. For children three years to five years, speech perception should include word identification with competition, e.g., an Early Speech Perception Test (ESP) score that is below Category 3. Children over five years old should be evaluated with an open-set word recognition in noise, presented at 70 dB SLP with a +10 dB signal-to-noise ratio, scoring <40 percent.

2. A standardized speech-language evaluation which evaluates communicative intent and appropriately identifies and measures the primary language base (oral or manual) at scores below two standard deviations of the hearing peer average score.

3. Freedom from middle ear infections.

4. An accessible cochlear lumen that is structurally suited to implantation, a viable, normal cochlear nerve and no lesions in the acoustic areas of the central nervous system, as determined by appropriate radiographic evaluations.

5. No contraindications to anesthesia or surgery.

6. Limited benefit from hearing aids, as demonstrated by the speech perception and language criteria and aided audiometric results.

7. Willingness to enroll in the most appropriate educational program to include auditory rehabilitation, and a review of the Individualized Family Service Plan (IFSP) or Individualized Educational Plan (IEP) by a member of the cochlear implant evaluation team.

8. Access to appropriate post-implant speech therapy services for the long-term rehabilitation necessary for successful language/communication development.

9. Appropriate expectations regarding the prognosis of the implant and demonstrated motivation by the parents or caregivers to advocate for and participate in long-term rehabilitation, as noted by a member of the cochlear implant evaluation team.

10. Behavioral and developmental characteristics that would not interfere with rehabilitation, as determined by an appropriate member of the cochlear implant evaluation team.

11. Recommendation by a Cochlear Implant Center approved by Medi-Cal to serve children under 21 years of age.

D. Bilateral cochlear implants, simultaneously or sequentially implanted, are a benefit of the CCS program.

1. Candidacy for bilateral implants includes the criteria found in Section C and the following:

a. Children under the age of 18 months must have a bilateral, profound (>90 dB HL) sensorineural hearing loss, as indicated by current frequency-specific evoked potential technology with absent responses to bone conduction and confirmed with behavioral evaluations.

b. Children 18 months and older must have bilateral, severe to profound (>70 dB HL) sensorineural hearing loss as indicated by behavioral evaluations including bone conduction and confirmed with frequency-specific evoked potential technology.

c. Simultaneous implantation will only be considered when recommended by the Medi-Cal approved Cochlear Implant Center. Simultaneous implantation will be considered on a case-by-case basis, though over the age of four will only be approached with caution. Examples of simultaneous implantations for children over four years of age include late-onset hearing loss or progressive hearing loss in an auditory/oral child.

d. Current evidence-based research has demonstrated limited benefit in sequential implantation when the child has experienced years of auditory deprivation on the unimplanted side. Sequential implantation should be approached cautiously for children not having received auditory stimulation for seven years and may be denied if compelling evidence of auditory skills, language development, and patient motivation is not presented.

e. Additional qualifying criteria for sequential implantation includes no functional benefit from a hearing aid on the unimplanted side, as determined by aided audiometric results outside of the speech spectrum and documented progress in auditory/oral language development.

IV. IMPLEMENTATION

The authorization stages for cochlear implantation are as follows:

A. Requests for cochlear implant evaluations.

1. Requests for all Medi-Cal, CCS, and Healthy Families cochlear implant evaluations for children under 21 years of age must be forwarded by the county CCS program or Regional Office to the State CCS audiology consultant for review and approval, and must include:

   a. The "Cochlear Implant Evaluation Request Form" (see Enclosure 1) completed by the referring audiologist or physician.

   b. Current (dated < six months) audiology reports including aided and unaided test results.

   c. A copy of the EPSDT-SS worksheet to include the County identification/Medi-Cal number of the child.

2. Separate Service Authorization Requests (SAR) for the following services must be pended for state approval:

   a. The Service Code Group (SCG) 05 for the Cochlear Implant Center (Please note when using the SAR system, the EPSDT-SS box must remain unchecked for appropriate Service Code Grouping Processing).

   b. The SCG 01 for the cochlear implant surgeon evaluating the child.

   c. Three units of Z5999 to the Cochlear Implant Center outpatient clinic number or group number for educational consultation, with a rate of
   $112.32 listed in the "Amount" column (the SAR will end with a "3"), if requested by the Cochlear Implant Center.

3. If upon initial review by the State CCS audiology consultant the child does not appear to meet the criteria for cochlear implantation, the audiology consultant will recommend a denial of the request and submit a letter to the county nurse case manager for the purposes of issuing a Notice of Action statement.

B. Requests for cochlear implant surgery and post-surgical services.

1. Requests for all Medi-Cal, CCS, and Healthy Families cochlear implant surgeries for children under 21 years of age must be forwarded by the county CCS program or Regional Office to the State CCS audiology consultant for review and approval, and must include:

   a. The "Cochlear Implant Team Evaluation Results and Surgical Request Form" (See Enclosure 2) completed by a member of the Cochlear Implant team.

   b. Evaluation report(s) from the cochlear implant team members.

   c. A copy of the EPSDT-SS Worksheet and/or a copy of the SAR, including the County identification/Medi-Cal number of the child.

2. Should the recommendation from the cochlear implant team and review by the State CCS audiology consultant determine the child meets the criteria as stated above for implantation, the audiology consultant will recommend authorization of the surgery and post-surgical services at the Cochlear Implant Center of Excellence.

3. Authorization for the cochlear implant surgery should be processed with separate SARs for the following:

   a. The SCG 01 for the surgeon for Physician services (surgeons and anesthesiologists) with six units and the K modifier CPT 4 codes 69930 (implantation of the device) and 69990 (microsurgery add-on) for each implant.

   b. The HCPCS Code L8614 with no modifiers to the hospital or outpatient surgery center where the implantation will occur to allow for billing separately for the cochlear device. One unit should be authorized for each implant at the time of surgery.

c. The Cochlear Implant Center for the SCG 05 through the end of the client's program eligibility period, to be renewed annually.

d. The cochlear implant manufacturer for batteries and replacement parts, per the instructions in Numbered Letter 12-1007.

e. Twelve units of Z5999 to the Cochlear Implant Center outpatient clinic number or group number for educational consultation, with the rate of
$112.32 listed in the "Amount" column (the SAR will end with a "3"), if requested by the Cochlear Implant Center.

f. If upon review by the State CCS audiology consultant the child does not appear to meet the criteria for cochlear implantation, a denial will be recommended and a letter submitted to the county nurse case manager for the purposes of issuing a Notice of Action statement.

The Children's Medical Services Branch 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.

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NHSP Chron File

Branch Chron File