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Director

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



EDMOND G. BROWN JR
Governor

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N.L.: 09-0718
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS AND INTEGRATED SYSTEMS OF CARE DIVISION (ISCD) STAFF

SUBJECT: TELE-SPEECH, AUDITORY HABILITATION AND REHABILITATION SERVICES WITH THE HOME AS THE ORIGINATING SITE.

I. PURPOSE

The purpose of this Numbered Letter (N.L.) is to create policy for children with hearing loss regarding tele-speech, tele-auditory verbal therapy, tele-auditory habilitation and tele-auditory rehabilitation services in the home, with the parent or guardian working with the speech therapist at the distant site.

II. BACKGROUND

There is a strong need for access to tele-speech therapy, auditory verbal therapy, auditory habilitation and rehabilitation services in order to meet the needs of the hearing loss community, especially those in rural and remote areas of California. In particular, successful outcomes of cochlear implantation are highly dependent on the quality and quantity of speech language/habilitation and rehabilitation services. Studies have shown the quality of tele-therapy to be equivalent to face-to-face sessions, as well as decreased parental stress and decreased costs of travel, lost wages, etc., associated with travelling long distances for therapy sessions.

Speech therapy should occur in the least restrictive environment. For children under five years of age, or for children with mobility or cognitive age equivalency under five years old, this is generally in the home.

Teaching parents how to encourage hearing and oral communication in the home, where the child with hearing loss may be immersed, is appropriate and efficacious for successful speech, language, and oral communication outcomes.

III. POLICY

- A. CCS approved Cochlear Implant Centers, Communication Disorder Centers, Type C, and private and public telehealth providers will be able to bill all reimbursable telehealth speech therapy codes allowed under EPSDT and CCS, including those listed in the table below, with the home as the point of service and the parent or primary caretaker as the originating site facilitator:

NATIONAL CODE	DESCRIPTION
X4300	LANGUAGE EVALUATION
X4301	SPEECH EVALUATION
X4302	SPEECH-LANGUAGE THERAPY (GROUP), EACH PATIENT
X4303	SPEECH-LANGUAGE THERAPY, INDIVIDUAL, PER HOUR (FOLLOWING PROCEDURES X4300 OR X4301)
Z5490	EPSDT SERVICES – AURAL REHABILITATION RELATED TO USE OF A CONVENTIONAL HEARING AID, 30 MIN
Z5942	EPSDT SERVICES – AURAL REHABILITATION RELATED FOLLOWING COCHLEAR IMPLANTATION, 30 MIN
92507	TREATMENT OF SPEECH, LANG. VOICE INDIV.
92510	AURAL REHAB FOLL. COCHLEAR IMPLANT W/WO
92521	EVALUATION OF SPEECH FLUENCY (STUTTER/CLUTTER)
92522	EVAL SPEECH SOUND PRODUCTION, ARTIC, PHONO PROCES, APRAXIA, DYSARTHRIA
92523	EVAL LANG COMPREHENSION/RECEPTIVE AND EXPRESSION
92524	EVAL BEHAV AND QUAL ANAL OF VOICE AND RESONNANCE
92626	EVAL OF AUD REHAB STATUS FIRST HR
92627	EVAL OF AUD REHAB STATUS EA ADD 15 MIN
92630	AUD REHAB PRE-LINGUAL HEARING LOSS
92633	AUD REHAB POST-LINGUAL HEARING LOSS

- B. Providers will also follow the guidelines set forth in CCS Numbered Letters [NL: 15-0605](#), Speech Pathology Services and Medi-Cal Certified Outpatient Rehabilitation Centers for Speech Pathology Services, [NL: 14-1213](#), Telehealth Services for CCS and Genetically Handicapped Persons Program (GHPP) and [NL: 16-1217](#), Telehealth Services Code Update for CCS Program and GHPP on telehealth.
- C. In order to be reimbursed for home tele-speech therapy codes, auditory verbal therapy, speech therapy, habilitation and rehabilitation therapy service providers must be pre-authorized with CCS approval, whereby providers document their tele-speech program in detail, and must address specific barriers to quality, as outlined on page 3, section IV A. of this document. All approved telehealth providers must submit any updated tele-speech therapy policy and procedures for approval to the CCS facility inbox: CCSFacilityReview@dhcs.ca.gov.
- D. Children shall qualify for home tele-speech therapy services, as specified by the physician and audiology teams overseeing their care, with the following conditions:
1. All Cochlear Implant and Bone Anchored Hearing Aid recipients with hearing loss who are under the age of five or of cognitive age equivalency under the age of five, home-bound or with other mobility concerns.
 2. Children for whom supplementation of the services provided by the school are deemed insufficient.

IV. Policy Implementation

- A. Cochlear Implant Centers; Communication Disorder Centers, and other CCS approved speech, auditory, verbal, and aural rehabilitation, and habilitation therapy providers who want approval for home tele-speech therapy services, must submit their program details, policies and procedures to the CCS Facility Mailbox: CCSFacilityReview@dhcs.ca.gov to address the following areas:
1. Parental and patient agreement of tele-speech therapy services.
 2. Health Insurance Portability and Accountability Act (HIPAA) Compliance and Encryption.
 3. Video and Audiological technology.
 4. Internet/satellite connectivity.
 5. Handling connection disruptions.

6. Ambient noise management.
 7. Self-monitoring with outcomes from data, patient and parent satisfaction surveys.
 8. Storage of the sessions for the electronic medical record and auditing.
 9. Adherence to the legal requirements by the State of California regarding telehealth services.
 10. Further documentation as requested by CCS.
- B. CCS paneled providers who have submitted revised policies and procedures to deliver speech therapy in the home, may submit Service Authorization Requests (SARs) for home tele-speech, auditory verbal therapy, and habilitation and rehabilitation service reimbursement.
- C. Providers who have been approved for home tele-speech, auditory verbal therapy, and habilitation and rehabilitation services may be subject to periodic audits and site visits by the CCS Program.
- D. The following policy implementation guidelines are to be applied for program eligible clients:
1. CCS Program staff shall approve and authorize medically necessary diagnostic and treatment services per California Code of Regulations, Title 22, and Sections 41401-42700.
 2. GHPP staff shall approve and authorize medically necessary diagnostic and treatment services per California Code of Regulations, Title 17, Sections 2931-2932.
 3. Regarding billing for telehealth services, program providers, in addition to SAR submission, shall also follow claims submission guidelines in the Medi-Cal Provider Manual Telehealth section, CCS Program N.L. 12-1213, N.L. 16-1217, and this CCS Program N.L.
 4. In addition to the billing codes identified in the Medi-Cal Provider Manual Telehealth section, the procedure codes listed in Attachment I of NL 16:1217 can also be used to bill for CCS telehealth services.

E. County and/or State staff

County and/or State staff should refer callers inquiring about telehealth claims issues to the Conduent Telephone Call Center (TSC) at 1-800-541-5555 or the Medi-Cal Provider Manual. The TSC is available to health care providers to ensure they understand their claims for telehealth services require the use of the GT and GQ modifiers along with the appropriate billing codes. Most Medi-Cal billing codes for telehealth programs' services are included in the CCS Service Code Groupings (SCG). For all programs, the Medi-Cal website contains the most current list of codes in the individual SCGs.

V. Claim Submissions

- A. Providers billing for tele-speech services will use the national point of service (POS) code 33 for home health. More information of POS codes may be found in the Medi-Cal Provider website link: [HIPPA Place of Service Codes](#)

Providers billing for telehealth services should also refer to the Medi-Cal Provider Bulletins and Medi-Cal Provider Manual Telehealth section includes Procedure codes information and billing guidelines on the following telehealth topics:

1. Guidelines for the Evaluation and Management (E&M) Therapeutic Procedures;
2. Transmission Sites;
3. Transmission Costs;
4. Modifiers GT and GQ, and
5. Interactive Telemedicine Reimbursable Services.

- B. For internet claims completion instruction and submission information, refer to the Computer Media Claims (CMC) section of Medi-Cal Program and Eligibility manual located at: <http://www.medi-cal.ca.gov/cmcinstructions.asp>

- C. The Medi-Cal CMC Billing and Technical Manual is available at https://files.medi-cal.ca.gov/pubsdoco/ctm_manual.asp

For questions about submitting a claim for services provided by telehealth, please call the Conduent TSC at 1-800-541-5555. For additional information, please refer to DHCS Medi-Cal & Telehealth Website available at:

<http://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>

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Should you have any questions regarding the authorization of Cochlear Implant and Communication Center Disorder Telehealth services, please contact the State Audiology or Medical Consultant, or its designee at Audconsult@dhcs.ca.gov or by fax at (916) 440-5297.

Sincerely,

ORIGINAL SIGNED BY

Sarah Eberhardt-Rios, Division Chief
Integrated Systems of Care Division