



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

October 17, 2011

N.L.: 09-1011

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

SUBJECT: COCHLEAR IMPLANT POST SURGICAL SERVICES

PURPOSE

Numbered Letters (NL) 09-1208 and 03-0411 provided policy and instruction to the CCS Independent County programs, Regional Offices, and CCS Dependent County programs for authorization of requests for cochlear implant evaluation, surgery, and post-surgical services. Annual post-surgical services are authorized by the counties or Regional Offices without State Audiology Consultant review. The purpose of this NL is to amend policy to permit expanded access to post-surgical services through Communication Disorder Centers (CDC).

BACKGROUND

In April 2011, the CCS Program established standards for the approval of Cochlear Implant Centers (CIC). The approved CICs at this time include:

- UC Davis Medical Center, 7.36.1 (limited to current implant patients only)
- Ronald Reagan UCLA Medical Center, 7.36.2
- Children's Hospital Oakland, 7.36.3
- Rady Children's Hospital, 7.36.4
- House Ear Institute, 7.36.5
- Stanford Cochlear Implant Center, 7.36.07
- UCI Medical Center, 7.36.08
- UCSF Medical Center, 7.36.09 (limited to current patients and in-County patients only)
- Lucile Packard Children's Hospital, 7.36.10

Despite the addition of new CICs, cochlear implant services continue to be limited geographically to the major metropolitan areas of the State. This results in a hardship for families requiring services in rural areas. As a result, emergent and on-going

care is delayed, and children “off-line” due to programming and repairs have no access to sound during this time.

After initial stimulation, on-going cochlear implant programming, mapping, and troubleshooting does not require a team for consultation and care, but only the appropriate training and equipment. There are facilities with the ability to offer post-surgical care that are not approved CICs, but are CCS-approved CDCs. Under the direction and guidance of the CIC audiologist, services in the SCG 05 can be offered by the CDC audiologist at a location more convenient for the family. For consistent care, it is imperative that the CIC audiologist and the CDC audiologist communicate, have an established relationship and agree on the treatment needs of the patient.

POLICY

- A. Annual evaluations continue with the CIC team of providers and require annual authorization of the SCG 05 to the CIC.
- B. The authorization of the SCG 05 to a CDC, as recommended by the CIC, is necessary for on-going local services and is not considered a duplication of services. The CIC should request the SCG 05 on behalf of the CDC and continue primary management of the patient. The CIC is responsible for sharing the goals and treatment plan of the patient with the CDC, while the CDC is responsible for communicating to the CIC the services rendered and any issues of the patient.

IMPLEMENTATION

- A. The CIC will submit the Established CCS/GHPP Client Service Authorization Request (SAR) indicating the SCG 05 and the name and CCS Special Care Center Provider Number of the CDC in box 30 of the SAR. The authorization should be issued annually, as requested, to both facilities.

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 the CCS Audiology Consultants at AudConsult@dhcs.ca.gov.

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Thank you for your services to California's children.

Sincerely,

ORIGINAL SIGNED BY DR. DIMAND

Robert Dimand, M.D.
Chief Medical Officer
Children's Medical Services