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

California Department of Health Services
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Director

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Supercedes: NL 20-1299

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

SUBJECT: AUTHORIZATION OF DIAGNOSTIC SERVICES FOR INFANTS REFERRED THROUGH THE CALIFORNIA NEWBORN HEARING SCREENING PROGRAM (NHSP)

This numbered letter supercedes CCS NL 20-1299 and clarifies the authorization of diagnostic services for infants referred through the NHSP with other CCS eligible conditions.

I. Background

The California NHSP was enacted with the signing of Assembly Bill 2780 (Chapter 310, Statutes of 1998). The goal of the program is identification of a hearing loss by three months of age and linkage with early intervention and audiologic services by six months of age. Changes have been instituted in the CCS program to assure that infants receive diagnostic audiologic services as soon as possible.

The NHSP's Hearing Coordination Centers have certified CCS-approved hospitals with licensed perinatal services and/or CCS-approved Neonatal Intensive Care Units (NICUs) to participate in the program as Inpatient Infant Hearing Screening Providers. Hospitals offer the parents of all infants delivering at the hospital an opportunity to have their infant's hearing screened. All infants receiving care in a CCS-approved NICU will have their hearing screened. The hospitals perform an automated hearing screening on these infants in the nursery prior to hospital discharge. A repeat screening should be done prior to

discharge if the infant has a refer result (did not pass) on the first screening. An infant from the well-baby nursery who also refers on the second screening is scheduled for an outpatient re-screening within four weeks of discharge. Infants who do not have a hearing screening done prior to hospital discharge will have an initial outpatient screening scheduled by the hospital.

The following infants will be referred to the CCS program for authorization of diagnostic services to determine if a hearing loss is present:

1. Infants who have a refer result on both the hospital inpatient hearing screening and the outpatient re-screening in one or both ears.

2. Infants who have a refer result on an initial outpatient screening in one or both ears, which is done because the infant was not screened before hospital discharge. (These infants do NOT require an outpatient hearing re-screening before referral for diagnostic evaluation.)

3. Infants who receive care in a CCS-approved NICU and who have a refer result on the inpatient hearing screenings in one or both ears. (These infants do NOT require an outpatient hearing re-screening before referral for diagnostic evaluation.)

4. Infants who receive care in a non-CCS approved NICU located within a CCS-approved hospital that is also a certified Inpatient Infant Hearing Screening Provider, who have a refer result on the impatient hearing screenings in one or both ears. (These infants do not require an outpatient hearing re-screening before referral for diagnostic evaluations).
5. Infants with unilateral or bilateral atresia of the external auditory canal (EAC). (These infants do NOT require an inpatient or outpatient screening before referral for diagnostic evaluation.)

The above referral guidelines have been distributed to providers approved as NHSP Outpatient Infant Hearing Screening Providers (approved as per Chapter 3.42.2 of the CCS Procedures Manual) who will perform the outpatient screenings.

NHSP Outpatient Infant Hearing Screening Providers have been supplied with and have been instructed to use the preprinted copies of the CCS NHSP Request for Service form (see enclosed) and copies of the CCS application form. They have been instructed to use these forms instead of the Service Authorization Request. These providers are instructed to forward, by FAX or mail, completed and signed copies of both forms and a copy of the hearing-

screening results to the appropriate local CCS program to facilitate the authorization of a diagnostic hearing evaluation.

The NHSP is encouraging those outpatient screening providers who are also a CCS-approved Type C Communication Disorder Center (CDC) to perform to the diagnostic evaluation as soon as possible after the infant refers on an outpatient re-screening or initial screening. The providers have been advised that the CCS program will authorize the diagnostic evaluation regardless of insurance coverage, but that they must simultaneously request authorization from the appropriate third-party payer.

A diagnostic evaluation includes audiologic testing procedures necessary to determine the type, degree, and configuration of hearing loss. The diagnostic evaluation appointment is typically scheduled for two-to-three hours and may require more than one visit to complete all of the testing.

The CMS Branch has distributed Infant Audiology Assessment Guidelines to audiologists throughout California describing the recommended diagnostic hearing testing procedures to perform on infants. These guidelines are posted on the NHSP website (www.dhs.ca.gov/nhsp) on the Provider Resources page and are available to the local CCS programs. The program is committed to reimburse CCS-approved providers for these procedures.

II. POLICY

A. CCS shall issue an authorization to a CCS-approved Type C CDC to perform a diagnostic evaluation on ALL infants referred through the NHSP. These referrals will come from a CCS-approved Type C CDC, an Outpatient Infant Hearing Screening Provider, an NHSP-certified well-baby nursery (for babies with atresia of the EAC), a CCS-approved NICU, a non-CCS approved NICU located within a CCS/NHSP-approved hospital or from the NHSP Hearing Coordination Center. CCS shall concurrently issue an authorization to a CCS-approved (paneled) otolaryngologist.

B. These authorizations shall be issued;

- Within five working days of receipt of the referral.
- Without regard to the patient's insurance coverage or the family's income.
- Without waiting for a denial of coverage from patient's HMO or other third-party payer.
- Without regard to other CCS - eligible conditions.

C. Issuance of this authorization for diagnostic services requires only the receipt of a Request for Service form, a signed application or proof of Medi-Cal or Healthy Families coverage, and a copy of the hearing screening results. **There is no need to complete a financial and residential eligibility determination.**

- Authorization for a diagnostic hearing evaluation for NHSP infants with other CCS-eligible conditions shall not be delayed while completing determination of program and medical eligibility associated with the other CCS-eligible condition.

- Authorization for a diagnostic hearing evaluation for NHSP infants shall not be denied on the basis of previously verified HMO or private insurance coverage for other CCS-eligible conditions.

D. The $20 assessment fee is waived for these services.

III. Policy Guidelines

A. An authorization for a diagnostic hearing evaluation shall be issued to a CCS-approved Type C CDC and shall be for 90 days. The authorization shall cover all diagnostic testing and evaluation procedures contained in Service Code Group 04.

B. Authorizations shall include the following information:

1. For CCS counties and Regional Offices utilizing the CCS web-based SAR system, select the following from the "Special Instructions" drop-down menu:

   - "Newborn Hearing Program. Claims for services provided to children with other third party insurance must be submitted to the insurance carrier or HMO prior to billing the CCS program for the services. A denial of payment from the third-party payer must accompany the claim."

2. For CCS counties currently NOT utilizing the CCS web-based SAR system, include the following on the authorization:

   - "Claims for services provided to children with other third party insurance must be submitted to the insurance carrier or

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- HMO prior to billing the CCS program for the services. A denial of payment from the third-party payer must accompany the claim."
- Instruct the provider to submit Claims per CCS County Office Policy.

C. **A copy of the authorization for a diagnostic hearing evaluation shall be sent to the appropriate Hearing Coordination Center (this supports timely and effective tracking of diagnostic and, if needed, treatment and early intervention services).**

IV. Children at risk for progressive hearing loss

A number of infants who are determined to have normal hearing have a medical or family history that places them at risk for developing a progressive or late onset hearing loss. These risk factors, as identified in the position statement of the Joint Committee on Infant Hearing, include, but are not limited to, a family history of early childhood hearing loss, congenital infections and meningitis.

Children with these risk factors should receive a diagnostic evaluation every six months until they are three years of age. Authorization of these medically necessary diagnostic services, when requested by a health care professional or the parent, shall follow the guidelines for diagnostic services identified in the CCS Case Management Procedure Manual (Chapter Two, II.A.2.b.). Authorizations shall be issued to a CCS-approved Type C CDC.

If you have any questions regarding this policy, please contact the Nurse Consultant in your Regional office.

ORIGINAL SIGNED BY MARIAN DALSEY, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

Enclosure: CCS NHSP Request for Service Form

CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM
Request for Service Form
Newborn Hearing Screening Program (NHSP) Referral

This form is to be completed by a health care provider who is seeking approval for health care services (including hospital inpatient stays) from the CCS program for a potential CCS applicant or CCS client. When this is an initial request for services, it also constitutes a referral to the program. Items identified with an " * " and in **BOLD** denote required data fields which must be completed if further action is to be taken.

*** PATIENT INFORMATION** CCS Number (if known): _____ CIN No.		**DATE:**
* **PATIENT'S NAME & ADDRESS**	*** DATE OF BIRTH**: / /	*** PARENT(S)/LEGAL GUARDIAN NAME & ADDRESS**
	GENDER: Male ☐ Female ☐	
PATIENT'S BIRTH CERTIFICATE NAME (if different than name given)	SOCIAL SECURITY NUMBER: - -	
PATIENT'S PLACE OF BIRTH (City, County and State)	COUNTY OF RESIDENCE:	*** HOME PHONE NUMBER: ( ) -** WORK PHONE NUMBER: ( ) -

MEDI-CAL? ☐ YES ☐ NO ☐ UNKNOWN If YES, Medi-Cal Number: If YES, is child in Managed Care Plan? ☐ YES ☐ NO If YES, Name of Plan:	MEDICAL INSURANCE? ☐ YES ☐ NO ☐ UNKNOWN If YES, Carrier or Plan Name and Policy Number: Is Insurance an HMO? ☐ YES ☐ NO

HEALTHY FAMILIES: ☐ YES ☐ NO If YES, Name of Plan _____

Please complete the following two items below ONLY if this is the initial request for services for this patient.

***MOTHER'S FIRST NAME AND MAIDEN NAME:**	***ETHNIC GROUP:** ☐ Amer/Indian ☐ Asian ☐ Black/African Amer ☐ Hispanic ☐ Filipino ☐ Alaskan Native ☐ White ☐ Amer/Asian ☐ Japanese ☐ Korean ☐ Samoan ☐ Chinese ☐ Cambodian ☐ Asian Indian ☐ Hawaiian ☐ Guamanian ☐ Laotian ☐ Vietnamese ☐ No Response ☐ Unknown

REQUEST FOR SERVICES

PROVIDER TYPE: ☐ PHYSICIAN ☐ HOSPITAL ☐ OTHER HEALTH CARE PROVIDER

SPECIFIC SERVICES REQUESTED	PROCEDURE CODES
1. Diagnostic Hearing Evaluation	
2.	
3.	

Attach pertinent medical information related to the request. (Describe nature of medical problems, including significant associated conditions OR attach medical reports that support the requested services)

If diagnosis is known, please identify:

PRIMARY: OTHER:

SECONDARY:

PROVIDER NAME/ADDRESS:

COMPLETED BY:	PHONE NUMBER: ( ) -

TITLE: