



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



Edmond G. Brown Jr  
Governor

December 14, 2011

N.L.: 11-1211

Index: Benefits

Supersedes: NL 21-1299

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

SUBJECT: AUTHORIZATION OF DIAGNOSTIC AUDIOLOGY AND TREATMENT  
SERVICES FOR CHILDREN WITH HEARING LOSS

This numbered letter supersedes CCS NL 21-1299 and clarifies the authorization of services for children suspected of having hearing loss and those subsequently diagnosed with hearing loss.

## **I. Background**

The CCS Program's medical eligibility regulations, Title 22, Section 41518, delineate the California Code of Regulation (CCR) program eligibility for diagnostic services to determine the presence of a hearing loss when the applicant:

- A. Fails two pure tone audiometric screenings conducted six weeks apart;
- B. Fails to have a normal Auditory Brainstem Response (ABR);
- C. Fails Otoacoustic Emissions (OAEs) or behavioral responses two times, conducted six weeks apart;
- D. Exhibits symptoms such as poor speech for age or delay in age-appropriate behavioral milestones; or
- E. Has documentation of risk factors associated with a hearing loss.

When a screening is performed by an audiologist or an otolaryngologist, only one screen is necessary before a referral for diagnostic services. Children diagnosed with atresia of the external auditory canal and/or microtia of the pinna are medically eligible for further audiologic evaluations to determine the severity of the hearing loss and

treatment recommendations. Risk factors for hearing loss can be found in the most recent Joint Committee for Infant Hearing (JCIH) Position Paper (the Year 2007 position paper titled Principles and Guidelines for Early Hearing Detection and Intervention Programs), and include:

- A. Caregiver concern regarding hearing, speech, language, or developmental delay;
- B. Family history;
- C. Neonatal intensive care for more than five days;
- D. Regardless of length of stay: extracorporeal membrane oxygenation (ECMO), assisted ventilation, exposure to ototoxic medications, exposure to loop diuretics, and hyperbilirubinemia requiring exchange transfusion;
- E. In-utero infections;
- F. Culture-positive postnatal infections associated with hearing loss;
- G. Syndromes associated with hearing loss and physical findings associated with a syndrome known to include hearing loss;
- H. Neurodegenerative disorders;
- I. Head trauma requiring hospitalization;
- J. Chemotherapy.

Subsequent to the identification of a hearing loss, on-going services for monitoring and treatment are necessary. Often with very young children, multiple evaluations are necessary in order to further define the degree of the loss at specific frequencies. Periodic evaluations are also necessary to monitor children for fluctuating or progressive hearing loss. Regular treatment visits, including hearing aid monitoring and adjustments, as well as aural rehabilitation and speech therapy, are imperative for the continued language development of the child. Though some services may be offered in the public school system and Early Start Program, often these services are focused on the specific educational needs of the child and only complement those medically necessary services authorized by the CCS Program.

Following the implementation of the Enhancement 47 (E47) authorization system in 2004, Service Code Groupings (SCG) were developed to allow CCS-approved Special Care Centers access to all the appropriate Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes necessary for the care of children with specific medical conditions. The SCG 04 includes all the audiology diagnostic codes, as well as rehabilitation and speech therapy codes that a provider treating a child with hearing loss may need. Additionally, the SCG 01 can be authorized to a physician for further medical assessment and follow-up. With all the counties now using CMS Net, specific guidelines for the authorization of diagnostic and treatment services are necessary.

## **II. Policy**

### **A. Eligibility for Diagnostic Evaluation**

1. If a child is referred for a diagnostic evaluation and does not have a condition delineated in Title 22, Section 41518, or a risk factor indicated by the most current JCIH Position Paper, a referral for a hearing screening should be recommended. Children who are Medi-Cal beneficiaries may have periodic hearing examinations in an outpatient setting, subject to the availability of Medi-Service reservations, and do not require a Treatment Authorization Request (TAR).
2. An audiogram from a licensed audiologist performing the service in a facility not approved by CCS, or in a CCS-approved Communication Disorder Center (CDC) that is not appropriate for the age of the child, can be used to determine eligibility for the diagnostic referral to a CCS-approved provider and facility in lieu of the two screenings required.
3. When a child presents with a condition eligible to receive diagnostic services or a risk factor delineated by the most current JCIH Position Paper, as per Title 22, Section 41518, CCS shall authorize diagnostic services to an age-appropriate CDC for 180 days or through the program eligibility period. Children with unilateral or bilateral atresia of the external ear canal and/or microtia of the pinna are also eligible for diagnostic services and should be authorized the SCG 04 for 180 days or through the program eligibility period.

4. A child who presents to CCS with an evaluation by a CCS-approved, age appropriate type Communication Disorder Center that indicates medical eligibility for hearing loss may be determined eligible for treatment and does not require an additional authorization or evaluation for diagnostic services.

B. Eligibility for Treatment

1. Eligibility for the treatment of hearing loss must be determined by an evaluation completed by a CCS-paneled audiologist at an appropriate type Communication Disorder Center.
2. CCS medical eligibility for treatment is found in Title 22, Section 41518, and includes the audiometric criteria for hearing loss requiring audiologic treatment. Transient or temporary hearing loss caused by otitis media where medical intervention is the preferred choice of treatment is not considered medically eligible for the authorization of treatment services. If the transient or temporary hearing loss progresses to a long term hearing loss (consistently present for 3 or more months) and/or requires audiology treatment, the child is eligible for the authorization of treatment services.
3. Additional hearing diagnoses, (e.g. Central Auditory Processing Disorder), are not medically eligible conditions independent of the audiometric criteria in the regulations. Medical eligibility must be determined by the audiometric standards as delineated in Title 22, Section 41518.
4. Once medical eligibility has been determined by the CCS program, the SCG 04 must be authorized to an age-appropriate CDC and medical services must be authorized, including an otolaryngology (ENT) evaluation, ophthalmologic examination, and if requested, a genetics evaluation (see NL 08-1011). The ENT will provide medical clearance for hearing aids when appropriate, as well as conduct additional assessments to determine the etiology of the hearing loss and any associated conditions. The ophthalmologic examination is needed to identify visual deficits to ensure optimum environmental stimulation through vision given that hearing is deficient. The genetics evaluation is necessary to rule out genetic syndromes that are associated with vision and hearing problems. It is also appropriate to authorize the Primary Care Physician, or medical home, to provide ongoing care in the community for health problems that impact hearing loss.

5. Once a child has been identified with the type and degree of hearing loss and program eligibility has been established, the CCS Program shall authorize treatment services through the program eligibility date. The treatment authorization(s) shall be renewed annually, pending program eligibility.
6. Authorization for amplification devices should not be delayed if the ophthalmologic examination or genetics evaluation has not been completed. Amplification devices should be authorized separately according to Numbered Letters 12-0605 and 07-1011.

### **III. Policy Implementation**

#### **A. Authorization of Diagnostic Evaluations**

1. The SCG 04 shall be issued to the appropriate type Communication Disorder Center, Special Care Center number, beginning with a 7.3..., for 180 days, and shall be issued under the diagnostic category. These authorizations should not have the EPSDT-SS box checked, regardless of the child's program eligibility.
2. For diagnostic authorizations originating from referrals through the Newborn Hearing Screening Program (NHSP) see NL 06-1008. An authorization to a CCS-approved ENT should be issued simultaneously for NHSP referrals.
3. An authorization issued to beneficiaries with private health insurance coverage must include all diagnostic testing and evaluation procedure codes contained in the SCG 04.

#### **B. Authorizations for Treatment Services**

Once program eligibility is established with the presence of a hearing loss, the following authorizations shall be issued through the program eligibility time period.

1. The SCG 04 to the CDC managing the audiologic care of the child. These authorizations should not have the EPSDT-SS box checked, regardless of the child's eligibility program.

2. The SCG 01 to the paneled ENT for the determination of hearing loss etiology and medical clearance of hearing aids, if indicated.
3. The SCG 01 to the ophthalmologist for vision assessment. If requested, the SCG 01 to the geneticist according to NL 08-1011.
4. The SCG 01 to the Primary Care Physician in the community managing the overall health of the child.
5. Separate authorizations are necessary for hearing aids, assistive listening devices, and hearing aid batteries and accessories, and should be reviewed and processed according to Numbered Letters 12-0605, 11-0807, and 07-1011.
6. If requested, a CCS-approved speech pathologist may be issued the appropriate CPT and HCPCS codes necessary for ongoing speech therapy as it relates to the hearing loss.
7. If requested, a CCS-approved Communication Disorder Center which is also a CCS-approved Cochlear Implant Center may be issued the SCG 05 to their Cochlear Implant Center number (7.36...) in lieu of the SCG 04 for audiological management and Cochlear Implant evaluation and post-surgical services. Please refer to related Cochlear Implant numbered letters for authorization instructions.

Should you have any questions regarding the authorization of audiology services, please contact the CCS Audiology Consultants at [AudConsult@dhcs.ca.gov](mailto:AudConsult@dhcs.ca.gov).

Thank you for your services to California's children.

Sincerely,

**Original Signed by Robert Dimand, M.D.**

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