April 28, 2011

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

SUBJECT: COCHLEAR IMPLANTS (SUPPLEMENTS N.L: 09-1208)

I. PURPOSE
The purpose of this Numbered Letter is to notify the Counties of new Cochlear Implant Center Standards and to clarify the authorization requirements for Cochlear Implant evaluations and surgeries.

II. BACKGROUND
The N.L. 09-1208 requires that all requests for cochlear implant evaluations and surgeries be reviewed according to the criteria delineated by the State Audiology Consultant prior to authorization by the County. Requests should be forwarded to the State Audiology Consultant as soon as possible, so as not to delay services and to maximize for the acquisition of language. There have been inconsistencies regarding the Service Authorization Requests (SARs) for the evaluations and surgeries. To avoid further delay and confusion, this N.L. will outline the necessary policies and procedures for cochlear implant authorizations.

In March 2011, Medi-Cal ceased approving Cochlear Implant Centers as Centers of Excellence. To ensure comprehensive, coordinated care for cochlear implant recipients, and to remain consistent with CCS Special Care Center policy, Cochlear Implant Centers will now be approved by CCS. Standards have been developed and added to Chapter 3 of the California Children’s Services Manual of Procedures (See Attachment). Current Centers previously approved by Medi-Cal will maintain their approval and include:
7.36.1: University of California Davis Medical Center (limited to current implant patients only; no new patients, NPI 1710918545)
  • Dr. Hilary Brodie, (1407820095)
7.36.2: Ronald Reagan University of California Los Angeles Medical Center (1902803315)
  • Dr. Akira Ishiyama (1932125044)
  • Dr. Quinton Gopen (1114955788)
7.36.3: Children’s Hospital, Oakland (1003961251)
  • Dr. Michael Murray (1700088754)
7.36.4: Rady Children’s Hospital, San Diego (1710065933)
  • Dr. Daniela Carvalho (1154492916)
7.36.5: House Ear Institute, Los Angeles
  • Surgery performed at St. Vincent’s Medical Center, 1124004304
  • Dr. Jose Fayad-Mattar, 1952490492
  • Dr. Rick Friedman, 1982708558
  • Dr. William Luxford, 1538258082
  • Dr. Eric Wilkinson, 1114906013
  • Dr. John House, 1417051095
  • Dr. William Slattery, 1184728750
7.36.07: Stanford Cochlear Implant Center, Palo Alto (1871543215)
  • Some surgeries performed at Lucille Salter Packard Outpatient Clinic (1467442749)
  • Dr. Nikolas Blevins (1093863169)
  • Dr. Kay Chang (1649318577)
7.36.08: University of California Irvine Medical Center (1689608150)
  • Dr. Hamid Djalilian (1750331179)
7.36.09: University of California San Francisco Medical Center (limited to current patients and in-county patients, 1457450116)
  • Dr. Lawrence Lustig (1184672594)
  • Dr. Anna Meyer (1366592743)

Because of the varying relationships between the physicians, Cochlear Implant Centers, and the Outpatient Hospital Surgery facilities, authorizations have not been consistently issued in a manner which allows for appropriate claims and billing practices. The following Implementation instructions specify the benefits that can be authorized for the cochlear implant evaluations and surgeries, if requested by the Cochlear Implant Centers.
III. POLICY

A. It is not necessary to pend SARs for approval prior to forwarding the case to the State Audiology Consultant if it is not clear which provider will be offering the services. If the referring audiologist, school, or physician does not indicate the Cochlear Implant Center in the referral, the parents should be informed of the Centers(s) geographically near to their home to assist them in their decision. If the parents do not indicate a preference, the State Audiology Consultant will choose the facility to best serve the family.

B. The audiology consultant may change the provider if the review indicates the child may be better served at another facility.

IV. IMPLEMENTATION

A. Authorizations for cochlear implant evaluations:

1. The SCG 05 should be pended for approval for the Cochlear Implant Center, using the “7.36” number of the facility, through the eligibility period of the child. The Category should indicate “Cochlear Implant Evaluation”, the EPSDT-SS box remain unchecked, and the status of the SAR remain “Request-Approval.” The State Audiology Consultant will indicate “Yes” or “No” upon review of the case.

2. The SCG 01 should be pended for approval for the surgeon, if known, when requested by the Cochlear Implant Center, through the eligibility period of the child. If the surgeon is unknown at the time of the cochlear implant evaluation referral, the SCG 01 can be issued by the County as requested by the Cochlear Implant Center.

3. For some facilities, the SCG 01 may need to be authorized for imaging and/or sedation. In these cases, the SCG 01 may be issued to the outpatient hospital NPI number of the facility for 30 days approximate to the expected evaluation date, as requested by the Cochlear Implant Center and after State approval for the evaluation.

4. A separate SAR is necessary for the authorization of educational consultation, as requested by the Cochlear Implant Center and after State approval for the evaluation. Three units of Z5999 should be authorized to the Cochlear Implant Center outpatient clinic number or group number, with a rate of $112.32 listed in the “Amount” column.
B. Authorizations for cochlear implant surgery and post-surgical services:

1. The SCG 01 and L8614, one or two units, no modifier, should be pended for approval for the Outpatient Hospital NPI number where the surgery is scheduled to occur. The Category should indicate “Cochlear Implant Surgery and/or Post-Surgical Services”, the EPSDT-SS box remain unchecked, and the status of the SAR remain “Request-Approval.” The State Audiology Consultant will indicate “Yes” or “No” upon review of the case.

2. The State Audiology Consultant will modify the existing surgeon SAR to include the necessary cochlear implant surgery HCPCS codes, and will extend the authorizations for the surgeon, Cochlear Implant Center, and educational consultation, if necessary.

3. It is not outside the standard of care for a surgeon to request one overnight inpatient stay for observation before medically releasing the child. The Inpatient SAR can be issued by the county to the Inpatient NPI of the facility where the surgery is being performed by the County for one day during the estimated time frame of the surgery after the approval of the surgery. The authorization may be issued prior to surgery, or following surgery if it was later determined the inpatient stay was necessary.

C. Final Authorization by the County:

Once the Request-Approval SARs have been reviewed by the State Audiology Consultant, their status will change to either “Approved-Y” or “Approved-N.” The “Approved-Y” SAR requires authorization by the County and notification to the provider and family. The “Approved-N” SAR indicates the State Audiology Consultant is recommending a denial of services. The Case Notes will indicate the reason for the denial according to the criteria in N.L. 09-1208. Language from the Case Note can be used in the Notice of Action, which must be issued by the County in accordance with N.L. 03-0205.

The 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 Lisa Satterfield, CCS Audiology Consultant, at (916) 323-8100.
Thank you for your services to California’s children.

Sincerely,

Original Signed by Robert Dimand

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