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

SUBJECT: COCHLEAR IMPLANT UPDATED CANDIDACY CRITERIA AND
AUTHORIZATION PROCEDURE

I. PURPOSE

The purpose of this Numbered Letter (N.L) is to update the policy regarding cochlear implant (CI) evaluation, surgery and candidacy criteria.

II. BACKGROUND

It has been determined that evaluation requests submitted from the Communication Disorder Centers (CDC) that are also CCS Program-approved Cochlear Implant Centers (CIC), do not require physician or specialty review and will be considered a routine authorization. Cochlear implant evaluation requests from audiology providers that are not CICs, as well as all CI surgery requests, are reviewed by the State Audiology Consultant, according to the criteria set forth in this document.

Due to rapid advances in CI technology and research, it is critical that the CCS Program maintain comprehensive policies that allow the current standard of care to be practiced by the CCS Program-approved CICs. The institutions that have received CCS Program approval have not only met specific CCS Program standards, but are considered to be among the top clinical and research facilities in the nation, with high implantation success rates and quality services. The current CCS Program-approved CICs include:

- 7.36.1: University of California Davis Medical Center (Internal referrals only)
- 7.36.2: Ronald Reagan University of California Los Angeles Medical Center
- 7.36.3: Children's Hospital, Oakland
- 7.36.4: Rady Children's Hospital, San Diego

- 7.36.07: Stanford Cochlear Implant Center, Palo Alto
- 7.36.08: University of California Irvine Medical Center
- 7.36.09: University of California San Francisco Medical Center
- 7.36.10: Lucille Salter Packard Children's Hospital, Palo Alto
- 7.36.12: USC Center for Childhood Communication
- 7.36.13: House Children's Hearing Center of UCLA

The primary goal of cochlear implantation through the CCS Program is the development or enhancement of auditory-oral communication. **The CCS Program does not authorize implantation for the purpose of sound awareness.**

The following policy will allow for children to receive the appropriate standard of care, as mandated in Title 22, Section 51340 of the California Code of Regulations.

III. POLICY

- A. Local independent county CCS program offices and the state Systems of Care Division Office shall issue Service Authorization Requests (SARs) for the CI evaluation to the CCS Program-approved CIC when the child has been referred by the CDC at the same facility or the CIC. The SAR will indicate if the request is being made by the CIC. The SAR will include the Service Code Grouping (SCG) 05 to the CIC number and the SCG 01 to the CCS Program-paneled surgeon selected by the CIC, and will be issued for 180 days or through the current program eligibility period.
- B. Requests for CI evaluations submitted by non CCS Program-approved providers, or by CCS Program-approved CDCs that are not also CICs, will continue to require review by the State Audiology Consultant. If the referring audiologist, school, or physician does not indicate a specific CIC in the referral, the parents should be informed of the CIC(s) geographically near their home to assist them in deciding where to go. If the parents do not indicate a preference, the State Audiology Consultant will choose the facility to best serve the family.
- C. Cochlear implant evaluation requests can be submitted as soon as the hearing loss is identified; there is no minimum age for referral. A trial with hearing aids can be conducted concurrently with the CI evaluation.
- D. Children will be considered candidates for CI Evaluations with the following criteria:
 1. The presence of a bilateral, moderate sloping to severe-profound sensorineural hearing loss or Auditory Neuropathy Spectrum Disorder (ANS) and, for children with moderate sloping to severe/profound hearing loss when hearing aids do not provide benefit for speech-language development.

2. Compliance with consistent, full-time hearing aid use and clinical recommendations for treatment, including consistent appointment attendance.
3. If the child is approaching or over four (4) years of age, the parent/guardian and the child must demonstrate complex communication (exchange of ideas, opinions and needs) with either oral or sign language.
4. Significant periods of auditory deprivation due to lack of hearing aid use, late diagnosis of hearing loss, or late fitting of hearing aids must be offset by the development of language and the abilities of the child and caregivers to communicate. Circumstances should be explained on the Cochlear Implant Evaluation Request Form.

E. Additional considerations for CI **Evaluation** approval:

1. Hearing loss after meningitis. Due to the possibility of cochlear ossification following meningitis, these requests should receive expedited review.
2. Candidacy consideration should be extended for children with a diagnosis of sudden blindness or a condition that is expected to result in blindness in the immediate future, due to the resulting limitations of language access and communication through visual means, such as sign language.

F. Requests for CI **surgeries** must be adjudicated by the California Department of Health Care Services (DHCS), Hearing and Audiology Services Unit. Requests for CI surgeries must be submitted by the County to DHCS at a minimum of sixty (60) days prior to surgery date.

G. Children will be considered candidates for CI **surgery**, unilateral or simultaneous bilateral, with the following criteria:

1. Recommendation by a CCS Program-approved CIC (CI Team Narrative Report).
2. The child is at least nine (9) months of age.
 - a. Requests for children under 12 months must include a behavioral hearing evaluation in addition to electrophysiologic testing to document behavioral responses.
3. For children post meningitis with evidence of cochlear ossification and a normal acoustic nerve free of lesions that is not hypoplastic, surgery will be authorized as soon as possible and without regard to age or hearing aid

- usage. Age-appropriate communicative intent and measurable language base must be documented.
4. Audiometric criteria, including bilateral moderate sloping to severe-profound sensorineural hearing loss or ANSD.
 - a. With diagnosis of ANSD, behavioral as well as electrophysiologic test results are necessary to confirm the degree of hearing loss and that the disorder disrupts the evoked potential of the nerve.
 5. Limited or no benefit from hearing aids demonstrated by speech perception scores which must be hierarchy approaches such as Early Speech Perception (ESP), Phonetically Balanced Kindergarten (PB-K) words, Multisyllabic Lexical Neighborhood Test (MLNT), etc. according to the child's speech-language skills. For young children who have not developed verbal skills, auditory questionnaire such as Infant-Toddler Meaningful Auditory Integration Scale (IT-MAIS) or LittleEARS must be performed to validate the child's pre-verbal and early verbal auditory skills.
 6. Cochlea structurally suitable for implantation, normal acoustic nerve free of lesions and not hypoplastic, no middle ear fluid or infections, and no other medical contraindications to surgery. Radiographic findings documented by a computerized tomography (CT) and/or magnetic resonance imaging (MRI). If the cochlear nerve cannot be visualized on CT, then an MRI must be done.
 7. Speech and language development which demonstrates communicative intent, and an identifiable and measurable language base documenting receptive and expressive language skills (Speech Pathology Report). For the pre-lingual child between the ages of zero (0) to two (2) and six (6) months, consider inclusion of a developmental assessment tool that reflects receptive and expressive language skills.
 8. Additionally, for children approaching or over four (4) years of age, communication between caregivers and child in either oral or sign language that demonstrates complex communication with the expression of ideas, opinions and needs must be documented along with results of standardized tests of speech and language (Speech Pathology Report).
 9. Behavioral and developmental characteristics of the child, or family circumstances that would not interfere with rehabilitation.
 10. Compliance with clinical recommendations for treatment, as demonstrated by consistent appointment attendance and hearing aid or device usage (CI Team Narrative Report).

11. Overall rating on the Child Cochlear Implant Profile (CHIP, Attachment 3) in the low C range or better (≤ 14).
12. Motivation and appropriate expectations by the parents and/or caregivers, through willingness to enroll and participate in the most appropriate education program and long-term rehabilitation (CI Team Narrative Report).
13. Availability and accessibility of appropriate rehabilitation services that support the development of auditory-oral communication with a CI, including the specific plan for post-CI services (CI Team Narrative Report).
14. For a sequential, bilateral implantation, the same audiometric criteria must be met as for the first implant. There must be documented progress in auditory-oral communication and evidence of compliance with use of the first device for a second device to be considered AND one of the following:
 - a. Consistent hearing aid use with at least aided sound awareness documented in the non-implanted ear
 - b. Are within five (5) years of the first implant if no amplification is used or as beneficial
 - c. For children at or more than five (5) years post implant, consistent hearing aid use with at least aided sound awareness documented in the non-implanted ear. CICs shall submit information on why a sequential implant is beneficial for the specific child in question.

IV. IMPLEMENTATION

- A. Authorizations for CI evaluations and surgeries should follow the instructions found in N.L. 03-0411. Counties and State offices should review the Cochlear Implant Approval Checklist (Attachment 4) to ensure all elements required for review are included in the fax. If elements are missing, the local county or State staff should contact the provider to obtain the information prior to submission to the State Audiology Consultant for either an evaluation or surgery review.
- B. Requests for CI evaluations from providers that are not a CCS Program-approved CIC, should be forwarded by fax to **(916) 440-5297**, and include the name, date of birth and CCS Program number of the beneficiary and the nurse case manager contact information. The fax should include audiograms, audiology reports, and the Cochlear Implant Evaluation Request Form (Attachment 1). It is not necessary to include the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program worksheet, or 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.

- C. Requests for CI surgeries should be forwarded by fax to **(916) 440-5297**, and should include the name, date of birth and the CCS Program number of the beneficiary, the contact information for the nurse case manager, and an indication that the request is a cochlear implant surgery. The fax should include the summative report submitted by the CIC Team, audiologist report including audiograms, speech-language pathologist report, behavioral/developmental assessment by a properly trained individual, physician report, results of CT/MRI scans, the Cochlear Implant Team Evaluation Results and Surgical Request Form (Attachment 2) and the Child Cochlear Implant Profile (CHIP) (Attachment 3). Additional reports and Individualized Education Plans (IEP)/Individualized Family Service Plans (IFSP) are not initially necessary, but should be available upon request by the State Audiology Consultant.
- D. As instructed in N.L. 03-0411, "Approved Y" SARs from the State Audiology Consultant requires authorization by the local county CCS program and notification to the provider and family. "Approved-N" SARs indicate the recommendation by the State Audiology Consultant for the denial of services, and the case notes, contained within the CCS Program's CMSNET database, will indicate the reason for denial according to the criteria in this N.L. Language from the case note can be used in the Notice of Action, which must be issued by the local county CCS program in accordance with N.L. 03-0205.

Should you have any questions regarding the authorization of CI services, please contact the State Audiology Consultant at AudConsult@dhcs.ca.gov or by fax at (916) 440-5297.

Sincerely,

ORIGINAL SIGNED BY ROBERT J. DIMAND

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Attachments