



California
Department of
Health Services

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



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N.L.: 13-0605
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) OFFICES,
STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH AND
REGIONAL OFFICES STAFF

SUBJECT: DELEGATION OF AUTHORITY FOR AUTHORIZATION OF ASSISTIVE
LISTENING DEVICES TO COUNTY CCS PROGRAMS AND CMS
REGIONAL OFFICES

PURPOSE

The purpose of this Numbered Letter (NL) is to provide policy for CCS Independent County programs, CMS Regional Offices, and CCS Dependent County programs participating in Level III of the Case Management Improvement Project (CMIP) for authorization of requests for Assistive Listening Devices (ALD).

BACKGROUND

ALDs are amplification systems designed specifically to help people hear better in a variety of difficult listening situations. ALDs can be used with a personal hearing aid or by themselves to help overcome background noise and distance from the speaker. They can be used to enhance speech understanding in large public facilities, in group situations, or in conversational settings.

There are several types of ALDs including Personal Amplified Systems, Infrared Systems, Loop Systems, and FM Systems. Personal Amplified Systems and Infrared Systems are useful for listening to television or for one-to-one communication when the speaker's face is not visible. Loop Systems consist of an electro-magnetic loop placed around a listening area such as a classroom, small meeting room or theater. The telecoil setting of the hearing aid is used to access the signal from the loop. Frequency-Modulated (FM) systems transmit sound via radio waves. The speaker uses a compact transmitter and microphone, while the listener uses a portable receiver in the form of headphones, earphones, or directly attached to the hearing aid. A small coupler

called an audio shoe or audio boot may be used to attach the FM receiver to the personal hearing aid. The FM system is the most commonly requested ALD for use by the CCS population.

NL: 36-1285 made personal FM systems a CCS program benefit. NL: 10-1200 offered a mechanism for providing FM systems for full-scope, no share of cost Medi-Cal beneficiaries, as EPSDT SS benefits and instituted the use of Healthcare Common Procedure Code System (HCPCS) code Z5946 for non-conventional hearing aids.

POLICY

Effective the date of this letter:

1. A personal FM system for home use is a CCS program benefit when the use of hearing aids alone is not sufficient for the acquisition or improvement of speech and language.
2. FM systems shall be authorized by the CCS program staff for CCS clients when documented to be medically necessary and requested by a CCS approved (paneled) Audiologist providing services in a CCS approved Communication Disorders Center (CDC). The authorized ALD becomes the property of the CCS client and can be used wherever needed.
3. Medical necessity is determined by documentation that:
 - a. There is an auditory deficit that meets CCS program criteria or that the child is fitted with a cochlear implant; and
 - b. The hearing aid or implant does not provide adequate access to the speaker's voice for development of speech and language skills.
4. Requests for an FM system solely for classroom use must be referred to the child's school.
5. FM Receivers and audio shoes may be authorized for use with school based FM systems in order to assure appropriate coupling to the child's hearing aid or cochlear implant.

6. The CCS case manager must also assure that the child is receiving services through the Early Start program and has an Individualized Family Service Plan (IFSP) if under three years of age, or through the school district with an Individualized Education Program (IEP) if three years of age or older.

IMPLEMENTATION

- A. FM systems shall be authorized as an EPSDT SS for those children who have full-scope, no share of cost, Medi-Cal eligibility. "EPSDT SS" must be indicated on the SAR with special instructions, as follows, selected from the drop-down menu.

"EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item/service. Include pricing attachment, if appropriate."

- B. FM systems shall be authorized as a CCS benefit for those children who have Healthy Families, CCS-only and all other Medi-Cal coverage.

Do not complete EPSDT SS on the SAR check box.

- C. The SAR for an FM system shall be issued to the Medi-Cal provider number of the audiologist or hearing aid dispenser and includes the FM Transmitter, microphone, receiver/s, battery and charger. The SAR shall indicate:
 1. HCPCS service code Z5946 with 1 as the units for an FM system.
 2. HCPCS service code Z5946 with 1 or 2 as appropriate, as the units for FM receivers.
- D. The following information must also be included in the Special Instructions on the authorization:
 1. The name of the manufacturer and model of the authorized FM system.
 2. The name of the manufacturer and model of the FM receivers when separately authorized.

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- E. Audio shoes or audio boots may be authorized separately as Hearing Aid Accessories or in connection with the approval of FM receivers using HCPCS code V5267. Audio shoes or audio boots are regular Medi-Cal program benefits and do not require authorization as EPSDT-SS for CCS/Medi-Cal beneficiaries.

If you have questions regarding these policy changes, please contact the nurse consultant at your CMS 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

DEPARTMENT OF HEALTH SERVICES
CHILDREN'S MEDICAL SERVICES BRANCH
CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM

REQUEST For
Hearing Aids and Assistive Listening Devices

Date: _____ County: _____

Patient's Name: _____ DOB: _____

Requesting Audiologist's Name _____

Business Name _____

Location/Address _____

Telephone number _____ FAX _____

E-Mail Address _____

Signature and License # _____

Hearing aid dispenser (if other than above) _____

Business Name _____

Location/Address _____

Telephone number _____ FAX _____

Current amplification/system, if any _____ age of system _____

Serial Number/s _____

Type of hearing aid/device requested (FM, BTE, ITE, CIC etc.) _____

Fitting (circle one) Right Ear Left Ear Binaural

Manufacturer _____

Model _____

A current wholesale catalog page must be submitted with this request

The following MUST be enclosed with the request:

1. Audiologist's narrative report including etiology (if known), age of onset, other contributing diagnoses, educational placement, communication mode, prior treatment and treatment plan.
2. Current audiogram including air and bone thresholds, speech detection and reception thresholds, word recognition/discrimination scores, most comfortable and uncomfortable listening levels.
3. And/or results of other related diagnostic assessments including ABR, OAE, Tympanometry, CT scan, etc. (when available).
4. Aided results including, speech information and results of prescriptive measures.
5. Circumstances requiring the selection of the requested device.