STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY GRAY DAVIS, *Governor*

DEPARTMENT OF HEALTH SERVICES
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Index: Benefits

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM COUNTY ADMINISTRATORS AND MEDICAL DIRECTORS, COMMUNITY CHILD HEAL TH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS AND DEPUTY DIRECTORS, CHILDREN'S MEDICAL SERVICES (CMS) BRANCH CENTRAL OFFICE AND REGIONAL OFFICE STAFF

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

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. To assure that infants receive diagnostic audiologic services as soon as possible, changes are required in the CCS program to ensure these services are expeditiously authorized by the CCS program.

The NHSP's Hearing Coordination Centers will certify 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 will 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 will perform an automated hearing screening on these infants in the newborn nursery prior to hospital discharge. A repeat screening will be done prior to discharge if the infant fails to pass the first screening. An infant who also fails to pass the second screening will be scheduled for an outpatient rescreening 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 do not pass both the hospital inpatient hearing screening and the outpatient rescreening in one or both ears.

2. Infants who do not pass 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 screening before referral for diagnostic eva1uation.)

3. Infants who received care in a CCS-approved NICU and who did not pass the inpatient hearing screenings in one or both ears. (These infants do NOT require an outpatient hearing screening before referral for diagnostic evaluation.)

The above referral guidelines are being 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 are being supplied with preprinted copies of the CCS Request for Service form and copies of the CCS application form. These providers are being instructed (see enclosed) 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 programs to facilitate the authorization of a diagnostic hearing evaluation.

The NHSP is encouraging those outpatient screening providers who are also a CCS-approved-Level C Communication Disorder Center (CDC) to do the diagnostic evaluation as soon as possible after the infant fails an outpatient rescreening or initial screening. The providers are being 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 payor.

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 will be distributing Infant Audiology Assessment Guidelines to audiologists throughout California describing the recommended diagnostic hearing testing procedures to perform on infants. These guidelines will also be made available to the local CCS programs. The program is, therefore, committed to reimburse CCS-approved providers for these procedures.

II. POLICY

A. CCS shall issue authorizations to a CCS-approved Level C CDC to perform a diagnostic evaluation on ALL infants referred through the NHSP. These referrals will come from a CCS-approved Level C CDC, an Outpatient Infant Hearing Screening Provider, a CCS-approved NICU, or from the NHSP Hearing Coordination Center.

B. These authorizations shall be issued

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

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

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

III. <u>Policy Guidelines</u>

A. An authorization for a diagnostic hearing evaluation shall be issued to a CCS-approved Level C CDC (or a Level Three Hearing and Speech Center) and shall be for 90 days. The authorization shall cover diagnostic testing and evaluation which can include:

1. History and otoscopic examination
2. Otoacoustic emissions
3. Tone burst auditory brainstem response (ABR)
4. Bone conduction ABR
5. Air conduction ABR
6. Accoustic immitance testing
7. Behavioral testing

B. Authorizations shall include the following information:

1. Claims for Medi-Cal-eligible children should be forwarded directly to the authorizing CCS program for authorization of payment by the Medi-Cal program.

2. Claims for services provided to children with other third-party coverage must be submitted to the insurance carrier or health maintenance organization prior to billing the CCS program for the services. A denial of payment from the third-party payor shall accompany the claim.

C. A copy of the authorization for a diagnostic hearing evaluation shall be sent to the appropriate Hearing Coordination Center.

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 placed 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 of the parent, shall follow the guidelines for diagnostic services identified in the CCS Case Management Procedure Manual (Chapter Two, 11.A.2.b.). Authorizations shall be issued to a CCS-approved Type C CDC (or Level 3 Hearing and Speech Center).

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

Original signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM
Request for Service Form

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. Shaded areas on the form 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: / /

GENDER: Male ☐ Female ☐

PARENT(S)/LEGAL GUARDIAN NAME & ADDRESS

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.	
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: