

OHCA Guidelines

Medical Procedure:	* Auditory rehabilitation; pre-lingual hearing loss Auditory rehabilitation; post-lingual hearing loss
Implementation Date:	July 1, 2017
Review/Revision Date:	
Chief Medical Officer (CMO) Signature/Date:	<i>W. [Signature]</i> 6/21/2017 in the CMO
Director Medical Authorization and Review (MAR) Signature/Date:	
Author Signature/Date:	
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p> <p><input checked="" type="checkbox"/> New Criteria <input type="checkbox"/> Revision of Existing Criteria</p>	

Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions:
<p>Disability – According to the World Health Organization (WHO), “disability” is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.</p>

CPT Codes Covered: 92630, 92633; see CPT Manual for definition of code.
Non Covered Items: None identified

Approval Criteria:
<p>I. GENERAL</p> <p>A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate medical records, evidence sufficient to justify the member’s needs for the service in accordance with the OAC 317:30-3-1(f).</p> <p>B. Identify any cultural or linguistic differences and any behavioral factors that may affect communication skills.</p> <p>C. Collaboration with an audiologist regarding hearing devices (i.e., hearing aids, assistive listening device, or cochlear implant).</p> <p>D. Documentation of therapy sessions must include:</p> <p style="margin-left: 20px;">a. In accordance with Provider Letter 2014-13, parent/caregiver involvement is required at a minimum of 50 percent of the member’s (15 and younger) treatment sessions. Involvement of the parent/caregiver includes, but is not</p>

limited to; direct participation in the member's session, instructional methods and practice assignments relayed by email or telephone, or instructional methods and practice assignments documented in a notebook along with data collection and parent/caregiver signatures. Documentation should clearly indicate: the method by which the parent/caregiver was instructed (e.g. in person, electronically, etc.), what goals and objectives were targeted; and how the parent/caregiver was educated to reinforce, support and, in general, carry out the treatment plan outside of the therapy session. The parent's/caregiver's understanding should be assessed for further teaching accomplished outside of the therapy session. Services provided through the public school system are not included in this policy.

- b. Subjective information that details parental involvement, factors contributing to progress or lack thereof and location of therapy.
 - c. Objective, descriptive information linked to long and short-term goals that include accuracy and level of skilled involvement provided by the professional.
 - d. Interpretation of the information above that states how the subjective influences objective information.
 - e. Plan for next session based on information above.
- E. Frequent changes of therapists within or the same group should be avoided at all costs as it impacts continuity of care and may negatively impact a child's ability to make progress. Any changes of therapists should be reported and rationale given.
- F. Treatments are expected to be evidence-based and result in significant, functional improvement in a reasonable and generally predictable period of time, or are necessary for the establishment of a safe and effective maintenance program.
- G. The complexity of the therapy and the patient's condition must require the judgment and knowledge of a licensed qualified clinician practicing within the scope of practice for that service. Services that do not require the performance or supervision of a qualified clinician are not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional.
- H. Any information regarding discharge or transfer of services should be included in the daily clinical documentation.

II. DOCUMENTATION REQUIREMENTS FOR AUDITORY REHABILITATION; PRE-LINGUAL AND POST-LINGUAL HEARING LOSS:

- A. An order written within one year requesting the service from a contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.R.N.P.); **AND**
- B. A submitted copy of the evaluation findings which support the requested therapy interventions; **AND**
- C. A signed parental consent form within the previous 30 days; **AND**
- D. A completed HCA-61 Therapy Prior Authorization Request form.

III. INDICATIONS:

- A. Service must be "linked" to an ICD-10-CM diagnosis code, which should be supported in the clinical documentation. Diagnoses impacting communication may include but are not limited to: hearing impairment (conductive and/or sensorineural hearing loss), deafness, central auditory processing disorder (CAPD), or auditory neuropathy.

Denial Criteria: Request outside the guidelines.

Approval Period: This code does not require prior authorization.

References:

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. <http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Medical-Necessity/>
3. <http://www.asha.org/uploadedFiles/practice/reimbursement/mednecfinal3.pdf>
4. <http://www.asha.org/policy/>
5. <http://www.asha.org/policy/PP2004-00191.htm>
6. <http://www.who.int/topics/disabilities/en/>
7. <http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/cshcn-MedicalNecessity.pdf>
8. <http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/Family-Centered-Practice/>
9. <http://ajslp.pubs.asha.org/article.aspx?articleid=1757632>
10. <http://www.asha.org/Research/EBP/Introduction-to-Evidence-Based-Practice/>
11. <http://www.asha.org/Practice/reimbursement/medicare/Examples-of-Documentation-of-Skilled-and-Unskilled-Care-for-Medicare-Beneficiaries/>
12. <http://www.asha.org/Code-of-Ethics/>
13. <http://leader.pubs.asha.org/article.aspx?articleid=1788368>

