OHCA Guideline

Medical Procedure Class:	Auditory Rehabilitation with Hearing Loss
Initial Implementation Date:	July 2017
Last Review Date:	May 2025
Effective Date:	June 2, 2025
Next Review/Revision Date:	June 2028

* 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.

☐ New Criteria ☑ Revision of Existing Criteria

Summary

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

Definitions

Central Auditory Processing Disorder (CAPD): Deficits in the neural processing of auditory information in the central auditory nervous system (CANS) not due to higher order language or cognition (CAPD) may coexist with other disorders (e.g., attention-deficit/hyperactivity disorder [ADHD], language impairment, and learning disability). CAPD is not due to peripheral hearing loss, which includes conductive hearing loss (i.e., outer or middle ear), sensorineural hearing loss at the level of the cochlea or auditory nerve, including auditory neuropathy and synaptopathy (i.e., hidden hearing loss)

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

Licensed Qualified Clinician: May include a fully licensed Speech-Language Pathologist as described below OR a Speech language pathology Clinical Fellow who has completed the necessary educational requirements and work experience necessary for the Certificate or has completed the academic program and is acquiring supervised work experience to qualify for the Certificate of Clinical Competence

Speech Language Pathologist (SLP): Fully licensed, Master's degree, ASHA certified speech language pathologist holding the Certificate of Clinical Competence in Speech-Language Pathology.

Qualified health professional: A medical doctor (MD), osteopathic doctor (DO), physician's assistant (PA), certified nurse practitioner (CNP), or an advanced practice registered nurse (APRN) who is currently contracted with Sooner Care.

Description

Auditory rehabilitation may be provided for a pre-lingual hearing loss (before a child develops speech and language) or post-lingual hearing loss (occurring after speech and language skills have been partially or fully acquired).

Auditory rehabilitation for pre-lingual hearing loss is a skilled therapeutic service that may address areas including but not limited to auditory awareness and localization, sound identification and discrimination, and speech discrimination. The basis for the necessity of this instruction is that neither hearing aids nor cochlear implants restore normal auditory function. Auditory rehabilitation may also be indicated for children with pre-lingual hearing loss even if amplification is not recommended.
Auditory rehabilitation for post-lingual hearing loss is a skilled therapeutic service necessary to mitigate or reduce regression or loss of previously acquired speech and language skills resulting from an acquired hearing loss. Auditory rehabilitation for post-lingual hearing loss may be indicated even if cochlear implant or hearing aid(s) have restored hearing to near-normal levels.

CPT Codes Covered Requiring Prior Authorization (PA)

92630 Auditory rehabilitation: pre-lingual hearing loss
92633 Auditory rehabilitation: post-lingual hearing loss

Approval Criteria

I. GENERAL

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)(2).**

B. Identify any cultural or linguistic differences and any behavioral factors that may affect communication skills.

C. Collaboration with an audiologist regarding hearing devices (i.e., hearing aids, assistive listening device, or cochlear implant).

D. Therapy session documentation must include:
   1. Subjective information that details factors contributing to progress or lack thereof and location of therapy.
   2. Objective, descriptive information linked to long and short-term goals that include accuracy and level of skilled involvement provided by the professional.
   3. Interpretation of the information above that states how the subjective influences objective information.
   4. Plan for next session based on information above.

E. Frequent changes of therapists within 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 as defined above 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.

II. INDICATIONS

Service must be linked to an ICD-10-CM diagnosis code supported in the clinical documentation. Diagnoses impacting communication may include but are not limited to:

A. Hearing impairment (conductive and/or sensorineural hearing loss)
B. Deafness
C. Central auditory processing disorder (CAPD)
D. Auditory neuropathy

III. DOCUMENTATION

Prior Authorization request for auditory rehabilitation must include ***all*** of the following documentation.

A. A signed and dated order written within one year from a contracted qualified health professional (MD, DO, PA, CNP, APRN) designating speech therapy and the applicable ICD-10-CM diagnosis/description; AND
B. A submitted copy of the evaluation findings which support the requested therapy interventions; AND
C. A signed/dated parental consent form; AND
D. A completed HCA-61 Therapy Prior Authorization Request form.
E. Any information regarding discharge or transfer of services should be included in the daily clinical documentation.

Note: Additional information may be requested.

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. https://www.asha.org/policy/
4. https://www.asha.org/public/hearing/child-aural-rehabilitation/
5. https://www.asha.org/practice-portal/clinical-topics/hearing-loss-in-children/#collapse_8
6. http://www.who.int/topics/disabilities/en/