

Cochlear Implant

Red Line Draft

Humana

Medicaid Medical Coverage Policy

Original Effective Date: 01/01/2023

Effective Date: XX/XX/XXXX

Review Date: 09/02/2025

Policy Number: LA.CLI.041.001

Policy Number: LA.CLI.041

Line of Business: Medicaid

State(s): LA

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Summary of Changes:

~~9/26/24: Annual Review, minor grammatical changes and updated references to most recent edition reviewed.~~

Scope:

Description

This policy applies to all Humana Healthy Horizons in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

Policy:

Coverage Determination

All aspects of the cochlear implant (preoperative evaluation, implantation, implant, repairs, supplies, therapy) must be prior authorized

Preoperative evaluation

NOTE: If prior authorized, the MCO shall reimburse for preoperative evaluation services (ie, evaluation of speech, language, voice, communication, auditory processing, and/or audiologic/aural rehabilitation) even when the enrollee may not subsequently receive an implant.

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for cochlear implants when the following criteria are met:

Unilateral Cochlear Implant:

cus

- **Under 21 years of age; AND**

- **A multidisciplinary team collaborating on determining eligibility and providing care includes, at minimum;**
 - **An audiologist; AND**
 - **A speech-language pathologist; AND**
 - **A fellowship-trained pediatric otolaryngologist; OR**
 - **A fellowship-trained otologist**

- **Audiological evaluation finding of;**
 - **Severe-to-profound hearing loss determined through the use of an age-appropriate combination of behavioral and physiological measures; AND**

 - **Limited or no functional benefit achieved after a sufficient trial of hearing aid amplification**

- **Medical evaluation includes**
 - **Medical history; AND**

 - **Physical examination verifying the candidate has intact tympanic membrane(s), is free of active ear disease, and has no contraindication for surgery under general anesthesia; AND**

 - **Verification of receipt of all recommended immunizations; AND**

 - **Verification of accessible cochlear anatomy that is suitable to implantation, as confirmed by imaging studies (computed tomography (CT) and/or magnetic resonance imagery (MRI)), when necessary; AND**

 - **Verification of auditory nerve integrity, as confirmed by electrical promontory stimulation, when necessary**

- **Non-audiological evaluations include;**

- Speech and language evaluation to determine enrollee's level of communicative ability; AND
- Psychological and/or social work evaluation, as needed
- Pre-operative counseling provided to the member, if age appropriate, and the member's caregiver and provides;
 - Information on implant components and function, including:
 - Risks
 - Limitations
 - Potential benefits of implantation
 - Surgical procedure
 - Postoperative follow-up schedule;

AND

- Appropriate post-implant expectations, including being prepared and willing to participate in pre- and post- implant assessment and rehabilitation programs; AND
- Information about alternative communication methods to cochlear implants

Bilateral Cochlear Implant:

All of the above criteria must be met with the addition of:

- **Audiological and Medical evaluation determination that a unilateral cochlear implant plus hearing aid in the contralateral ear will not result in binaural benefit**

1. Cochlear Implant:

The Plan covers unilateral or bilateral cochlear implants when deemed medically necessary for the treatment of severe to profound, bilateral sensorineural hearing loss in members under 21 years of age. Providers are required to use any implant in accordance with Food and Drug Administration (FDA) guidelines.

1.1 ~~Multidisciplinary implant team is required to collaborate on determining eligibility and providing care that includes, at minimum:~~

- 1.1.1 ~~A fellowship-trained pediatric otolaryngologist, or~~
- 1.1.2 ~~Fellowship-trained otologist, and~~
- 1.1.3 ~~An audiologist, and~~
- 1.1.4 ~~A speech-language pathologist.~~

An audiological evaluation must find:

- ~~1.1.5 Severe to profound hearing loss determined through the use of an age appropriate combination of behavioral and physiological measures; and~~
- ~~1.1.6 Limited or no functional benefit achieved after a sufficient trial of hearing aid amplification.~~

~~A medical evaluation must include:~~

- ~~1.1.7 Medical history;~~
- ~~1.1.8 Physical examination verifying the candidate has intact tympanic membrane(s), is free of active ear disease, and has no contraindication for surgery under general anesthesia;~~
- ~~1.1.9 Verification of receipt of all recommended immunizations;~~
- ~~1.1.10 Verification of accessible cochlear anatomy that is suitable to implantation, as confirmed by imaging studies (computed tomography (CT) and/or magnetic resonance imagery (MRI)), when necessary; and~~
- ~~1.1.11 Verification of auditory nerve integrity, as confirmed by electrical promontory stimulation, when necessary.~~

~~For bilateral cochlear implants, an audiologic and medical evaluation must determine that a unilateral cochlear implant plus hearing aid in the contralateral ear will not result in binaural benefit for the member.~~

~~Non-audiological evaluations must include:~~

- ~~1.1.12 Speech and language evaluation to determine member's level of communicative ability; and~~
- ~~1.1.13 Psychological and/or social work evaluation, as needed.~~

~~Pre-operative counseling must be provided to the member, if age appropriate, and the member's caregiver and must provide:~~

- ~~1.1.14 Information on implant components and function; risks, limitations, and potential benefits of implantation; the surgical procedure; and postoperative follow-up schedule~~
- ~~1.1.15 Appropriate post-implant expectations, including being prepared and willing to participate in pre- and post-implant assessment and rehabilitation programs; and~~
- ~~1.1.16 Information about alternative communication methods to cochlear implants~~

Postoperative Programming, Rehabilitative and Subsequent Therapy

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for the following services following cochlear implantation:

- **Postoperative aural rehabilitation by an audiologist**
- **Postoperative cochlear implant programming**
- **Postoperative diagnostic analysis**
- **Subsequent hearing, language and/or speech therapy**
- **Upgrades and repairs to the component parts of the implant**

- Cords and batteries for cochlear implants

Coverage Limitations

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for the following:

- Service contracts and/or extended warranties; OR
- Insurance to protect against loss and theft; OR
- More than one cochlear implant per lifetime, per ear unless the implant fails or is damaged beyond repair, in which case reimbursement for another implant and re-implantation will be considered.

NOTE: Reimbursement for each implant will not be authorized until the surgical procedure has been approved.

Definitions:

N/A

References

1. Louisiana Department of Health. Louisiana Medicaid Managed Care Organization (MCO) Manual. Cochlear Implant. <https://ldh.la.gov/medicaid/mco-resources>. Updated April 23, 2025. ~~(4/12/2024)~~. Accessed ~~(9/26/2024)~~.
2. Louisiana Department of Health. Medicaid Services Manual. Chapter 5: Professional Services. <https://ldh.la.gov/medicaid>. Published February 1, 2012. Updated August 4, 2025.
3. Louisiana Department of Health. Medicaid Services Manual. Chapter 18: Durable Medical Equipment. <https://ldh.la.gov/medicaid>. Published September 1, 2010. Updated June 25, 2025.
4. ~~State of Louisiana Bureau of Health Services Financing. Medicaid Services Manual. Durable Medical Equipment Provider Manual. Chapter 18. (3/18/2024 Accessed (9/30/2024)).~~ <https://ldh.la.gov/medicaid>.

~~Version Control:~~

Change Summary

8/22/22: Policy Creation-Approved by LDH for Readiness

5/15/23: Approved by LA UM Committee

9/5/23: Changed to new template for Annual Review Due by 5.15.24.

1/11/24: Minor changes made.

9/26/24: Annual Review, minor grammatical changes and updated references to most recent edition reviewed.

09/02/2025 Annual Review, Coverage Change. New Clinical Coverage Policy Template Edits align with state-specific content

~~Non-Compliance:~~

~~Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.~~

~~Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).~~