Cochlear Implants

The MCO shall cover unilateral or bilateral cochlear implants when deemed medically necessary for the treatment of severe-to-profound, bilateral sensorineural hearing loss in enrollees under 21 years of age. The MCO shall direct providers that any implant must be used in accordance with Food and Drug Administration (FDA) guidelines. Cochlear implants for enrollees under 21 years of age when medically necessary. The MCO shall cover unilateral or bilateral cochlear implants when deemed medically necessary for the treatment of profound to total bilateral sensorineural hearing loss. Enrollees must be considered for a bilateral cochlear implantation when it has been determined that a unilateral cochlear implant with a hearing aid in the contralateral ear will not result in a binaural benefit.

Eligibility Criteria

The MCO shall require a multidisciplinary implant team to collaborate on determining eligibility and providing care that includes, at minimum: a fellowship-trained pediatric otolaryngologist or fellowship-trained otologist, an audiologist, and a speech-language pathologist.

An audiological evaluation must find:

- 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.

A medical evaluation must include:

- Medical history;
- 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;
- Verification of receipt of all recommended immunizations;
- 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.

For bilateral cochlear implants, an audioligic 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 enrollee.

Non-audiological evaluations must 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 must be provided to the enrollee, if age appropriate, and the enrollee’s caregiver and must provide:
Information on implant components and function; risks, limitations, and potential benefits of implantation; the surgical procedure; and postoperative follow-up schedule;

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.

**Preoperative Evaluation**

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

**Implants, Equipment, Repairs, and Replacements**

At the time of surgery, the MCO shall make reimbursement to the hospital for both the implant and the per diem. Refer to the *Inpatient Hospital Services* section of this Manual for specific information.

The MCO shall cover other necessary equipment, repairs, and replacements according to the Durable Medical Equipment Provider Manual chapter of the *Medicaid Services Manual*.

**Implantation Procedure, Postoperative Rehabilitative Costs, and Subsequent Therapy**

The MCO shall cover the cochlear implant surgery as well as postoperative aural rehabilitation by an audiologist and subsequent speech, language, and hearing therapy.

**Post-Operative Programming**

The MCO shall cover cochlear implant post-operative programming and diagnostic analysis services.

**Coverage Requirements**

Coverage for cochlear implants shall include, but is not limited to, the following:

- Implantation of device;
- Preoperative speech and language evaluation;
- Postoperative rehabilitative costs (only to be provided by the audiologist);
- Subsequent speech, language and hearing therapy;
- Speech processor repairs, batteries, and headset cords;
- Replacement of the external speech processor if lost, stolen or irreparably damaged. Upgrade for cosmetic or technological advances in the hardware shall not qualify as a reason for replacement; and
- Post-operative programming and diagnostic analysis.

The following are non-covered expenses:

- Service contract and/or extended warranties; and
Prior Authorization

The MCO shall require a prior authorization (PA) request to be submitted by the cochlear implant team with results of all preoperative testing (audiogram, tympanogram, acoustic reflexes, auditory brainstem response, otoacoustic emission, speech and language evaluation, social/psychological evaluation, medical evaluation and other pertinent testing/evaluations) to the MCO's PA Unit.

The implant team is a multidisciplinary team comprised with a minimum of the following members:

- Physician/otologist;
- Audiologist;
- Speech/language pathologist;
- Psychiatrist; and
- Educator of the deaf (with experience in oral/auditory instruction).

Medical and Social Criteria

The MCO shall require the requestor to provide documentation that the candidate meets the following general criteria:

- Have a profound bilateral sensorineural hearing loss with pure tone average of 1000, 2000, and 4000Hz of 90dB HL or greater;
- Be a child age one year or older who is profoundly deaf or be a post linguistically deafened adult through the age of twenty years;
- Receive no significant benefit from hearing aids as validated by the cochlear implant team;
- Have a high motivation to be part of the hearing community as validated by the cochlear implant team;
- Have had radiologic studies that demonstrate no intracranial anomalies or malformations which contraindicate implantation of the receiver-stimulator or the electrode array;
- Have no medical contraindication for the undergoing implant surgery or post-implant rehabilitation; and
- Show that the enrollee and his or her family are well-motivated, have appropriate post-implant expectations and are prepared and willing to participate and cooperate in the pre and post implant assessment and rehabilitation programs recommended by the implant team and in conjunction with the Food and Drug Administration (FDA) guidelines.

Age-Specific Criteria

Children – 1 Year through 9 Years

In addition to the documentation that candidates meet the above-listed general criteria, the MCO shall require the requestor to provide documentation that the enrollee:
-has a profound-to-total bilateral sensorineural hearing loss which is a pure tone average of 1000, 2000, and 4000 Hz of 90 dB HL or greater;
-has appropriate tests administered and no significant benefit from a hearing aid was obtained in the best aided condition measured by age appropriate speech perception materials; and
-has no responses obtained to Auditory Brainstem Response, otoacoustic emission testing, or any other special testing that would be required to determine that the hearing loss is valid and severe enough to qualify for cochlear implantation.

Children – 10 Years through 17 Years

In addition to the documentation that candidates meet the above listed general criteria, the MCO shall require the requestor to provide documentation that the enrollee:

-has a profound-to-total bilateral sensorineural hearing loss which is a pure tone average of 1000, 2000, and 4000 Hz of 90 dB HL or greater;
-has appropriate tests administered and no significant benefit from a hearing aid was obtained in the best aided condition as measured by age and language appropriate speech perception materials;
-has no responses obtained to Auditory Brainstem Response, otoacoustic emission testing, or any other special testing that would be required to determine that the hearing loss is valid and severe enough to qualify for cochlear implantation;
-has received consistent exposure to effective auditory or phonological stimulation in conjunction with the oral method of education and auditory training;
-utilizes spoken language as the primary mode of communication through one of the following: an oral/aural (re)habilitation program or total communications educational program with significant oral/aural; and
-has at least six months experience with a hearing aid or vibrotactile device except in the case of meningitis (in which case the six month period will be reduced to three months).

Adults – 18 Years through 20 Years

In addition to the documentation that candidates meet the above listed general criteria, the MCO shall require the requestor to provide documentation that the enrollee:

-is post linguistically deafened with severe to profound bilateral sensorineural hearing loss which is pure tone average of 1000, 2000, and 4000 Hz of 90 dB HL or greater;
-has obtained no significant benefit from a hearing aid obtained in the best aided condition for speech/sentence recognition material;
-has no responses obtained to Auditory Brainstem Response, otoacoustic emission testing, or any other special testing that would be required to determine that the hearing loss is valid and severe enough to qualify for cochlear implantation;
-has received consistent exposure to effective auditory or phonological stimulation or auditory communication;
Utilizes spoken language as his primary mode of communication through either an oral/aural (re)habilitation program or a total communications educational program with significant oral/aural training; and

Has at least 6 months experience with hearing aids or vibrotactile device except in the case of meningitis in which case 3 months experience will be required.