Cochlear Implants (for Louisiana Only)

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Instructions for Use

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Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

Coverage Rationale

Louisiana Medicaid allows reimbursement of prior authorized unilateral or bilateral cochlear implants when deemed medically necessary for the treatment of profound-to-total bilateral sensorineural hearing loss. Recipients should 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. Only recipients one through twenty years of age who meet the medical and social criteria included below shall qualify for implantation.

Medical and Social Criteria

The following general criteria apply to all candidates:

- 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 appropriate expectations
- 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 postimplant rehabilitation; and
- Show that the recipient and his/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 requestor shall provide documentation that the recipient:

- Has a profound-to-total bilateral sensorineural hearing loss, which is a pure tone average of 1,000, 2,000, and 4,000Hz of 90dB HL or greater
- Had appropriate tests administered and no significant benefit from a hearing aid was obtained in the best aided conditions measured by age appropriate speech perception materials; and
- Had 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 requestor shall provide documentation that the recipient:

- Has a profound-to-total bilateral sensorineural hearing loss, which is a pure tone average of 1,000, 2,000, and 4,000Hz of 90dB HL or greater
- Had 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
- Had 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 general criteria, the requestor shall provide documentation that the recipient:

- Is post linguistically deafened with severe to profound bilateral sensorineural hearing loss which is pure tone average of 1000, 2000, and 4000 Hz of 90dB HL or greater
- Has obtained no significant benefit from a hearing aid obtained in the best aided condition for speech/sentence recognition material
- Had 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

Note: For the child who is multi-handicapped, Louisiana Medicaid utilizes criteria appropriate for the child's age.

Prior Authorization

A prior authorization (PA) request must be submitted by the 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).

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)

Ongoing speech, language and hearing therapy services for cochlear implant recipients require prior authorization.

Covered Expenses

The following expenses related to the maintenance of each cochlear device will be covered if prior authorized:
- All costs for upgrades and repairs to the component parts of the device; and
- All costs for cords and batteries

Non-Covered Expenses

The following items are the responsibility of the recipient or his/her family or caregiver(s):
- Service contracts and/or extended warranties; and
- Insurance to protect against loss and theft

Billing for the Device(s)

Reimbursement will be made to the hospital for both the device and the per diem.

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

Billing for the Implantation

The cochlear device implantation must also be prior authorized.

The surgeon shall submit a Request for Prior Authorization as part of the implant team's packet to the fiscal intermediary's PA Unit requesting approval to perform the surgery. After approval and implantation, electronic or CMS 1500 claim submission of the appropriate billing codes are billable by the surgeon and the assistant surgeon. This procedure shall not be billed as either team surgery or co-surgery. The surgeon's claim form must have the PA number written in Item 23 (if billing hard copy).

The anesthesiologist's claim form does not require a PA number.

Billing for Speech Processor Repairs, Batteries, Headset Cords, Etc.

All durable medical equipment associated with the maintenance of each cochlear device such as the speech processor and/or microphone repairs, headset cords, headset replacements and batteries must be prior authorized.

Louisiana Medicaid anticipates, on the average, processors need repairing every 2.5 years and that headset cords need to be replaced from 2-4 times per year. Batteries require replacement every 10-12 months.

When billing hard copy, providers should submit the applicable Healthcare Common Procedure Coding System (HCPCS) code on a CMS-1500 claim form with the letters "DME" written in red on the top of the form. The PA number must be written in Item 23 in order for payment to be made.

Replacement of the External Speech Processor

The Louisiana Medicaid Program will consider replacing the external speech processor only if one of the following occurs:
- The recipient loses his/her processor
- The processor is stolen; or
- The processor was irreparably damaged

An upgrade to the speech processor because of cosmetic or technological advances in the hardware shall not qualify as a reason for replacement.

PA for replacement of the external speech processor must be obtained when/if replacement becomes necessary.

The multidisciplinary team shall initiate a new request for approval and shall submit the following information with its request for replacement:

- A copy of the PA initial approval letter for the implant; and
- Documentation explaining the reason a new processor is needed

Billing for Replacement of the External Speech Processor

The claim for this component must be billed by submitting the appropriate HCPCS code on a CMS-1500 claim form with the letters "DME" written in red on the top. The PA number must be written in Item 23.

Billing for Re-Performance of the Implantation Surgery

Re-performance of the implantation surgery because of infection, extrusion, or other reasons must be prior authorized.

Documentation explaining the reason the initial implant surgery has to be repeated and the request for re-performance should be submitted simultaneously to the PA Unit for review.

The PA number approving the re-performance must be on the claim form for reimbursement to be received.

Post-Operative Programming

Reimbursement is made for cochlear implant post-operative programming and diagnostic analysis services. Providers are to use the appropriate *Current Procedural Terminology* (CPT) code(s) for this service.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-Only

Reimbursement is available for the cochlear implant device(s) for Medicaid beneficiaries with profound-to-total bilateral hearing loss.

Only beneficiaries, ages one through twenty years, who meet the medical and social criteria listed below shall qualify for implantation.

Only one device per lifetime per ear per eligible beneficiary shall be reimbursed unless the device fails or is damaged beyond repair, in which case reimbursement for another device and reimplantation will be considered.

Simultaneous bilateral cochlear implantation is a covered service for beneficiaries aged 1-20 when prior authorized for beneficiaries with a profound bilateral sensorineural hearing loss with limited or no benefit from the use of hearing aids.

Beneficiary Medical and Social Criteria

The following criteria apply to all beneficiaries. Beneficiaries must:

- Have a profound bilateral sensorineural hearing loss which is a pure tone average of 1,000, 2,000 and 4,000 Hz of 90dB HL or greater
- Be a profoundly deaf child, age one year or older or be a post linguistically deafened adult through the age of 20 years
- Receive no significant benefit from hearing aids as validated by the cochlear implant team
- Have high motivation to be part of the hearing community as validated by the cochlear implant team
- Have appropriate expectations
- Have had radiologic studies that demonstrate no intracranial anomalies or malformations which would contraindicate implantation of the receiver-stimulator or the electrode array
- Have no medical contraindications for undergoing implant surgery or post-implant rehabilitation
- Show that the candidate and his/her family are well-motivated, possess appropriate post-implant expectations and are prepared and willing to participate in and cooperate with pre and post implementation assessment and rehabilitation programs as recommended by the implant team and in conjunction with Federal Drug Administration (FDA) guidelines
- Appropriate tests were administered and no significant benefit from a hearing aid was obtained in the best aided condition as measured by age-appropriate speech perception materials. Specific to ages one through nine years; ages 10 through 17; and
- No responses were 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

Specific Criteria

In addition to documentation that beneficiaries meet general criteria, additional required documentation for ages 10–20 years must include:

- The beneficiary has received consistent exposure to effective auditory or phonological stimulation in conjunction with oral method of education and auditory training
- The beneficiary utilizes spoken language as his primary mode of communication through one of the following: an oral/aural (re)habilitation program or total communications educational program with significant oral/aural training; and
- The beneficiary has at least six months' experience with hearing aids or vibrotactile device except in the case of meningitis (in which case the 6-month period will be reduced to 3 months)

Note: For multi-disabled children, criteria appropriate for the child's age group are applied.

Non-Covered Expenses of Cochlear Device(s)

The following expenses related to the maintenance of the cochlear device(s) are the responsibility of either the beneficiary or his family or caregiver(s):

- All costs for service contracts and/or extended warranties; and
- All costs for insurance to protect against loss and theft

Prior Authorization for Cochlear Device(s)

All aspects of the cochlear device (preoperative speech and language evaluation, implantation, device, repairs, supplies, therapy) must be prior authorized. The request to perform surgery must come from the multidisciplinary team which assessed the beneficiary's disability and determined the beneficiary to be a possible candidate for implantation.

The multidisciplinary team must consist of:

- A surgeon/otologist
- An audiologist
- A speech/language pathologist
- A psychiatrist; and
- An educator of the deaf with experience in oral/auditory instruction

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
69930	Cochlear device implantation, with or without mastoidectomy

HCPCS Code	Description
L8614	Cochlear device, includes all internal and external components
L8615	Headset/headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with cochlear implant device, replacement
L8617	Transmitting coil for use with cochlear implant device, replacement
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement
L8619	Cochlear implant external speech processor and controller, integrated system, replacement
L8627	Cochlear implant, external speech processor, component, replacement

HCPCS Code	Description
L8628	Cochlear implant, external controller component, replacement
V5273	Assistive listening device, for use with cochlear implant

References

Louisiana Department of Health: Professional Services Provider Manual, Section 5.1 – Cochlear Implant of the Medicaid Services Manual: https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf. Accessed March 2, 2021.

Policy History/Revision Information

Date	Summary of Changes
04/01/2021	• Created state-specific policy version for content addressed in the *Louisiana Department of Health: Professional Services Provider Manual*

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

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