

Cochlear implants

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4006

Recent review date: 9/2024 **9/2025**

Next review date: 4/2026 **1/2027**

Policy contains: Unilateral or bilateral cochlear implants.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana, on a case by case basis, when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

AmeriHealth Caritas Louisiana covers unilateral or bilateral cochlear implants when deemed medically necessary for the treatment of severe-to-profound, bilateral sensorineural hearing loss in **members** **enrollees** **younger than** 21 years of age. Implants must be used in accordance with Food and Drug Administration (FDA) guidelines.

AmeriHealth Caritas Louisiana requires a multi-disciplinary 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 using 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 audiological 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 memberenrollee.

Non-audiological evaluations must include:

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

Pre-operative counseling shall be provided to the memberenrollee, if age appropriate, and the member'senrollee's caregiver and will 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 postimplant assessment and rehabilitation programs; and
- Information about alternative communication methods to cochlear implants.

Prior Authorization and Reimbursement

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

If prior authorized, AmeriHealth Caritas Louisiana reimburses for preoperative evaluation services (i.e., evaluation of speech, language, voice, communication, auditory processing, and/or audiology/aural rehabilitation) even when the memberenrollee may not subsequently receive an implant.

At the time of surgery, AmeriHealth Caritas Louisiana reimburses the hospital for both the implant and the per diem.

AmeriHealth Caritas Louisiana shall cover other necessary equipment, repairs, and replacements according to the Durable Medical Equipment fee schedule.

Only one cochlear implant per lifetime, per ear, per eligible member shall be reimbursed unless the implant fails or is damaged beyond repair, in which case reimbursement for another implant and re-implantation will be considered.

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

AmeriHealth Caritas Louisiana shall cover cochlear implant post-operative programming and diagnostic analysis services.

The following expenses related to the maintenance of each cochlear implant device will be covered if prior authorized:

1. All costs for upgrades and repairs to the component parts of the implant; and
2. All costs for cords and batteries.

Non-Covered Expenses of Cochlear Device(s)

The following items are non-covered expenses:

1. Service contracts and/or extended warranties; and
2. Insurance to protect against loss and theft.

References

Louisiana Department of Health. Medicaid Services Manual. Chapter 5. Professional Services. Cochlear implants. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf> https://ldh.la.gov/assets/medicaid/Manuals/MCO_Manual.pdf. Last updated 08/12/2024 August 14, 2023.

Louisiana Department of Health. Medicaid Services Manual. Chapter 25. Hospital Services. Section 25.6 Prior authorization. Cochlear implants.
<https://www.lamedicaid.com/provweb1/providermanuals/manuals/Hosp/Hosp.pdf>. Last updated 05/12/2025.

Louisiana Department of Health. Medicaid Services Manual. Chapter 18. Durable Medical Equipment. Section 18.2.16 Cochlear Implant (Early and Periodic Screening, Diagnostic and Treatment - Only) coverage criteria. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/DME/DME.pdf>. Last updated 06/25/2025.

Policy updates

Initial review date: 3/2/2021

2/2023: Policy references updated.

9/2023: Policy references updated, to reflect AmeriHealth Caritas Louisiana manual.

9/2024: Policy references updated.

9/2025: Policy references updated. Coverage modified.