

Cochlear Implants

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4006

Recent review date: **8/2023**

Next review date: **12/2024**

Policy contains: Unilateral or bilateral cochlear implants.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' 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 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' 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' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' 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 enrollees under 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 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 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 shall be provided to the enrollee, if age appropriate, and the enrollee'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.

If prior authorized, AmeriHealth Caritas Louisiana reimburses 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.

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.

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.

~~Louisiana Medicaid allows reimbursement of prior authorized unilateral or bilateral cochlear implant care when deemed medically necessary for the treatment of profound-to-total bilateral sensorineural hearing loss.~~

~~All aspects of the cochlear implant (preoperative evaluation, implantation, implant, repairs, supplies, therapy) must be prior authorized. The request to perform surgery must come from the multidisciplinary team consisting of, at minimum, a fellowship-trained pediatric otolaryngologist or fellowship-trained otologist, an audiologist, and a speech-language pathologist.~~

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

~~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 beneficiaries under 21 years of age, who meet the eligibility criteria, qualify for cochlear implants. Please refer to Chapter 5, Professional Services Provider Manual for eligibility criteria.~~

~~Only one cochlear implant per lifetime, per ear, per eligible beneficiary 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.~~

~~Unilateral or bilateral cochlear implants is clinically proven and, therefore, medically necessary for the treatment of profound to total bilateral sensorineural hearing loss when the following criteria is met:~~

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 with intact tympanic membrane(s) and free of active ear disease;~~
- ~~• Receives 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 to implant surgery or post-implant rehabilitation; and~~
- ~~• Demonstrates 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.~~
- ~~• 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 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 beneficiary.~~

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 from 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 from 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~~

Adults — 18 Years through 20 Years

In addition to the documentation that candidates meet general criteria, the requester 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 from 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.~~

References

Louisiana Department of Health. Louisiana Medicaid Managed Care Organization (MCO) Manual. https://ldh.la.gov/assets/medicaid/Manuals/MCO_Manual.pdf. Last updated August 14, 2023.

~~Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Cochlear implants. Chapter 18, Section 18.2. Issued 07/29/2020.~~

~~Louisiana Department of Health. 2016. Professional Services Provider Manual. Cochlear implants. Chapter 5, Section 5.1. Issued 10/25/2021.~~

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Policy updates

Initial review date: 3/1/2021

2/2023: Policy references updated.

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

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