Cochlear Implant

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 post-implant 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 pre-operative 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 fiscal intermediary's PA Unit. (See Prior Authorization section for additional information)~~

~~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. (See Billing for Subsequent Speech, Language, and Hearing Therapy section)~~

~~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. Refer to Chapter 25, Hospital Services, for specific information. (See Appendix A for information on how to access other manual chapters)~~

~~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 (PA-01 Form) 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). (See Appendix B for information on obtaining a PA-01 Form).~~

~~The physicians' fee maximum is found on the Provider Fee Schedule. (See Appendix A for information on how to access the fee schedule) The assistant surgeon's claim form will pend to the Medical Review Unit and will be paid only if the surgeon's request for implantation has been approved.~~

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

~~Billing for the Preoperative Speech and Language Evaluation~~

~~The preoperative speech and language evaluation must be prior authorized. The audiologist shall submit a PA-01 Form requesting approval as part of the implant team's packet. After approval has been given and services provided, the audiologist shall bill the appropriate procedure code for the evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status on a CMS-1500 claim form or electronically to receive reimbursement for the evaluation. This service is reimbursable for cochlear implant candidates although the individual may not subsequently receive an implant.~~

~~Billing for the Postoperative Rehabilitative Costs~~

~~Only the audiologist will be reimbursed for the aural rehabilitation of the cochlear implant recipient after implantation of the device. These procedures shall be billed electronically or on the CMS-1500 claim form and does not require PA.~~

~~Billing for Subsequent Speech, Language, and Hearing Therapy~~

~~Subsequent speech, language, and hearing therapy services for cochlear implant recipients must be prior authorized. The request for PA should be submitted to the fiscal intermediary's PA Unit on the PA-01 Form. (See Appendix B for information on accessing these forms)~~

~~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 and must be made on the PA-01 Form to the fiscal intermediary's PA Unit as identified in Appendix A.~~

~~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.~~

Louisiana Medicaid covers unilateral or bilateral cochlear implants when deemed medically necessary for the treatment of severe-to-profound, bilateral sensorineural hearing loss in beneficiaries under 21 years of age. Any implant must be used in accordance with Food and Drug Administration (FDA) guidelines.

Eligibility Criteria

A multidisciplinary implant team is to collaborate on determining eligibility and providing care and is to include, 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;
- 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 beneficiary.

Non-audiological evaluations must include:

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

Pre-operative counseling must be provided to the beneficiary, if age appropriate, and the beneficiary's caregiver 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.

Prior Authorization and Reimbursement

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

Preoperative Evaluation

The preoperative evaluation must be prior authorized through the submission of a PA-01 Form requesting approval as part of the implant team's packet. After approval has been given and services provided, the appropriate team member shall bill the appropriate procedure code for the evaluation of speech, language, voice, communication, auditory processing, and/or audiologic/aural rehabilitation on a CMS-1500 claim form or electronically to receive reimbursement for the evaluation. This service is reimbursable for cochlear implant candidates although the beneficiary may not subsequently receive an implant.

Implants, Equipment, Repairs, and Replacements

At the time of surgery, reimbursement will be made to the hospital for both the implant and the per diem. Refer to Chapter 25, Hospital Services, for specific information. (See Appendix A for information on how to access other manual chapters)

For information on coverage of other necessary equipment, repairs, and replacements, please refer to Chapter 18, Durable Medical Equipment.

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

Implantation Procedure

The cochlear implant surgery must be prior authorized. The surgeon shall submit a Request for Prior Authorization (PA-01 Form) as part of the implant team's packet to the fiscal intermediary's PA Unit requesting approval to perform the surgery. The PA must include documentation of

supporting audiological, medical, and non-audiological evaluations, and documentation of pre-operative counseling.

After approval and surgery, electronic or CMS 1500 claim submission of the appropriate procedure 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). (See Appendix B for information on obtaining a PA-01 Form).

The assistant surgeon's claim, if applicable, will pend to the Medical Review Unit and will be paid only if the surgeon's request for implantation has been approved.

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

Postoperative Rehabilitative Costs

Only the audiologist will be reimbursed for the aural rehabilitation of the cochlear implant beneficiary after cochlear implant surgery. These procedures shall be billed electronically or on the CMS-1500 claim form and do not require PA.

Subsequent Speech, Language, and Hearing Therapy

Subsequent speech, language, and hearing therapy services for cochlear implant beneficiaries must be prior authorized. The request for PA should be submitted to the fiscal intermediary's PA Unit on the PA-01 Form. (See Appendix B for information on accessing these forms)

Re-performance of the Implantation Surgery

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

Documentation explaining the reason the initial cochlear implant surgery must 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 procedure code(s) for this service.