COCHLEAR IMPLANT CRITERIA

Description

A cochlear implant is an electronic prosthesis that stimulates cells of the auditory spiral ganglion to provide a sense of sound to individuals with hearing impairment. Depending on the etiology and severity of the condition, a cochlear implant may be worn unilaterally, or may be worn unilaterally with a hearing aid in the opposite ear, or when a hearing aid in the opposite ear produces limited or no benefit, a bilateral cochlear implant may be indicated. It requires a surgically placed receiver behind the ear in the mastoid process and then into the inner ear where the electrode array is inserted into the cochlea.

Two cochlear implants devices may be covered per member. Replacements will be considered under prior authorization. Replacement of an existing cochlear implant as medically necessary when either the currently used component is no longer functional and cannot be repaired and no longer under warranty or the currently used component renders the implant recipient unable to adequately and/or safely perform activities of daily living. A letter from the manufacturer corroborating the internal device failure is required.

Repair or replacement of *spare* equipment (e.g. old parts and accessories in working condition for back-up use in emergencies) are not covered.

Only Food & Drug Administration (FDA) approved implant devices will be considered for prior authorization.

- **Administrative Criteria: Members of all ages.**

  1. Diagnosis of bilateral severe to profound sensorineural hearing loss with limited benefit from appropriate hearing aids for ages 24 months or older. Beneficiaries 12-23 months old must experience a profound sensorihearing loss.
  2. Prior authorization by Plan’s Medical Director.
  3. Requires referral by primary care physician along with appropriate supporting medical documentation.
  4. Documentation from the otolaryngologist with evaluation supporting medical necessity and treatment recommendations.
  5. Documentation of appropriately fit hearing aids verified through prescriptive measurements or aided audiograms.
  6. Aided speech perception test battery within one year of date of request.
  7. An accessible cochlear lumen that is structurally suited to implantation.
  8. No evidence of lesions in the auditory nerve and acoustic areas of the central nervous system.

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1 Cigna Medical Coverage Policy 5/15/11
2 MSA 12-05 Bulletin 3/1/2012
9. Identification of the cochlear manufacturer of the internal device with the model of the external processor.
10. Identification of the anticipated side(s) to be implanted.
11. Cognitive ability to use auditory cues and demonstrate a conditioned response.
12. Psychological development, motivation of the candidate and commitment of the family and caregivers to undergo program of fitting, training and long term rehabilitation.
13. Reasonable anticipation by treating providers that the implant(s) will confer awareness of speech at conversational levels.
14. Documented intervention and/or school placement as appropriate. The educational plan should include professionals with specialization in education of the deaf and hard of hearing.
15. All audiological evaluations must have been performed within one year of the date of request for prior authorization, unless otherwise specified.
16. Services must be ordered, arranged, and performed by a Total Health Care affiliated or contracted otolaryngology provider.
17. Applies to members with Medicaid and Commercial Coverage. (Please see benefit plan documentation for coverage).
18. Auditory and speech therapy following cochlear implant surgery is rehabilitative and requires prior authorization

- **Additional Implantation Criteria for 12-23 Months of Age**

1. Confirmation of bilateral profound sensorineural hearing loss (PTA (Pure Tone Audiometry) equal to or greater than 90 dB HL, ANSI 1989) Electrophysiological assessment must corroborate behavioral testing.
2. Lack of auditory skills development and minimal hearing aid benefit documented by parent questionnaire (such as the IT-MAIS Infant-Toddler Meaningful Auditory Integration Scale)
3. Speech and language evaluation.
4. Minimal or no benefit from appropriate amplification following and adequate period of auditory training, minimally 3-6 months of amplification, using the best ear responses.
5. Documented intervention or school placement as appropriate. The Individual Family Service Plan (IFSP) should include individuals with specialization in the education of children who are deaf or hard of hearing.

- **Additional Implantation Criteria for 24 months through 17 years**

1. Confirmation of bilateral severe to profound sensorineural hearing loss (PTA equal to or greater than 70dB HL, ANSI 1989)
2. Lack of auditory skills development and minimal hearing aid benefit (word recognition scores less than or equal to 30%).

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3. Speech and language evaluation within one year of request.
4. Minimal or no benefit from appropriate amplification following and adequate period of auditory training, minimally 3-6 months of amplification, using the best ear responses.

5. Documented intervention or school placement as appropriate. The Individual Family Service (IFSP) should include individuals with specialization in the education of children who are deaf or hard of hearing.

- **Additional Implantation Criteria for age 17 Years and Older**

1. Confirmation of bilateral severe to profound hearing loss (PTA equal to or greater than 70 dB HL, ANSI 1989).
2. Minimal or no benefit from appropriate amplification following an adequate period of auditory training, minimally 3-6 months of hearing aid use. Audiologically, the beneficiary will score less than or equal to 40% under best aided conditions on an open-set sentence recognition testing (such as HINT Sentences)

**Mapping & Calibration**

Cochlear implant mapping/calibration is the programming of the speech processor used to analyze sound and convert the speech information to electrical impulses to the implanted electrodes. Mapping & calibration of the device must be provided by a licensed audiologist, who has training and expertise in these procedures. Other team members should include a speech and language pathologist, psychologist and deaf educator, as determined by the beneficiary’s need.

A **maximum of 10** mapping sessions are allowed for one year from the date of implantation of the cochlear implant.

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