

MEDICAL ASSOCIATES HEALTH PLANS, LIVE360 HEALTH PLAN AND HEALTH CHOICES, HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL

POLICY TITLE: COCHLEAR IMPLANTS/OSSEOINTEGRATING AUDITORY DEVICE/HEARING AID DEVICES

POLICY PURPOSE: Provide consistent criteria when determining coverage for cochlear implants and osseointegrating auditory device for Health Plans' members.

DEFINITIONS:

- Cochlear implant is a device that electronically stimulates the auditory nerve of profoundly or totally deaf patients to provide a perception of sound for Sensorineural hearing loss or a damaged cochlea.
- Osseointegrating auditory device - improves acuity in individuals with moderate to severe **conductive**, mixed hearing loss, or bilateral loss.

PROCEDURE:

Cochlear implants, unilateral or bilateral: are considered **medically necessary** in patients 1 year and older with sensorineural hearing loss and meet the following criteria:

1. Uniaural (monaural) or binaural (bilateral) cochlear implantation is a medically necessary prosthetic for adults aged 18 years and older with bilateral, pre- or post-linguistic, sensorineural, moderate-to-profound hearing impairment who meet *both* of the following criteria:
 - a. Member has bilateral severe to profound sensorineural hearing loss determined by an air conduction pure tone average of 70 dB or greater at 500 Hz, 1000 Hz, and 2000 Hz; *and*
 - b. Member has limited benefit from appropriately fitted binaural hearing aids. Limited benefit from amplification is defined by test scores of 40 % correct or less in best-aided listening condition on open-set sentence cognition (e.g., Central Institute for the Deaf (CID) sentences, Hearing in Noise Test sentences (HINT), and consonant-nucleus-consonant (CNC) test.

Note: Adults with bilateral hearing loss needing cochlear implants must have completed a hearing aid trial of at least 30 days with aids worn full time (8 hours per day).
2. Uniaural (monaural) or binaural (bilateral) cochlear implantation is medically necessary prosthetic for infants and children with bilateral sensorineural hearing impairment who meet *all* of the following criteria:
 - a. Child has profound, bilateral sensorineural hearing loss determined by an air conduction pure tone average of 70 dB or greater at 500 Hz, and 90 dB or greater at 1000 and 2000 Hz; *and*
 - b. Child has limited benefit from appropriately fitted binaural hearing aids. For children 4 years of age or younger, limited benefit is defined as failure to reach developmentally appropriate auditory milestones measured using the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test, or less than 20 % correct on open-set word

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recognition test (Multisyllabic Lexical Neighborhood Test) in conjunction with appropriate amplification and participation in intensive aural habilitation over a 3 to 6 month period. For children older than 4 years of age, limited benefit is defined as less than 12 % correct on the Phonetically Balanced-Kindergarten Test, or less than 30 % correct on the Hearing in Noise Test for children, the open-set Multi-syllabic Lexical Neighborhood Test (MLNT) or Lexical Neighborhood Test (LNT), depending on the child's cognitive ability and linguistic skills; *and*

- c. A 3- to 6-month hearing aid trial has been undertaken by a child without previous experience with hearing aids. **Note:** When there is radiological evidence of cochlear ossification, this requirement may be waived at MAHP's discretion.
3. Uniaural (monaural) cochlear implantation is medically necessary for individuals aged 1 year and older with single sided deafness (SSD) or asymmetric hearing loss (AHL) who meet the following criteria:
 - a. Persons with single-sided deafness (SSD) who have profound sensorineural hearing loss in one ear and normal hearing or mild sensorineural hearing loss in the other ear, who have obtained limited benefit from a one-month or longer trial of an appropriately fitted unilateral hearing aid in the ear to be implanted; *or*
 - b. Persons with asymmetric hearing loss (AHL) who have profound sensorineural hearing loss in one ear and mild to moderately severe sensorineural hearing loss in the other ear who have obtained limited benefit from a one-month or longer trial of an appropriately fitted unilateral hearing aid in the ear to be implanted.

For adults 18 years of age or older with SSD or AHL, limited benefit from unilateral amplification is defined by aided speech perception test scores of 5 % correct or less on monosyllabic consonant-nucleus-consonant (CNC) words in quiet when tested in the ear to be implanted alone. For children and adolescents with SSD or AHL, insufficient functional access to sound in the ear to be implanted must be determined by aided speech perception test scores of 5% or less on developmentally appropriate monosyllabic word lists when tested in the ear to be implanted alone.

Before implantation with a cochlear implant, individuals with SSD or AHL must have at least one month of experience wearing a hearing aid, a CROS hearing aid or other relevant device and not show any subjective benefit.

For SSD and AHL indications, profound hearing loss is defined as having a PTA of 90 dB HL or greater at 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz. Normal hearing is defined as having a PTA of up to 15 dB HL at 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz. Mild hearing loss is defined as having a PTA of up to 30 dB HL at 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz. Mild to moderately severe hearing loss is defined as having a PTA ranging from 31 to up to 55 dB HL at 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz.

4. The following additional medical necessity criteria must also be met for uniaural (monaural) or binaural (bilateral) cochlear implantation in adults and children:

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- a. The member must have had an assessment by an audiologist and from an otolaryngologist experienced in this procedure indicating the likelihood of success with this device; *and*
- b. The member must have no medical contraindications to cochlear implantation (e.g., dysfunctional acoustic nerve or cochlear aplasia (lack of development)), active middle ear infection); *and*
- c. Member and family have realistic expectations and member is well motivated and willing to undergo extensive post-operative rehabilitation; *and*
- d. The member must be enrolled in an educational program that supports listening and speaking with aided hearing; *and*
- e. The member must have arrangements for appropriate follow-up care including the long-term speech therapy required to take full advantage of this device. **Note:** Particular plans may place limits on benefits for speech therapy services. Please consult plan documents for details; *and*
- f. Member is current on age-appropriate pneumococcal vaccination (2 or more weeks before surgery when possible) in accordance with Center for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP). See CDC's "Pneumococcal vaccination recommendations for people with cochlear implants" in the background section.

A cochlear implant consists of the following: external component that is worn by or carried by the member to capture and amplify sound and two surgically implanted parts in the lumen of the cochlea.

Because the cochlear implant does not magnify sound, none of its components are considered a hearing aid.

Note: Persons with a unilateral cochlear implant may qualify for subsequent bilateral implantation without having to be retested if medical records document that they had met criteria at the time of the initial (first) cochlear implantation.

The replacement of a cochlear implant (external components) is considered medically necessary when documentation is provided to support **all** the following criteria:

- Date the device was received; *and*
- Manufacturer warranty information including the currently used device is not under warranty; *and*
- Determination of the device to be non-repairable including objective documentation from the audiologist on how the device is non-repairable/malfunctioning; *and*
- The device currently used is no longer functional as evidenced by interfering with the individuals' activities of daily living (ADLs); *and*
- There is no evidence to suggest that the device has been lost, abused, or neglected; *and*

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- The individual has been compliant with the use of the device and will continue to benefit from the device; *and*
- The device was being used daily until malfunction.

The replacement of a cochlear implant (external components) is considered medically necessary if there is a change in the individual's medical condition making the present unit non-functional and improvement is expected with a replacement unit.

Not Medically Necessary

The replacement of cochlear implants (external components) is considered not medically necessary including but not limited to the following the following situations:

- The replacement is solely for better technology or improved aesthetics.
- When the above criteria are not met.

Osseo integrating auditory device (BAHA): is considered **medically necessary** for patients over the age of 5 with a unilateral or bilateral conductive or mixed conductive and sensorineural hearing loss who have one or more of the following medical conditions:

1. Congenital or surgically induced malformations of the external ear canal or middle ear (such as aural atresia); *or*
2. Chronic external otitis or media; *or*
3. Dermatitis of the external canal; *or*
4. Hearing loss secondary to otosclerosis in persons who can not undergo stapedectomy; *or*
5. Severe chronic external otitis or otitis media; *or*
6. Tumors of the external ear canal and/or tympanic cavity; *or*
7. Other conditions in which an air-conduction hearing aid is contraindicated.

The individual has one of the following audiologic conditions:

1. For unilateral implantation:
 - a. A pure-tone average bone-conduction threshold measured at 0.5, 1, 2, and 3 kHz of better than or equal to at least one of the following based upon the FDA indications:
 - i. 45 decibels to include but not limited to:
 - OBC
 - BP100 devices
 - ii. 55 decibels to include but not limited to:
 - Intenso device
 - iii. 65 decibels to include but not limited to:
 - Cordele II device
2. For bilateral implantation the individual has both of the following:
 - a. A pure-tone average bone-conduction threshold measured at 0.5, 1, 2, and 3 kHz of better than or equal to at least one of the following based upon the FDA indications:
 - i. 45 decibels to include but not limited to:
 - OBC
 - BP100 devices
 - ii. 55 decibels to include but not limited to:
 - Intenso device

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iii. 65 decibels to include but not limited to:

- Cordele II device
- b. Individuals must have symmetrically conductive or mixed hearing loss as defined by a difference between left- and right-side bone-conduction threshold of one of the following based upon the FDA indications:
 - i. Less than 10 decibels on average measured at 0.5, 1, 2, and 3 kHz (4 kHz for OBC and Ponto Pro); or
 - ii. Less than 15 decibels at individual frequencies

II. As an alternative to an air-conduction contralateral routing or signal hearing aid **in single-sided sensorineural hearing loss**, an implantable bone-conduction (bone-anchored) hearing aid may be considered **medically necessary** when **all of the following** criteria are met:

- A. The individual is five years of age and older
- B. The individual has single-sided sensorineural deafness and normal hearing in the other ear
- C. The pure-tone average air-conduction threshold of the normal ear is better than 20 decibels measured at 0.5, 1, 2, and 3 kHz

III. Transcutaneous Worn Bone-Anchored Device

A. A device utilizing a headband/softband is considered a hearing aid (not implantable) can be used in any age group and may be considered medical necessary when all of the following criteria are met:

- 1. The individual contract has a hearing aid benefit
- 2. Is requested for one of the following diagnoses:
 - a. Unilateral conductive/mixed hearing loss; or
 - b. Bilateral conductive /mixed hearing loss; or
 - c. Unilateral sensorineural hearing loss; or
- 3. Meets audiologic criteria for the specific type of hearing loss as noted above

IV. Replacement

A. Replacement part(s) to the current device may be considered medically necessary when the following criteria is met:

- 1. Documentation is provided to include all of the following:
 - a. Date of device implantation
 - b. Manufacturer warranty information
 - c. Determination of the device to be non-repairable including objective documentation from the audiologist on how the device is non-repairable/malfunctioning
 - d. The device currently used is no longer functional as evidenced by interfering with the individual's activities of daily living (ADLs)

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- e. There is no evidence to suggest that the device has been lost, abused, or neglected
- f. The individual has been compliant with the use of the device and will continue to benefit from the device
- g. The device was being used daily until malfunction.

MAHP, Live360 and Health Choices considers the following experimental and investigational:

A. All other uses not meeting above criteria including but not limited to the follow are considered investigational because the evidence is insufficient to determine the technology results in an improvement in the net health outcomes:

1. Individuals with bilateral sensorineural hearing loss
2. The use in children younger than 5 years of age
3. Severe hearing loss
4. Semi and totally implantable middle ear hearing aids

Medicare Members:

Medicare considers cochlear implants and auditory brainstem implants as prosthetics. Medicare considers as prosthetics, "cochlear implants and auditory brainstem implants, i.e., devices that replace the function of cochlear structures or auditory nerve and provide electrical energy to auditory nerve fibers and other neural tissue via implanted electrode arrays".

Hearing Aids – Wisconsin Mandate for members employed in Wisconsin. See specific contract language for coverage criteria.

Original: 09/2008

Reviewed: 03/2009, 01/2012, 01/2013, 10/2019, 04/2020, 05/2021

Revised: 07/2009, 04/2010, 11/2010, 02/2011, 01/2014, 01/2015, 05/2016, 08/2018, 02/2023, 02/2024

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READING THE AUDIOGRAMS

The following symbols represent the right ear: Δ & \circ . for the audiogram.

The following symbols represent when the test processor is placed on in the office to determine improvement in hearing of the right ear: [& <.

The following symbols represent the left ear: \square & \times for the audiogram.

The following symbols represent when the test processor is placed on in the office to determine improvement in hearing of the left ear:] & >.

Key: look at the way the symbol is open to help you remember if right or left. Example > is open to the left, so it represents hearing in the left ear.

Conductive hearing loss is when the processor helps the hearing loss by a significant amount. Then an osseointegrating auditory device can be used.

If there is little improvement in hearing with the processor, it is considered sensorineural hearing loss. Either a hearing aid or cochlear implant is needed.

Hearing loss (deafness, hearing impairment) refers to the partial or complete inability to hear sounds in one or both ears.

Hearing loss is described as conductive, sensorineural, or mixed, and can be unilateral or bilateral. Normal hearing detects sound at or below 20 decibels (dB). The American Speech-Language-Hearing Association has defined the degree of hearing loss based on pure-tone average detection thresholds.

Degree of Hearing Loss: Degree of Hearing Loss	Range (dbHL = decibels hearing level)
Normal Hearing	-10 to 15 dBHL
Slight Loss	16 to 25 dBHL
Mild Loss	26 to 40 dBHL
Moderate Loss	41 to 55 dBHL
Moderately Severe Loss	56 to 70 dBHL
Severe Loss	71 to 90 dBHL
Profound Loss	91 dBHL or more

See examples of both types below.

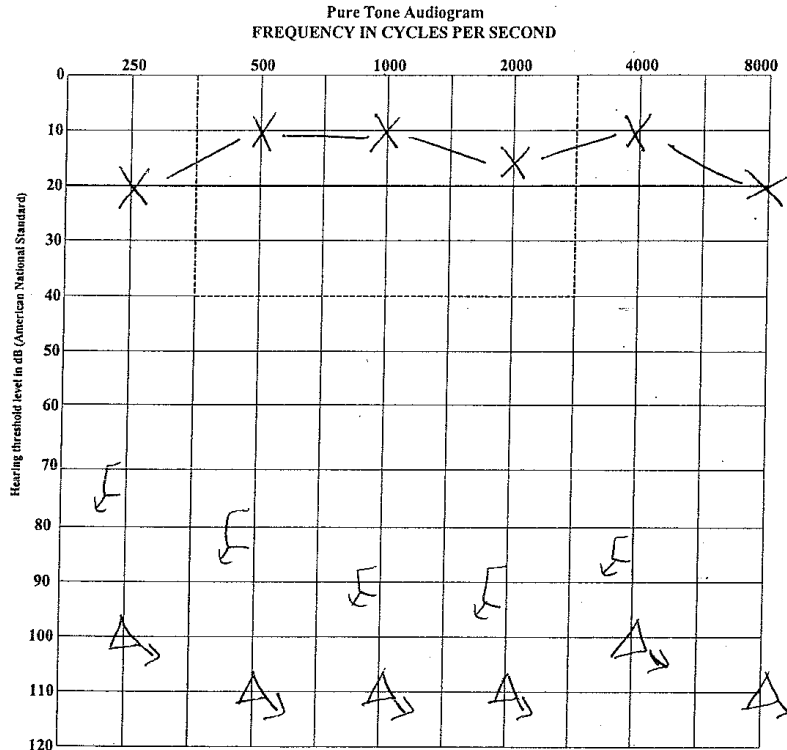
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Patient name: Angelina Jolie
 History number: _____
 Date of test: _____ Baseline
 Date of birth: _____



1000 Langworthy
Dubuque, IA 52001



Examiner B. Henning
 K. Schultz D. Klauer
Audiometer GSI 61 Beltone
Transducer Insert Phones TDH
Reliability Good Fair Poor
Other Play Localizations

	Right	Left
Air Conduction		
Unmasked	O	X
Masked	Δ	□
Bone Conduction		
Unmasked	<	>
Masked		
Sound Field		
Unaided-Aided	S	A
Comfort Level		
Maximum	MC	MC
Uncomfortable	UC	UC

SPEECH RECEPTION THRESHOLD

Right	Left

WORD RECOGNITION

Right	Left
% @ dB	% @ dB

MOST COMFORTABLE LEVEL

Right	Left

UNCOMFORTABLE LEVEL

Right	Left

Notes:

Conductive hearing loss (R)
BAHA

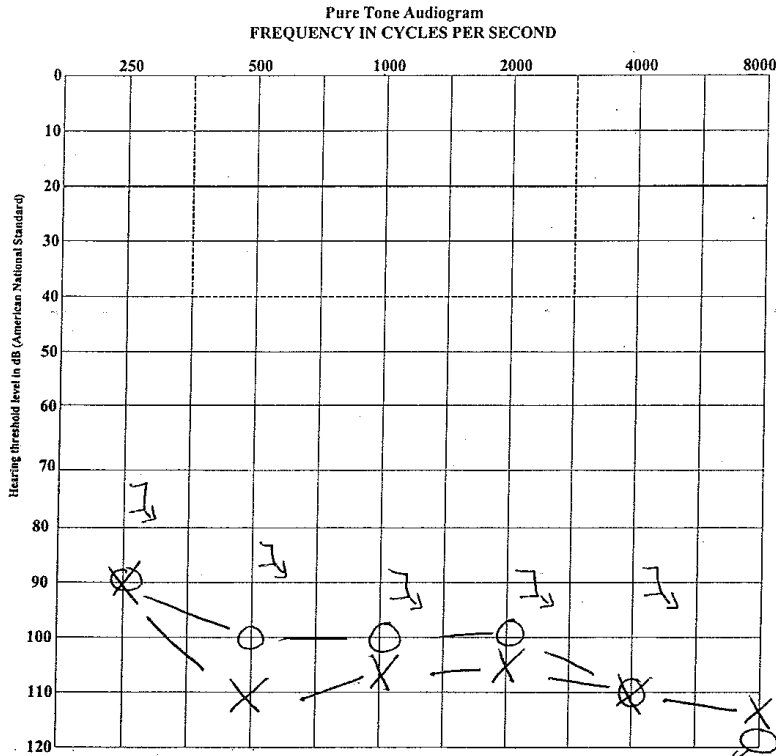
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Patient name: Taylor Swift
 History number: _____
 Date of test: _____ Baseline
 Date of birth: _____



1000 Langworthy
Dubuque, IA 52001



Examiner B. Henning
 K. Schultz D. Klauer
Audiometer GSI 61 Beltone
Transducer Insert Phones TDH
Reliability Good Fair Poor
Other Play Localizations

	Right	Left
Air Conduction		
Unmasked	O	X
Masked	Δ	□
Bone Conduction		
Unmasked	<	>
Masked		
Sound Field		
Unaided-Aided	S	A
Comfort Level		
Maximum	MC	MC
Uncomfortable	UC	UC

SPEECH RECEPTION THRESHOLD

Right	Left

WORD RECOGNITION

Right	Left
% @ dB	% @ dB

MOST COMFORTABLE LEVEL

Right	Left

UNCOMFORTABLE LEVEL

Right	Left

Notes:

Profound sensorineural loss with potential cochlear or hearing aid.