

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 7.3
TITLE: COCHLEAR IMPLANTATION

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4 (c)(2), (c)(3), (d)(3), and 32 CFR 199.5(c)(2)

I. EFFECTIVE DATE

March 2, 1988

II. PROCEDURE CODE(S)

69930, 92510, 92601-92604

III. DESCRIPTION

A cochlear implant device is an electronic instrument, part of which is worn or carried by the individual to capture and amplify sound. Cochlear implant devices are available in single channel and multi-channel models. The purpose of implanting the device is to provide an awareness and identification of sounds and to facilitate communication for persons who are profoundly hearing impaired.

IV. POLICY

A. Cochlear implantation is covered when using U.S. Food and Drug Administration (FDA) approved implants and FDA labeled indications.

B. For coverage, patients must meet ALL of the following selection guidelines:

1. A diagnosis of severe to profound total sensorineural deafness that cannot be mitigated by use of a hearing aid in patients whose auditory cranial nerves can be stimulated;
2. The cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation;
3. The patient should be free of middle ear infection and have an accessible cochlear lumen that is structurally suited to implantation and free from lesions in the auditory nerve and acoustic areas of the central nervous system; and

4. No contraindications to surgery and implantation, such as poor anesthetic risk, severe mental retardation, severe psychiatric disorders, and organic brain syndrome.

C. Effective for services obtained on or after June 27, 1990, cochlear implantation is covered for children, ages 18 months through 17 years of age, who have a bilateral profound sensorineural deafness and achieve little or no benefit from a hearing or vibrotactile aid, as demonstrated by the inability to improve on an age-appropriate closed-set word identification task. The following should be performed prior to implantation.

D. Effective for services obtained on or after May 15, 1995, cochlear implantation using FDA approved cochlear implants is covered for adults who are at least 18 years of age who have achieved little or no benefit from a hearing aid. Adults must have a severe to profound sensorineural hearing loss bilaterally and open set sentence recognition score less than or equal to 30% under best-aided conditions.

E. Effective for services obtained on or after May 15, 1995, cochlear implantation using FDA approved cochlear implants is covered for children ages 18 months through 17 years of age, who have a severe to profound sensorineural hearing loss bilaterally and achieve little or no benefit from a hearing or vibrotactile aid, as demonstrated by the inability to improve on an age-appropriate closed-set work identification task. The following should be performed prior to implantation.

1. Electrophysiological evaluations should corroborate behavioral evaluation in very young children who cannot be adequately evaluated by standard audiometry tests. Electrophysiological tests may include auditory brain stem evoked response testing, acoustic reflex testing, and/or otoacoustic emission testing; and

2. A minimum six-month trial with appropriate amplification (hearing aid or vibrotactile aid) and rehabilitation is recommended for children to ascertain the potential for aided benefit.

F. Effective for services obtained on or after November 1, 2000, cochlear implantation is covered for children, ages 12 months of age and older who have bilateral profound sensorineural hearing loss and obtain limited benefit from appropriately fitted hearing aids.

1. Electrophysiological assessment should corroborate behavioral evaluation in very young children who cannot be adequately evaluated by standard audiometry tests. The electrophysiological assessment may consist of an auditory brain stem evoked response or similar test which would be covered when medically necessary; and

2. A minimum six-month trail with appropriate amplification (hearing aid or vibrotactile aid) and rehabilitation is recommended for children to ascertain the potential for aided benefit.

G. Cochlear implantation for children may be cost shared for one ear only.

H. Payment for cochlear implantation under the DRG 49 includes the cost of the device and all hospital facility costs. Separate outpatient charges for the external part of the device will not be paid.

I. Payment for cochlear implantation performed on an outpatient basis (i.e., an ambulatory surgery center) does not include the cost of the device in the facility fee. The cost of the device should be billed separately from the facility fee.

J. The CMAC surgical fee covers surgery and related follow-up visits within 90 days. Post-surgical cochlear rehabilitation services provided by a physician's employee (i.e., audiologist) are to be billed and paid separately using CPT code 92510 (aural rehabilitation following cochlear implant with or without speech processor programming).

K. Additional rehabilitation services beyond the 180-day post-surgical care if determined to be medically necessary, based on medical review, may be cost shared.

V. POLICY CONSIDERATIONS

A. Reimplantation may be necessary because of improper electrode insertion or migration, device failure, serious flap complication, or loss of manufacture support. In general, reimplantation in the same ear is usually possible. If reimplantation is medically contraindicated, the other ear may be implanted.

B. Extending cochlear implant candidacy to second ear may be cost shared for those patients who have a single channel device and do not have open set discrimination.

C. Replacement of the cochlear implant external speech processor device.

VI. EXCLUSIONS

A. Cochlear implantation is contraindicated when preoperative radiographic evidence indicates an underdeveloped internal auditory canal, the absence of cochlear development, or a physical condition that precludes placement of the electrode array or receiver-stimulator (e.g., cochlear ossification that prevents electrode insertion).

B. Even though a child may have bilateral deafness, the cochlear implantation is only indicated for one ear. Claims for bilateral implantation should be denied in full as experimental or investigational (unproven). [38 CFR 17.272(a)(14)]

C. Cochlear implantation is contraindicated when there is a middle ear infection, the cochlear lumen is structurally unsuited to implantation, or there is a lesion in the auditor nerve or acoustic area of the central nervous system.

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D. Cochlear implantation may not be cost shared when there is a contraindication to surgery and implantation, such as poor anesthetic risk, severe mental retardation, severe psychiatric disorders, and brain syndrome.

END OF POLICY