A cochlear implant device is an electronic hearing prosthesis, part of which is implanted surgically to stimulate auditory nerve fibers, and part of which is worn or carried by the individual to capture, analyze and code 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. A cochlear implant consists of three parts: receiver, headpiece, and speech processor.

I. Criteria for Coverage- Unilateral Cochlear Implants

DOM will cover unilateral cochlear implantation when there is documentation that demonstrates the procedure is medically necessary and would be beneficial in reducing limitations of hearing impairment. The surgeon and/or audiologist documentation must include all the following general and age-appropriate criteria:

A. General

- Documented profound sensorineural hearing loss in both ears as defined by FDA criteria with a lack of benefit from a well fitting aid;
- Cognitive ability to use auditory clues, patient motivation and a willingness to undergo an extended program of rehabilitation;
- Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system;
- No contraindications to surgery; and
- The device must be used in accordance with the FDA approved labeling.

B. Specific (Age)

Children (12 months of age to 17 years of age)

- The onset of hearing impairment must have occurred during the pre-or post-linguistic period;
- Bilateral profound sensorineural deafness must be demonstrated by the inability to improve on age-appropriate closed set word identification tasks with amplification, or lack of progress in auditory training.

Adults (18 years of age and older)

- The onset of hearing impairment must have occurred during the pre-linguistic, peri-linguistic, or post-linguistic period;
- Post-linguistic deafened adults must demonstrate current FDA guidelines on test scores on sentence recognition scores from tape-recorded tests in the ~~recipient's~~ beneficiary's best listening condition.

II. Criteria for Coverage – Bilateral Cochlear Implants

DOM will cover bilateral cochlear implantation when there is documentation that demonstrates the procedure is medically necessary and would be beneficial in reducing limitations of hearing impairment. Bilateral cochlear implantation must meet all of the criteria for unilateral cochlear implantation, above, in addition to the following criteria and circumstances.

DOM will cover bilateral cochlear implants under two different circumstances:

A. Simultaneous bilateral cochlear implants and

B. Subsequent contralateral cochlear implantation in patients who have already received a previous u nilateral cochlear implant.

Simultaneous bilateral cochlear implants should be reserved for those patients who:

i. have significant deafness, caused by meningitis with subsequent risk for early cochlear ossification, and in the opinion of the treating physician are appropriate candidates for bilateral cochlear implantation for the syndrome of post-meningitis deafness prior to cochlear ossification, or

ii. pre-lingually deaf children with profound hearing loss, and who, in the opinion of the treating specialist physician, would benefit from the additional neuronal stimulation afforded by simultaneous bilateral cochlear implantation at an early age. Some patients in this category may, in the opinion of the treating specialist physician, benefit from a staged or subsequent contralateral cochlear implantation as opposed to a simultaneous implantation.

Subsequent contralateral cochlear implantation may be appropriate for patients who:

i. have bilateral profound deafness who have fallen short of communication goals despite prior placement of a unilateral cochlear implant, and, in the opinion of the treating specialist physician, would substantially benefit from a subsequent contralateral cochlear implant.

ii. are prelingually deaf children with bilateral profound hearing loss who have had prior unilateral cochlear implantation and who, in the opinion of the treating specialist physician, would substantially benefit from a subsequent contralateral cochlear implant.

iii. have bilateral auditory neuropathy to the extent such that their cochlear function is structurally normal but who have abnormal findings on auditory brainstem response testing, and, in the opinion of the treating specialist physician, would substantially benefit from a subsequent contralateral cochlear implant.

Bilateral cochlear implantation should not be utilized either as a simultaneous procedure or a subsequent contralateral implantation if, in the opinion of the treating physician, audiologist, or therapist, the patient:

a) has sufficient limited hearing in the lesser affected ear which either could be sufficiently augmented by a hearing aid to augment the opposite cochlear implant or

b) could later benefit from a future surgical or other medical intervention to improve the hearing in the non-implanted ear.

Procedure Codes (CPT/HCPCS)

The following CPT and HCPCS codes are applicable for services provided under the cochlear implantation policy. Coding updates will be in accordance with annual CPT and HCPCS coding changes.

69930- Cochlear device implantation, with or without mastoidectomy

70480- ~~Computerized axial~~ Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material

70482- without contrast material, followed by material(s) and further sections

92506- Evaluation of speech, language, voice, communication, and/or auditory processing, ~~and/or aural rehabilitation status~~

92507- Treatment of speech, language, voice, communication, and/or auditory processing disorder: ~~(includes aural rehabilitation);~~ individual

92510- Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming

92541- Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

92542- Positional nystagmus test, minimum of four (4) positions, with recording

92543- Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording

92545- Oscillating tracking test, with recording

92552- Pure tone audiometry (threshold); air only

92555- Speech audiometry threshold

92557- Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)

92567- Tympanometry(impedance testing)

92568- Acoustic reflex testing; threshold

92579- Visual reinforcement audiometry (VRA)

92582- Conditioning play audiometry

92583- Select picture audiometry

92585- Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive

92587- Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)

92591- Hearing aid examination and selection; binaural

92595- Electroacoustic evaluation for hearing aid; binaural

Procedure Codes (CPT/HCPCS) cont.

92601- Diagnostic analysis of cochlear implant, patient ~~under~~ younger than 7 years of age; with programming

92602- Diagnostic analysis of cochlear implant, patient ~~under~~ younger than 7 years of age; subsequent reprogramming

92603- Diagnostic analysis of cochlear implant, age 7 years or older; with programming

92604- Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming

~~96100- Psychological testing~~

96101- Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

99213- Office or other outpatient visit

99244- Office consultation

L8619- Cochlear Implant external speech processor, replacement

Coverage Guidelines for Pre-operative and Post-operative Cochlear Implantation

All services provided under cochlear implant services must be in compliance with Mississippi Medicaid policies and procedures. All terms of the Mississippi Medicaid program including limitations and exclusions will apply. This includes the automatic application of edits such as unbundling/rebundling, mutually exclusive and integral incidental procedures.

In the event of a simultaneous bilateral cochlear implant or anticipated procedure for simultaneous bilateral cochlear implantation, testing, pre-operative evaluation(s), post-operative care and evaluation(s), therapies, and other services attendant to performing unilateral cochlear implantation shall not be duplicated in the case of performance of a bilateral procedure.

In the case of a subsequent contralateral cochlear implant procedure for a patient who already has a unilateral cochlear implant, it is understood these services, testing, and procedures shall be required to properly evaluate the patient and address the proper post-operative care and therapy for the second cochlear implant.

The following chart summarizes the usual frequency of services required for pre-operative and post-operative implant care. Coverage limits are also listed for each code and should be referenced for determination of eligibility for listed services.

Cochlear Implant

A- Adult C-Child IO- Initial Office S- Subsequent Office

CODE/ DESC.	OVER 21	UNDER 21	SERVICE FREQUENCY	COVERAGE LIMITS
70480- ~~Computerized axial~~ Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material **Or** 70482-without contrast material, followed by contrast material(s) and further sections	PRE-S	PRE-S	**A-** 1 visit only **C-** 1 visit only	One (1) per date of service Do not bill on the same date of service
92506- Evaluation of speech, language, voice, communication, auditory processing, ~~and /or aural rehabilitation status~~	PRE -S POST	PRE-S POST	**A-** PRE-1-3 visits may be required POST- 1-5 visits may be required **C-** PRE -1-3 visits may be required POST 1-5 visits may be required)	Requires prior authorization Beneficiaries 21 and under: one (1) per date of service Beneficiaries over 21: Not a covered service Note: Service includes speech perception testing and promonotory stimulation testing. Do not bill separately for the same date of service.

92507-Treatment of speech, language, voice, communication, and/or auditory processing disorder ~~(includes aural rehabilitation)~~; individual	POST	POST	**A**- 2 visits/week PRN **C**- 2 visits/ week PRN	**Beneficiaries under 21:** One (1) per date of service **Beneficiaries over 21:** Not a covered service **except** when provided as an inpatient or outpatient hospital service, nursing facility service or by a home health agency in the home setting.
92510- Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	POST	POST	**A**- 12 visits the first year, then 2 visits yearly **C**- 12 visits the first year, then 2 visits yearly	One (1) per date of service

92541- Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording 92542- Positional nystagmus test, minimum of 4 positions, with recording 92543- Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording 92545- Oscillating tracking test, with recording	PRE- S	PRE- S **Note:** Children eight (8) years and older	**A**-1-2 visits (multiple code use) **C**-1-2 visits (multiple code use)	One (1) combination per date of service
92552-Pure tone audiometry (threshold); air only	POST		**A**-12 visits the first year, then 2 visits yearly	One (1) per date of service
92555-Speech audiometry threshold	POST	POST	**A**-12 visits the first year, then 2 visits yearly **C**-12 visits the first year, then 2 visits yearly	One (1) per date of service
92557-Comprehensive audiometry threshold evaluation and speech recognition(92553 and 92556 combined)	PRE- IO POST	PRE-IO POST ***Note**: Used only for children 5 years or older.	**A**- PRE-1-2 visits POST- 1-2 visits **C**- PRE- 1-2 visits POST- 1-2 visits	One (1) per date of service
92567- Tympanometry (impedance testing)	PRE-IO	PRE-IO	**A**- 1 visit only **C**- 1 visit only	One (1) per date of service
92568-Acoustic reflex testing; threshold	PRE-S	PRE-S	**A**- 1 visit only **C**- 1 visit only	One (1) per date of service
92579- Visual reinforcement audiometry (VRA)		PRE- IO POST	**C**-PRE -1-2 visits POST-12 visits the first year, then 2 visits yearly	**Restricted to age 12 months-2 years** One (1) per date of service Do not bill on the same date of service as 92582 or 92583

92582- Conditioning play audiometry		PRE-IO POST	C-PRE- 1-2 visits POST- 12 visits the first year then, 2 visits yearly	**Restricted to age 2-5 years** One (1) per date of service Do not bill on the same date of service as 92583
92583- Select picture audiometry		PRE- IO POST	C-PRE- 1-2 visits POST- 12 visits the first year then, 2 visits yearly	**Restricted to age 2-5 years** One (1) per date of service Do not bill on the same date of service as 92582
92585- Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	PRE-S	PRE-S	**A**- 1 (at physician's request)	**Requires prior authorization** One (1) per date of service
92587-Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	PRE-S	PRE-S	**A**- 1 visit only **C**- 1 visit only	One (1) per date of service

CODE/ DESC.	OVER 21	UNDER 21	SERVICE FREQUENCY	COVERAGE LIMITS
92591-Hearing aid examination and selection; binaural	PRE- IO PRE-S	PRE-S	**A**- IO -1-2 visits S-1-2 visits **C**- 6-8 visits (May take 6-8 visits based on child's cooperation)	One (1) per date of service **Note: If repeat of service is required using different hearing aid, do not bill more than once in same visit**
92595-Electroacoustic evaluation for hearing aid; binaural	PRE-S	PRE- S	**A**- up to 4 visits **C**- up to 4 visits	One (1) per date of service **Note: If repeat of service is required using different hearing aid, do not bill more than once in same visit**
92601- Diagnostic analysis of cochlear implant, patient ~~under~~ younger than 7 years of age; with programming		POST	**C**- 1 visit only	May bill one time after implantation. Do not bill on same date of service as 92510.
92602- Diagnostic analysis of cochlear implant, patient ~~under~~ younger than 7 years of age; subsequent reprogramming		POST	**C**- 12 visits the first year, then 2 visits yearly	One (1) per date of service.
92603- Diagnostic analysis of cochlear implant, age 7 years or older; with programming	POST	POST	**A**-1 visit only **C**-1 visit only	May bill one time after implantation. Do not bill on same date of service as 92510.

CODE/ DESC.	OVER 21	UNDER 21	SERVICE FREQUENCY	COVERAGE LIMITS
92604- Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	POST	POST	**A-** 12 visits the first year, then 2 visits yearly **C-** 12 visits the first year, then 2 visits yearly	One (1) per date of service
~~96100-~~ 96101- Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, ~~emotionality, intellectual abilities~~, eg., MMPI, ~~WAIS-R~~, Rorschach, ~~MMPI~~ WAIS),per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report ~~interpretation and report, per hour~~	PRE- S	PRE - S	**A-** 1 visit only(at M.D. request) **C-** 1 visit only(at M.D. request)	**Requires prior authorization** **Beneficiaries under 21:** One (1) per date of service **Beneficiaries over 21:** Not a covered service
99213- Office or other outpatient visit	PRE- S	PRE-S	**A-** 1 visit only **C-** 1 visit only	One (1) per date of service; subject to twelve (12) physician visits limit (Expanded visits are available through EPSDT for beneficiaries age 21 and under)
99244- Office consultation	PRE- IO	PRE- IO	**A-**1 visit only **C-**1 visit only	1 per date of service and subject to the 12 physician visits limit

Coverage Guidelines for Pre-operative and Post-operative Cochlear Implantation (Unilateral/ Bilateral)

Refer to the above chart, Cochlear Implant.

Cochlear Implant Device- Unilateral/Bilateral

The cost of the cochlear implant device is not covered through the Durable Medical Equipment program

and is not eligible for reimbursement except when billed by a Mississippi Medicaid hospital provider. The cost of the device is covered by the usual reimbursement methodology for either inpatient or outpatient hospital services and must be billed by the hospital. Additional benefits are not available for the device if the surgical procedure is performed in any other outpatient settings.

Replacement, Repair, Supplies- Unilateral/Bilateral

The repair and/or replacement of the cochlear implant external speech processor and other minor supplies including batteries, cords, battery charger, and headsets will be covered in accordance with the Mississippi Medicaid policy for Durable Medical Equipment. These are covered services for all beneficiaries and must be billed by a DME provider. The DME supplier is required to request prior approval for repairs or replacements of external implant parts. Prior approval does not guarantee Medicaid payment for services. Eligibility for and payment of services are subject to all terms, conditions, and limitations of the Mississippi Medicaid program.

Documentation- Unilateral/Bilateral

Documentation must support medical necessity based on the guidelines listed in the "Criteria for Coverage" section of this policy. The surgeon, audiologist, and the provider of rehabilitative services must retain all documentation supporting medical necessity in the medical record.

Refer to Section 7.0, General Policy, for additional documentation requirements.

Prior Approval- Unilateral/Bilateral

The provider should reference the chart included in the policy for those services that require prior approval. Prior approval does not guarantee Medicaid payment for services or the amount of payment for Medicaid services. Eligibility for and payment of services are subject to all terms, conditions, and limitations of the Mississippi Medicaid program.