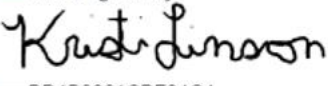


# Children's Special Health Care Services Administrative Policy Manual

## Benefit – Specific Benefit Criteria Policy # C-5b

DocuSigned by:  
  
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Title: Director,  
Children's Special Health Care (CSHCS)

**Latest Revision Date: January 1, 2023**

**Effective Date: July 2, 1996**

**Revision Reason: Updating Policies & Procedures to adjust to current trends in medical care.**

**Title: Cochlear Implant**

**Purpose:** To provide guidelines for the authorization & payment of Cochlear Implants.

**Rule References:**

- 410 IAC 3.2-7-3 – Limited health care services included in the health care service package
- 410 IAC 3.2-7-3(c)(4) – Bilateral hearing loss.

**Policy: Cochlear Implant surgery and related costs, requires Prior Authorization and shall be provided in accordance with the following criteria:**

**Criteria:**

**Eligibility:**

- A Cochlear Implant must be appropriate to an eligible medical condition of the Participant.
- A Letter of Medical Necessity from the participant's CSHCS specialty care physician is required.
- The Participant's age must be in accordance with FDA guidelines to receive this procedure. Exceptions to this requirement may be authorized with medical documentation of necessity, subject to approval by one of the following:
  - Best Practices Committee
  - Medical Consultant (physician)
  - CSHCS Director, or their designee

**Installation:**

- CSHCS will provide for the following services:
  - One (1) psychological evaluation prior to the Cochlear Implant
  - Hospitalization
  - Surgeon
  - Anesthesiology
  - Laboratory
  - Post-operative rehabilitation
  - One additional implant (replacement) surgery during the Participant's enrollment on the program, if necessary.

# Children's Special Health Care Services

## Administrative Policy Manual

### Replacement:

- If the implanted device fails, CSHCS will pay for one (1) replacement or upgrade of the implanted device with documentation as needed in a Letter of Medical Necessity from the participant's CSHCS specialty care physician, but only once during the Participant's enrollment on the program. CSHCS will only purchase the implanted device for the replacement if the original device failed after the warranty period<sup>1</sup> expired.
- CSHCS **will pay for replacement of the external device(s)** to include the Headset (which may consist of the Processor, Microphone, Coil & Magnet, among other things), or regardless of the packaging at least those components **if the device or a component thereof fails after the expiration of the warranty period<sup>2</sup> or is not a warranted item**, if documented as needed in a Letter of Medical Necessity from the participant's CSHCS specialty care physician. Should the microphone or one of the other major external components included in the headset fail after the warranty period, CSHCS would prefer to purchase an entire new headset to obtain another new warranty<sup>2</sup>, as opposed to paying for repair labor and buying parts, which would only have a six (6) month warranty.
- CSHCS **will pay for replacement of the external device(s)** to include the Headset (consisting of the Processor, Microphone, Coil & Magnet, among other things), or regardless of the packaging at least those components **if the device or a component thereof is lost or rendered inoperable (destroyed) and therefore not covered by any warranty**, which may be in force, once every three (3) years, if documented as needed in a Letter of Medical Necessity from the participant's CSHCS specialty care physician.. Should the microphone or one of the other major external components included in the headset become lost or destroyed, CSHCS would prefer to purchase an entire new headset in order to obtain another new warranty<sup>2</sup>, as opposed to paying for repair labor and buying parts, which would only have a six (6) month warranty.
- Exceptions to the replacement guidelines will be considered with extenuating circumstances, only if documented as needed in a Letter of Medical Necessity from the participant's CSHCS specialty care physician. An exception requires the approval by one of the following:
  - **Best Practices Committee**
  - **Medical Consultant** (physician)
  - **Director, Maternal & Children's Special Health Care Services**, or their designee

### Repair:

- CSHCS will provide for repairs not covered by the manufacturer's warranty. This is typically to repair an item damaged by misuse, not being aware of a component becoming loose and then lost, or by accident.
- If a Headset component is involved, particularly the microphone, replacement of the Headset is the CSHCS preference, in order to obtain a new warranty.
- CSHCS does not pay for maintenance or service contracts.

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<sup>1</sup> Current manufacturer warranty for the internal device is ten (10) years, per Dr. Miyamota's office at Riley Hospital (274-6671), February 24, 2004.

<sup>2</sup> Current manufacturer's warranty for most external device components is three (3) years, per product information from Kelly Lormore at Riley Hospital (274-4948), March 23, 2004.

# Children's Special Health Care Services

## Administrative Policy Manual

**Most common accessories to be provided by CSHCS, as needed, up to the limitation:**

<u>Supply Item</u>	<u>Limitation</u>
▪ Batteries – if Rechargeable	Replace all batteries every nine (9) months
▪ Batteries – if Disposable	A quantity sufficient to replace all batteries (the number of batteries varies depending upon the device being used) on a daily basis. Recommend providing a six (6) month supply every six (6) months.
▪ Battery Charger	One time
▪ Battery Door	One every two (2) years
▪ Cables/Cords	
○ Headset (short)	Six per year
○ Transmitting (long)	Six per year
▪ Dry-Aid Kit	One every three (3) years, as needed
▪ <u>and/or if</u>	
▪ Dri- n- store Kit	Six Drying Bricks per year
▪ Ear Hook	Four per year
▪ Fanny Pack	One every two (2) years
▪ Firefly	Two per year
▪ Fixation Bar	Two per year
▪ Harness (Child)	Two per year
▪ Microphone Lock	Two per year
▪ Microphone covers	Two per year
▪ Pouch (Adult)	One per year
▪ T-mic	Two per year
▪ U-pin Lock	Three per year

**CSHCS will not provide the following accessories:**

- FM Cable
- Lapel Clip
- Telephone Adapter