

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Ambulatory Surgery Centers, Audiologists, Federally Qualified Health Centers, Hearing Instrument Specialists, Home Health Agencies, Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Pharmacies, Physical Therapists, Physician Clinics, Physicians, Rehabilitation Agencies, Speech-Language Pathologists, Speech and Hearing Clinics, Therapy Groups, HMOs and Other Managed Care Programs

## Policy Clarification for Cochlear Implants

This *ForwardHealth Update* clarifies policy for cochlear implants.

Providers are required to use Healthcare Common Procedure Coding System (HCPCS) procedure code L8614 (Cochlear device, includes all internal and external components) with *Current Procedural Terminology* procedure code 69930 (Cochlear device implantation, with or without mastoidectomy) when billing for a cochlear implant. The rendering surgeon is required to obtain prior authorization (PA) for the implant surgery.

Prior authorization is required if the *internal* components of the cochlear device need to be replaced within their 10-year life expectancy. The life expectancy for the *external* speech processor, HCPCS procedure code L8619 (Cochlear implant, external speech processor and controller, integrated system, replacement), is three years. If the external speech processor needs to be replaced within three years of the implant surgery or a previous replacement, PA is required.

For members who received the implant surgery and device prior to their enrollment in BadgerCare Plus or Medicaid, PA is not required for the first replacement of the external speech processor because ForwardHealth has no record of medical services members receive prior to their enrollment and therefore cannot know whether the replacement of the external speech processor is occurring within three years of the purchase of the previous device.

These policies are effective for dates of service on and after May 1, 2011, for members enrolled in the BadgerCare Plus Standard Plan or Medicaid or for members 17 years of age and younger enrolled in the BadgerCare Plus Benchmark Plan.

### Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250