

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

Revised Prior Authorization Criteria and Coverage Policy for Cochlear Implant Surgery

This *ForwardHealth Update* announces revised prior authorization criteria and coverage policy for cochlear implant surgery, effective for dates of service on and after April 1, 2016.

Coverage of Cochlear Implant Surgery

Cochlear implant surgery to improve sensorineural hearing loss is currently covered by ForwardHealth with prior authorization (PA). Effective for dates of service on and after April 1, 2016, ForwardHealth may cover unilateral or bilateral cochlear implant surgery when the revised PA approval criteria, detailed in this *ForwardHealth Update*, are met.

Prior Authorization Approval Criteria

General Approval Criteria

Prior authorization requests for unilateral and bilateral cochlear implant surgery may be approved if **all** of the following approval criteria are met:

- Cochlear implant surgery is medically necessary and used to treat bilateral sensorineural hearing loss in adults or unilateral or bilateral sensorineural hearing loss in children under age 21.
- The member is cognitively and psychologically suitable for the implant.

- The member's hearing loss is not due to problems with the auditory nerve or with the central auditory nervous system.
- There are no medical contraindications to implantation, as determined by the cochlear implant team.
Contraindications include, but are not limited to:
 - ✓ Deafness due to lesions of the eighth cranial (acoustic) nerve, central auditory pathway, or brain stem.
 - ✓ Active or chronic infections of the external or middle ear and mastoid cavity.
 - ✓ Tympanic membrane perforation.
 - ✓ Cochlear ossification that prevents adequate electrode insertion as determined by the treating physician.
 - ✓ Absence of cochlear development as demonstrated by computed tomography (CT) scans.
- There is radiographic evidence of cochlear development as demonstrated by a CT and/or MRI scan.
- The member's state of health permits the surgical procedure, as determined by a physician.
- The ear (right or left) is specified.

Approval Criteria for Children

Prior authorization requests for unilateral or bilateral cochlear implant surgery may be approved under the following circumstances for children under age 21:

- The family has been properly informed about all aspects of the cochlear implant, including evaluation, surgical, and rehabilitation procedures.
- The member is scheduled to attend a concentrated oral and/or aural rehabilitation program recommended by the cochlear implant team through the Birth to 3 Program, local school, rehabilitation site, etc.
- For children under 12 months of age, a cochlear implant team has documented the medical necessity of implantation, and implantation is not medically contraindicated by current evidence-based research or anatomy development.
- For children 12 to 24 months of age, a cochlear implant team has documented the following:
 - ✓ Unilateral or bilateral severe to profound pre- or post-lingual sensorineural hearing loss, defined as a hearing threshold of pure-tone average of 70 decibels (dB) hearing loss or greater at 500 hertz (Hz), 1000 Hz, and 2000 Hz.
 - ✓ A lack of progress in the development of auditory skills in conjunction with appropriate binaural amplification and participation in intensive auditory rehabilitation over a three- to six-month period. Limited benefit from amplification may be quantified by measures including, but not limited to, the Meaningful Auditory Integration Scale or the Early Speech Perception Test.
- For children 24 months of age and older, a cochlear implant team has documented the following:
 - ✓ Unilateral or bilateral severe to profound pre- or post-lingual sensorineural hearing loss, defined as a hearing threshold of pure-tone average of 70 dB hearing loss or greater at 500 Hz, 1000 Hz, and 2000 Hz.
 - ✓ A lack of progress in the development of auditory skills in conjunction with appropriate binaural amplification and participation in intensive auditory rehabilitation over a three- to six-month period. Limited benefit from amplification is defined and

may be quantified as demonstrated by the following:

- An aided score of 30 percent or less on the Multisyllabic Lexical Neighborhood Test (MLNT) for children 24 months of age.
- An aided score of 30 percent or less on the Lexical Neighborhood Test (LNT) for children 25 months to 5 years of age.
- A test that may vary depending upon the child's cognitive and linguistic skills for children 5 years of age and older.

Approval Criteria for Adults

Prior authorization requests for unilateral or bilateral cochlear implantation may be approved under the following circumstances for adults ages 21 and older:

- The member has a moderate to profound bilateral sensorineural hearing loss (50 dB or poorer averaged over 500-2000 Hz in the better ear).
- The member demonstrates limited benefit from amplification as defined by test scores of less than 50 percent correct in the best aided listening condition on recorded open-set sentence tests.

Prior Authorization Documentation

The rendering surgeon is required to submit **all** of the following with the PA request:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13)
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12)
- Documentation that fully supports the approval criteria outlined in this *Update*
- Preliminary evaluations, diagnoses, and recommendations from a licensed otologist/otolaryngologist and audiologist that must occur within six months of the proposed implant date, prior to the cochlear implant team evaluation
- A pre-surgical team evaluation by a cochlear implant team, which may include otologists, otolaryngologists, audiologists, and experts from the speech-language pathology, psychology, social work, or deaf education disciplines

- Documentation of the cochlear implant team's current experience with cochlear implantation and with rehabilitation strategies
- Documentation of a post-surgical follow-up plan
- For simultaneous or sequential bilateral cochlear implantation, documentation that a unilateral cochlear implant plus a hearing aid in the opposite ear will **not** result in a sufficient bilateral hearing benefit (For those members, the hearing loss is to a degree that a hearing aid will not produce the required amplification.)
- For placement of a second cochlear implant in the opposite ear requested more than 17 months after the initial implantation, documentation from the cochlear implant team supporting the evidenced-based clinical rationale

Prior Authorization Submission Methods

Providers may submit PA requests for cochlear implant surgery via:

- **ForwardHealth Portal** — Prior authorization requests may be submitted on the Portal at www.forwardhealth.wi.gov/.
- **Fax** — Prior authorization requests may be faxed to 608-221-8616. If a PA request is sent to another fax number, the request may not be processed.
- **Mail** — Prior authorization requests may be mailed to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

- **The 278 Health Care Services Review — Request for Review and Response (278) transaction** — The 278 transaction is the standard electronic format for health care service PA requests.

For specific information about each of these submission options, providers should refer to the Submission Options chapter of the Prior Authorization section of the Durable

Medical Equipment service area of the ForwardHealth Online Handbook on the ForwardHealth Portal.

Allowable Procedure Code

Rendering surgeons are required to include allowable *Current Procedural Terminology* procedure code 69930 (Cochlear device implantation, with or without mastoidectomy) when submitting a PA request for a cochlear implant surgery or a claim for an approved cochlear implant surgery.

Cochlear Implant Device Reimbursement Policy

Providers are reminded that the reimbursement policy for cochlear implant devices has not changed. Providers should refer to the Durable Medical Equipment (DME) Index on the Resources for Individual Medical Supply Providers page of the Providers area of the Portal for more information.

Information Regarding Managed Care Organizations

This *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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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This Update was issued on 2/23/16 and information contained in this Update was incorporated into the Online Handbook on 4/1/16.