

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Adriena Krul-Hall

Phone Number: 517-284-1221

Initial

Public Comment

Final

Brief description of policy:

This bulletin updates current cochlear implant policy to incorporate new audiological clinical criteria. The Medicaid benefit will be expanded to include coverage of cochlear implants for beneficiaries age five years and older who have either single sided deafness/unilateral hearing loss or asymmetric hearing loss.

Reason for policy (problem being addressed):

The U.S. Food and Drug Administration (FDA) expanded cochlear device use indications to include diagnosis of single sided deafness/unilateral hearing loss or asymmetric hearing loss.

Budget implication:

budget neutral

will cost MDHHS \$ 170,101 Gross (\$121,384 Federal / \$48,717 State), and is not budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

Yes - Program Review Division (PRD).

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: Approval	Date:

DRAFT FOR PUBLIC COMMENT		
Michigan Department of Health and Human Services	Project Number: 2251-Hearing	Date: November 17, 2022

Comments Due: December 22, 2022
Proposed Effective Date: February 1, 2023
Direct Comments To: Adriena Krul-Hall
Address:
E-Mail Address: krulhalla@michigan.gov
Phone: 517-284-1221 **Fax:**

<p>Policy Subject: Cochlear Implant Policy Updates</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, MiChild, Children’s Special Health Care Services</p> <p>Distribution: Practitioners, Hospitals, Hearing Aid Dealers, Hearing and Speech Centers, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Medicaid Health Plans, and Integrated Care Organizations</p> <p>Summary: This bulletin updates current cochlear implant policy to incorporate new audiological clinical criteria. Medicaid's benefit will be expanded to include coverage of cochlear implants for beneficiaries five years and older who have either single sided deafness/unilateral hearing loss or asymmetric hearing loss.</p> <p>Purpose: To align Medicaid standards of coverage for cochlear implants with the current FDA use indications.</p> <p>Cost Implications: \$170,101 gross (\$121,384 federal / \$48,717 state)</p> <p>Potential Hearings & Appeal Issues: Aware of none.</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
--	---

Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
-------------------	---------------------

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
--	-------------

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Practitioners, Hospitals, Hearing Aid Dealers, Hearing and Speech Centers, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Medicaid Health Plans, Integrated Care Organizations

Issued: January 1, 2023 (Proposed)

Subject: Cochlear Implant Policy Updates

Effective: February 1, 2023 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services

The purpose of this bulletin is to notify providers of updates made to the cochlear implant policy. In alignment with U.S. Food and Drug Administration (FDA) device use indications, cochlear implant coverage will be expanded to include beneficiaries with a diagnosis of single sided deafness/unilateral hearing loss or asymmetric hearing loss.

Updates to the Standards of Coverage

For services performed on or after February 1, 2023, Medicaid will expand cochlear implant coverage to include beneficiaries aged five years and older with unilateral hearing loss (UHL)/single sided deafness (SSD) or asymmetric hearing loss (AHL), who obtain limited benefit from an appropriately fitted unilateral hearing device in the ear to be implanted.

Beneficiaries with UHL/SSD must meet all the following audiological criteria for implantation:

- Diagnosis of severe to profound sensorineural hearing loss in ear to be implanted defined as a pure-tone average (PTA) equal to or greater than 80 dB HL or level appropriate for the model to be implanted, averaged over 500-4000 Hz
- Normal or near-normal hearing as defined as a PTA equal to or better than or 30 dB HL averaged over 500-4000 Hz in the contralateral ear.
- A minimum of a one-month trial of appropriately fitted Contralateral Routing of Signal (CROS) hearing aid or another suitable hearing device. The trial period may be waived with appropriate documentation of medical necessity.
- For beneficiaries age 18 years and older, limited hearing aid benefit from an appropriately fitted unilateral hearing device as defined by a score of less than or equal to 5 percent on a Consonant Nucleus Consonant (CNC) word test.
- For beneficiaries under age 18 years, insufficient functional access to sound in the ear to be implanted as defined as an aided speech perception test score of 5 percent or

less on developmentally appropriate monosyllabic word lists when tested in the ear to be implanted alone.

Beneficiaries with AHL hearing loss must meet all the following audiological criteria for implantation:

- Diagnosis of profound sensorineural hearing loss defined as a PTA equal to greater than 90 dB HL or level appropriate for the model to be implanted, averaged over 500-4000 Hz in the ear to be implanted.
- In the contralateral ear, mild to moderately severe sensorineural hearing loss defined as a PTA of equal to or up to 55 dB HL averaged over 500-4000 Hz
- Hearing loss difference of at least 15 dB in PTA between ears.
- A minimum of a one-month trial of appropriately fitted CROS hearing aid or another suitable hearing device. The trial period may be waived with appropriate documentation of medical necessity.
- For beneficiaries age 18 years and older, limited hearing aid benefit from an appropriately fitted unilateral hearing device as defined by a score of less than or equal to 5 percent on a Consonant Nucleus Consonant (CNC) word test.
- For beneficiaries under age 18 years, insufficient functional access to sound in the ear to be implanted as defined as an aided speech perception test score of 5 percent or less on developmentally appropriate monosyllabic word lists when tested in the ear to be implanted alone.

All other cochlear implant policy standards of coverage, documentation, and payment rules remain unchanged. Providers should refer to Hearing Services and Devices chapter in the [MDHHS Medicaid Provider Manual](#) for additional policy and coverage information.

Prior Authorization

Prior authorization is required for cochlear device implantation. Requests must be submitted to MDHHS using the MSA-1653-B form and include all required documentation. Providers should refer to Hearing Services and Devices chapter of the MDHHS Medicaid Provider Manual, Cochlear Implant Prior Authorization subsection, for complete submission instructions.

Medicaid Health Plans/Integrated Care Organizations

Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. MHPs and ICOs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Fee-For-Service (FFS) Medicaid requirements. For beneficiaries enrolled in an MHP or ICO, the provider must check with the plan for applicable requirements.