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Provider/External Stakeholders Questions
Revisions to the 1A-4 Cochlear & Auditory Brainstem Implants Policy

1. What is important to your constituents/colleagues regarding this policy?

There is great interest among pediatricians towards improving the process for Medicaid to pay for cochlear implants and hearing aids.

2. Would you recommend any unit or other limitations to the service?

3. If this service should be limited to certain diagnoses, please include your recommendations with evidence to support the diagnoses that you have recommended.

3.2.2 a. 1. This depends on manufacturer of implant and the age of the child
(Advanced Bionics: Profound bilateral SNHL (>90 dB HL); Cochlear: < 2 years of age Profound bilateral SNHL >90 dB HL, > 2 years of age Severe to Profound bilateral SNHL;
MED-EL: Profound bilateral SNHL (90+ dB HL at 1000 Hz)

3.2.2 a. 2. NOTE This also depends on the age of the child and manufacturer
(Advanced Bionics: < 4 years is < 20% correct simple open-set words and > 4 years is <12% for difficult open-set words or < 30% on open-set sentences; Cochlear < 30% correct word recognition; MED-EL < 20% correct word recognition – cochlear and MED-EL would meet the “for older children” as stated in the draft)

4. Is there any additional evidence in medical literature on the procedure that you would like to present?

5. What additional criteria would you include in the policy to define the service and identify community standards of practice?

Appendix 1: Current Cochlear Implant Approvals & Indications For Use

The FDA-approved indications for these currently marketed implant devices are listed as follows:

(Advanced Bionics)

Children

- 12 months through 17 years of age
- Profound, bilateral sensorineural deafness (>90 dB)
- Use of appropriately fitted hearing aids for at least 6 months in children 2 through 17 years of age, or at least 3 months in children 12 through 23 months of age. The minimum duration of hearing aid use is waived if x-rays indicate ossification of the cochlea
- Little or no benefit from appropriately fitted hearing aids, which is defined as:
 - In younger children (<4 years of age) – A failure to reach developmentally appropriate auditory milestones (such as spontaneous response to name in quiet or to environmental sounds) measured using the Infant-Toddler Meaningful Auditory Integration Scale or Meaningful Auditory Integration Scale or <20% correct on a simple open-set word recognition test (Multisyllabic Lexical Neighborhood Test) administered using monitored live voice (70 dB SPL)
 - In older children (>4 years of age) – Scoring <12% on a difficult open-set word recognition test (Phonetically Balanced-Kindergarten Test) or <30% on an open-set sentence test (Hearing in Noise Test for Children) administered using recorded materials in the sound field (70 dB SPL)

(Cochlear Americas)

Children

- Children 12 to 24 months of age who have bilateral profound sensorineural deafness
- Children two years of age or older may demonstrate severe to profound hearing loss bilaterally
- Limited benefit from appropriate binaural hearing aids, which is defined as:

In younger children – Lack of progress in the development of simple auditory skills in conjunction with appropriate amplification and participation in intensive aural habilitation over a three to six month period. It is recommended that limited benefit be quantified on a measure such as the Meaningful Auditory Integration Scale or the Early Speech perception test.

In older children – $\leq 30\%$ correct on the open set Multisyllabic Lexical Neighborhood Test (MLNT) or Lexical Neighborhood Test (LNT), depending upon the child's cognitive and linguistic skills. A three to six month hearing aid trial is recommended for children without previous aided experience.

6. Are you aware of any additional procedure codes that are currently being used for this service?

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