
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

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18.2.16 Cochlear Implant (Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-Only)

Reimbursement is available for cochlear implants for Medicaid beneficiaries with severe-to-profound bilateral sensorineural hearing loss.

Only beneficiaries under 21 years of age, who meet the eligibility criteria, qualify for cochlear implants. Please refer to Chapter 5, Professional Services Provider Manual for eligibility criteria.

Only one cochlear implant per lifetime, per ear, per eligible beneficiary shall be reimbursed unless the implant fails or is damaged beyond repair, in which case reimbursement for another implant and re-implantation will be considered.

Covered Expenses

The following expenses related to the maintenance of each cochlear implant device will be covered if prior authorized:

1. All costs for upgrades and repairs to the component parts of the implant; and
2. All costs for cords and batteries.

Cochlear Implant Device Criteria

The beneficiaries must meet the criteria for the cochlear implant as outlined in Chapter 5, Professional Services Provider Manual, in addition to having an approved prior authorization for the surgical procedure.

Non-Covered Expenses of Cochlear Device(s)

The following items are non-covered expenses:

1. Service contracts and/or extended warranties; and
2. Insurance to protect against loss and theft.

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Prior Authorization for Cochlear Implant(s)

All aspects of the cochlear implant (preoperative evaluation, implantation, implant, repairs, supplies, therapy) must be prior authorized. The request to perform surgery must come from the multidisciplinary team consisting of, at minimum, a fellowship-trained pediatric otolaryngologist or fellowship-trained otologist, an audiologist, and a speech-language pathologist.

NOTE: Reimbursement for each implant will not be authorized until the surgical procedure has been approved.