

DRAFT	MTL-13/17OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2003
MEDICAID SERVICES MANUAL	Subject: POLICY

2. Prior authorization with medical necessity is required for any additional aid(s) needed during the 24-rolling month period.
3. Additional evaluations, fitting and dispensing, ear molds, testing/repair, replacement of broken or lost hearing aid(s), supplies or insurance outside the normal program guidelines will require prior authorization from the QIO-like vendor. Each request must have the appropriate documentation attached.

2003.3C RECIPIENT RESPONSIBILITY

Along with previously mentioned responsibilities, the recipient is also responsible for:

1. routine maintenance;
2. purchase of additional batteries beyond the limitation of one package of four per hearing aid per month when a prior authorization has been denied; however, children under age 21 may exceed the limitation, when medically necessary;
3. repairs and replacement of the hearing aid(s) if the recipient loses Medicaid eligibility; and
4. picking up the hearing aid(s) and returning for any necessary adjustments within the hearing aid trial period established with the provider.

2003.4 COCHLEAR AND AUDITORY BRAINSTEM IMPLANTS

2003.4A COVERAGE AND LIMITATIONS

1. Bilateral and unilateral cochlear implants are a Nevada Medicaid covered benefit when determined to be medically necessary for eligible recipients with profound hearing impairment. Covered services include but are not limited to:
 - a. otologic examination.
 - b. audiological evaluation.
 - c. physical examination.
 - d. psychological evaluation.
 - e. surgical implantation of the device.
 - f. postoperative follow-up evaluation and rehabilitation.

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2. Coverage is restricted to those recipients who meet the following audiologic/medical criteria as determined by a physician or audiologist:
 - a. recipient must be referred by an M.D. or Ear, Nose and Throat specialist with documentation to determine medical candidacy for such a device. This is to include recent (within six months) results of a CT or MRI scan to evaluate the anatomy of the inner ear; and
 - b. must be at least ~~12~~9 months of age or older; and
 - c. must suffer from severe to profound pre-or-post lingual hearing loss (70 decibels or greater) confirmed by audiologic testing that obtains limited or no benefit from appropriate hearing aids for six months or greater; and
 - d. must have the cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation; and
 - e. must be free of middle ear infection; and
 - f. must have an accessible cochlear lumen that is structurally suited to implantation; and
 - g. be free of lesions in the auditory nerve and acoustic areas of the central nervous system; and
 - h. have no contraindications for the surgery.
3. Use of the device must be in accordance with the Food and Drug Administration (FDA) approved labeling.
4. There must be good family support with self-motivation, as determined by a physician or audiologist. Education of families/caregiver and the recipient must be conducted to ensure understanding of the benefits and limitations of the device, appropriate expectations, commitment to the development of auditory and verbal skills, dedication to the therapeutic program and the ability to adequately care for the external equipment.
5. Adults

Cochlear implants may be covered for prelinguistically (before the development of language), perilinguistically (during the development of language), and postlinguistically (after language has fully developed) deafened adults (over age 21). Postlinguistically deafened adults must demonstrate test scores of 40% or less on sentence recognition scores from tape recorded tests in the recipient's best listening condition.

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6. Children

Cochlear implants may be covered for prelinguistically and postlinguistically deafened children from ~~12~~9 months through 20 years of age. Bilateral profound sensorineural deafness must be demonstrated by the inability to improve on age appropriate closed set word identification tasks with amplification.

7. Rehabilitation Program

A post-cochlear implant rehabilitation program is necessary to achieve benefit from the cochlear implant for both children and adults. The program is performed by an audiologist and speech-language pathologists. The rehabilitation program includes development of skills in understanding running speech, recognition of consonants, vowels and tests of speech perception ability. Refer to Chapter 1700 for Therapy Services of the MSM.

8. Warranty

The limited warranty must be included in the documentation from the product manufacturer. Services beyond the warranty must be prior authorized.

9. Damage and Loss

Damage and loss insurance is required at the time of implant. Insurance must be all-inclusive for replacement and loss, no deductibles or co-pays are allowed. There must be continuous insurance coverage for five years. Insurance is not to exceed \$250/year.

2003.4B PRIOR AUTHORIZATION

Prior authorization is required with medical documentation to substantiate the request for the cochlear implant.

2003.4C RECIPIENT RESPONSIBILITY

Along with previously mentioned responsibilities, the recipient is also responsible for:

1. wearing a helmet while bicycling, roller blading, playing football and soccer; players must not "head" the ball.
2. keeping equipment out of reach of animals.
3. removing the speech processor and headset before entering a room where an MRI scanner is located.