

**Bulletin:** MSA 10-31

**Distribution:** Cochlear Implant Manufacturers, Practitioners

**Issued:** September 1, 2010

**Subject:** Cochlear Implants and Auditory Osseointegrated Devices, Cochlear Implant Accessories, and Auditory Osseointegrated Device Replacements

**Effective:** October 1, 2010

**Programs Affected:** Medicaid, Children's Special Health Care Services (CSHCS)

### Cochlear Implants and Auditory Osseointegrated Devices

Cochlear implants are devices that replace the function of the cochlear structures or auditory nerve and provide electrical energy to auditory nerve fibers and other neural tissues via implanted electrode arrays. Auditory osseointegrated devices are devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via a mechanical transducer.

One cochlear implant or auditory osseointegrated device may be covered per beneficiary. Replacements will be considered under prior authorization. Implantation in the contralateral (that is, a second implant) is not a benefit. Implantation is limited to one in either ear, but not both. As such, repairs and accessories for these devices are limited to the approved device, not bilaterally.

Only Food and Drug Administration (FDA) approved implant devices will be considered for prior authorization.

Cochlear implant and auditory osseointegrated devices are billed by and reimbursed to the hospital through the usual billing and payment methodology.

### Cochlear Implant Accessories

Cochlear accessory replacements are not allowed during the warranty period and may only be dispensed by a cochlear implant manufacturer.

The list of covered replacement parts for cochlear implants is being expanded to include the following:

| Item                                       | Maximum Frequency  |
|--|--|
| Babyworn Cables                            | 1 per year (unless supplemental 2-year warranty is active) |
| Bodyworn Cables                            | 1 per year (unless supplemental 2-year warranty is active) |
| Microphone Covers                          | 2 sets per year  |
| Microphone Protectors                      | 1 per year   |
| Microphone Locks                           | 1 per year   |
| Pouch                                      | 1 per year   |
| Power Cord for Rechargeable Battery Device | 1 per 3 years  |
| Dry & Store Electric Dryer                 | 1 per 3 years  |

| Item   | Maximum Frequency |
|--|-------------------|
| Dry Bricks   | 1 per 6 months    |
| Battery Holder   | 1 per year        |
| Battery Pack   | 1 per year        |
| Battery Charger  | 1 per 3 years     |
| Battery Charger Kit  | 1 per 3 years     |
| Snugfits   | 1 per year        |
| Carrying Case (harness)  | 1 per year        |
| Power Supply for Battery Charger Replacement (Freedom, N5, PSP, and Harmony) | 1 per 3 years     |
| Plug Pack for Freedom Charger  | 1 per 3 years     |
| Earhooks   | 1 per year        |
| CI Repair/Refurbish  | 1 per year        |
| Nucleus 5 Litewear Cable   | 1 per 3 years     |
| Nucleus 5 Remote Assistant   | 1 per 3 years     |
| Nucleus 5 Standard Tamper Resistant Battery Cover                            | 1 per 2 years     |
| Nucleus 5 Litewear Case  | 1 per year        |
| Nucleus 5 Litewear Fixing Aids   | 1 per year        |
| Freedom Babyworn Accessory Pack  | 1 per year        |

### **Replacement of Auditory Osseointegrated Devices**

Replacement of external processors for surgically placed auditory osseointegrated devices require prior authorization and will not be covered more frequently than once every 5 years. Replacements are not covered during the warranty period. Processor repairs require prior authorization.

### **Reimbursement for Procedure Codes Identified with Not Otherwise Covered (NOC) or \$0.01 Screen**

The Michigan Department of Community Health reserves the right to set a dollar limit on the maximum allowable amount paid for a NOC or \$0.01 screen procedure code for a specific range of products.

### **Manual Maintenance**

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **APPROVED**



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