

Blue Cross and Blue Shield of Illinois Provider Manual

**HMO Scope of Benefits Section** 

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## **Cochlear Implantation**

## **Benefit**

Cochlear implants are in benefit if determined by the Primary Care Physician (PCP) to be medically necessary.

## Interpretation

A cochlear implant is an electronic device, part of which is surgically implanted into the inner ear and part of which is worn like a pocket type hearing aid. The purpose of the device is to restore a sense of sound recognition to a profoundly deaf person.

These devices can be either single channel (providing a single frequency stimulation) or multi-channel (providing multiple frequency stimulation). These devices do not restore normal hearing capability, but merely restore the member's ability to recognize sounds originating in the external environment.

An intensive pre-surgical evaluation is usually performed. This evaluation may include:

- Auditory brainstem response studies
- Stapedial reflex testing
- Otoacoustic emission testing
- Auditory behavioral response evaluation
- MRI or CT Scans

The implantation of a single or multi-channel device may be appropriate for selected deaf members who:

- Are pre-lingual or post-lingual members of any age who have failed to achieve a functional level of hearing despite an appropriate trial of adequate amplification and intensive auditory training.
- Have X-ray evidence of a developed cochlear apparatus.
- Have the ability to cooperate with the complex post-surgical regimen needed to gain optimum benefit from the device.
- Do <u>not</u> have any of the following:
  - 1. Acoustic (8th) nerve damage
  - 2. Central auditory pathway damage
  - 3. Active middle ear infections

Post-implant aural therapy is important for adults and is critical for children to maximize the benefits available from cochlear implantation, especially speech development. Such therapy is outpatient rehabilitation therapy. If the member continues to improve and the IPA physician refers the member for ongoing therapy, the therapy is in benefit subject to the limitations of the member's outpatient rehabilitation therapy benefits. See Benefits Matrix for details, as these benefits vary.

Paid by	Professional Charges	IPA
	Equipment Charges	НМО
	Inpatient and/or Outpatient Surgical Facility Charges	НМО
	Aural Therapy	IPA