

Insurance Interview Worksheet

A worksheet to guide you during conversations with your health plan about benefit coverage

How do I know if my health plan will cover a cochlear implant or bone conduction implant?

Every health insurance plan is different and many insurance plans provide coverage for Cochlear's portfolio of implantable hearing solutions. You should work with your Hearing Implant Specialist who will submit the necessary eligibility paperwork. You can also speak with your health insurance plan to find out specifically what and how your plan would cover implantable hearing solutions. Coverage typically includes a surgical procedure and the device itself.

Coverage for these services may be covered under your hospital outpatient or durable medical equipment portion of your insurance plan. Your specific plan would determine your benefit coverage. You can contact your insurance company by calling the number listed on the back of your insurance ID card.

Some common questions you may want to ask your health plan:

(Be sure to make note of the name of the representative that you spoke with and the date you spoke to him/her. Whenever possible, ask for a written confirmation of benefits.)

1. Is a referral required? (A referral is a written order from your primary care doctor for you to see a specialist or get certain medical services.)

2. Are there any riders or exclusions that would affect coverage? (Note: Some plans may classify the bone conduction systems as a hearing aid and limit plan benefits to the coverage for hearing aids.)

3. How much of my deductible has been satisfied for the year?

4. Do I have a copayment or coinsurance? It is important to ask if copayments or coinsurance are applicable to each healthcare provider (hospital or surgery center, surgeon and anesthesia).

5. Do I have an out of pocket maximum? If so, how much have I satisfied at this time?

6. Is there a maximum dollar amount per year the plan will pay towards a cochlear implant or bone conduction implant?

7. Is there a maximum dollar amount or maximum amount of visits per year that the plan will pay for audiology visits (i.e. mapping/programming)?

8. Is the surgeon and hospital or ambulatory surgery center in network? If not, do I have out of network benefits? If so, again ask about copayments or deductible and/or coinsurance for out of network providers as this may vary.

9. Is a prior authorization, predetermination or precertification required for cochlear implant or bone conduction implant surgery? (For cochlear implantation, confirm if authorization or precertification is required for the post-operative mapping/programming services.)

What is the process for obtaining insurance approval?

It is very important that you obtain written approval, when possible, from your health plan for coverage of the implant and the surgery.

1. It is recommended that a predetermination of benefits request is submitted to your health plan to help you determine your specific benefit coverage. (Your physician's office might be willing to submit this on your behalf.) A predetermination is a voluntary review the health plan performs to determine your plan's benefit coverage and to verify you meet the plan's definition of medical necessity.
2. The predetermination request should contain:
 - a written description of the procedure including billing codes, a letter of medical necessity from your physician, and medical records including audiograms.
3. Follow up with your health plan every ten days until they call you or provide you with a letter indicating whether your surgery and implant is covered.
4. If denied, verify the denial reason and your appeal options in your insurance handbook or as outlined in the letter you receive from your insurance company.
5. Initiate an appeal based on the denial reason and process described in your insurance handbook or letter.
6. Continue to follow up with the health plan until they render a final written decision.

What is a medical necessity determination?

Is that different from a covered service?

Keep in mind that a medical necessity is not the same as a medical benefit. A medical necessity is something that your doctor has decided is necessary. A medical benefit is something that your insurance plan or your employer has agreed to cover. In some cases, your doctor might decide that you need medical care that is not covered by your health plan.

Additional Comments

If unsure about benefit coverage, check your description of plan benefits in your insurance handbook, also referred to as the summary plan description "SPD". The SPD should include information on covered and excluded services under the plan. If you still are not sure, ask your human resources representative about coverage and appeal options, if necessary.

Helpful Information

When calling your insurance company, they may ask you for the billing codes, also known as CPT codes, associated with the implant surgery and subsequent aural rehabilitation (mapping/programming services). Additionally, they may ask for the billing code, known as HCPCS code, for the implant system. It may be helpful for you to know the applicable codes associated with the implant surgery and system when you call the health plan to verify your benefit coverage. You can contact your insurance company by utilizing the phone number on the back of your insurance ID card and/or access the information on the insurance plan's website.

Billing Codes

Cochlear Implant

CPT Code: Description

69930 Cochlear Device Implantation (surgery)

L8614 Cochlear Implant System

Cochlear Implant Mapping/Programming

92601 Diagnostic analysis of Cochlear Implant, patient younger than seven years of age; with programming

92602 Subsequent reprogramming

OR

92603 Diagnostic analysis of Cochlear Implant, age seven years or older; with programming

92604 Subsequent reprogramming

Osia or Baha Attract

CPT Code: Description

69799 Unlisted procedure, middle ear

L8690 Auditory Osseointegrated Device; includes all Internal and External Components

Baha Connect

CPT Code: Description

69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/ cochlear stimulator; without mastoidectomy

OR

69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/ cochlear stimulator; with mastoidectomy

L8690 Auditory Osseointegrated Device; includes all Internal and External Components

Cochlear Americas is pleased to provide this guidance on insurance coverage about Cochlear's products and technology, but please realize that this information is provided as guidance only. Coverage for adult Medicaid recipients varies according to state specific guidelines. Contact your insurance provider or hearing implant specialist to determine your eligibility for coverage. Cochlear Americas makes no representation, warranty, or guarantee regarding the fitness for your particular situation of the guidance provided or that following these guidelines will result in any form of coverage or reimbursement. Please be sure to seek legal advice and consult with your own reimbursement advisors to confirm the applicability of our guidance to your particular needs. And remember that all services or products billed to an insurance company or payer must be medically necessary, actually performed or purchased, and appropriately documented.

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www.Cochlear.com/US

Follow us on    

Cochlear Americas

13059 East Peakview Avenue
Centennial, CO 80111 USA
Telephone: 1 303 790 9010
Support: 1 800 483 3123

New Address Effective April 1, 2020

10350 Park Meadows Drive
Lone Tree, CO 80124 USA
Telephone: 1 303 790 9010
Support: 1 800 483 3123



CAM-RB-060 ISS4 JAN20

