

Criteria Checklist
Alabama Medicaid Agency
Cochlear Implant Repair and Replacement Checklist

PREREQUISITE CRITERIA

- Patient is Medicaid eligible and is age 9 months to 20 years
- EPSDT screening
- All requests for replacements related to hearing devices and/or accessories must document that the current device/accessory no longer functions and cannot be repaired.
- Additional medical documentation supporting medical necessity for repairs to or replacement of minor parts for cochlear external processor (L7510), replacement of the cochlear Implant Processor (L8619) or ancillary accessories.

LIMITATIONS

Upgrades to existing, functioning, replaceable sound processors to achieve aesthetic improvement are not medically necessary and will not be covered. If the request for a sound processor, battery replacement, or repair is for spare or back-up equipment for use in emergencies it will not be covered. Replacement and repair are handled under any warranty coverage an item may have.

PROCEDURE CODES

L7510, L8617, L8618, L8619, L8624, L8628, L8691, L8692, L9900