

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 Baha® System?

Every health insurance plan is different. Many health insurance plans provide coverage for Cochlear Implants or Baha Systems, however, you should speak with your health insurance plan to find out specifically what and how your plan would cover this type of service and device. Coverage for Cochlear or Baha Implants typically includes a surgical procedure and the implant device itself. Coverage for these services may be covered under your hospital outpatient or durable medical equipment portion of your health insurance plan. Cochlear recommends contacting your health insurance company to determine how these services are covered as well as to determine what your financial responsibility would be. 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.)

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| <p>1. Is a referral required?
<i>(A referral is a written order from your primary care doctor for you to see a specialist or get certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the services).</i></p> <hr/> <p>2. Are there any riders or exclusions that would affect coverage?
<i>(Note: Some plans may classify the Baha System as a hearing aid and limit plan benefits to the coverage for hearing aids.)</i></p> <hr/> <p>3. Do I have an annual deductible <i>(possibly a family deductible)</i>?</p> <hr/> <p>4. How much of my deductible has been satisfied for the year?</p> <hr/> <p>5. Do I have a copayment or coinsurance? It is important to ask if copayments or coinsurance are applicable to each healthcare provider <i>(hospital or surgery center, surgeon and anesthesia).</i></p> <hr/> | <p>6. Do I have an out of pocket maximum? If so, how much have I satisfied at this time?</p> <hr/> <p>7. Is there a maximum dollar amount per year the plan will pay towards the Cochlear Implant or Baha Implant? <i>(See below for applicable billing codes.)</i></p> <hr/> <p>8. Is there a maximum dollar amount or maximum amount of visits per year that the plan will pay for audiology visits <i>(i.e. mapping/programming)</i>?</p> <hr/> <p>9. 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.</p> <hr/> <p>10. Is prior authorization or precertification required for the Cochlear Implant or Baha surgery? <i>(For cochlear implantation, confirm if authorization or precertification is required for the post-operative mapping/programming services.)</i></p> <hr/> |
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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.

Health plans, and sometimes employers, determine what tests, drugs and services they will cover. These choices are based on their understanding of the kinds of medical care that most patients need. Your insurance company or employer's choices may mean that the test, drug or service you need is not covered by your policy.

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 (<i>surgery</i>)
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

Baha

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

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Hear now. And always

