

Beneficiary Full Name: _____ Sponsor's SSN: _____-_____-_____

Date of Birth: _____

Beneficiary State of Residence: _____

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter.

Complete Section I below for all requests, and Section II or III based on the age of the patient.

In order for cochlear implantation to be approved for single or multichannel cochlear implants, the provider must attest all of the following statements are true:

Type of cochlear implant: Unilateral OR Bilateral

Section I:

Single or multichannel cochlear implantation for adults and children is a covered benefit when ALL of the following criteria are met:

- The cochlear implant requested is a U.S. Food and Drug Administration (FDA) approved and is being used in accordance with the FDA approved labeling for the specific device prescribed; AND
- An assessment was completed by an audiologist and from an otolaryngologist experienced in this procedure indicating likelihood of success with this device; AND
- There is a cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation. A post-cochlear implant rehabilitation program has been put in place which consists of 6-10 sessions that last approximately 2.5 hours each. The rehabilitation program will include development of skills in understanding running speech, recognition of consonants and vowels, and testing speech perceptions ability; AND
- Age appropriate pneumococcal vaccination is up to date at least two weeks prior to the implant, in accordance with the Centers for Disease Control and Prevention (CDC); AND
- No radiographic evidence of an underdeveloped internal auditory canal, the absence of cochlear development or a physical condition which precludes placement of the electrode array or receiver-stimulator, for example cochlear ossification that prevents electrode insertion; AND
- No presence of a middle ear infection, the cochlear lumen is structurally suited to implantation, and there are no lesions in the auditory nerve or acoustic area of the central nervous system; AND
- No contraindication to surgery and implantation, such as poor anesthetic risk, severe mental retardation, severe psychiatric disorder, and organic brain syndrome.

Additional information:

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L.104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-WEST (9378) at once and destroy the documents and any copies you have made.

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Section II: Adults 18 years and older

The following additional criteria must be met for simultaneous or sequential bilateral cochlear implantation for an adult:

- Individual has bilateral pre or post-linguistic, sensorineural, moderate to profound hearing impairments; AND
- Individual has limited benefit from appropriately fitted binaural hearing aids. Limited benefit from amplification is defined by test scores of 40% correct or less in best aided listening condition on open-set sentence cognition (e.g., Central Institute for the Deaf (CID) sentences, Hearing in Noise Test (HINT) sentences).

Additional information:

Section III: Children up to 18 years old

The following additional criteria must be met for simultaneous or sequential bilateral cochlear implantation for children:

- The child has bilateral sensorineural hearing impairment; AND
- The child has limited benefit from appropriately fitted binaural hearing aids. For children four years of age or younger, limited benefit is defined as failure to reach developmentally appropriate auditory milestones measured using the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test, or less than 20% correct on open-set word recognition test (Multisyllabic Lexical Neighborhood Test (MLNT)) in conjunction with appropriate amplification and participation in intensive aural habilitation over a three to six month period. For children older than four years of age, limited benefit is defined as less than 12% correct on the Phonetically Balanced-Kindergarten Test, or less than 30% correct on the Hearing Noise Test for children, the open-set MLNT or Lexical Neighborhood (LNT), depending on the child's cognitive ability and linguistic skills; AND
- A three to six month hearing aid trial has been undertaken and failed by the child who has no previous experience with hearing aids.

Additional information:

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: _____

Physician's printed name and title: _____

TIN: _____

Signature: _____

Date: _____

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