



November 30, 2023

S. Elizabeth Pitman  
Arkansas Department of Human Services  
Director  
Division of Medical Services  
P.O. Box 1437, Slot S401  
Little Rock, AR 72203-1437

**RE: Arkansas Medicaid Coverage of Cochlear Implants for Adults**

Dear Director Pitman:

On behalf of the American Speech-Language-Hearing Association (ASHA), I respectfully write to support expanding current cochlear implant coverage by Arkansas Medicaid to include adults or individuals over age 21.

ASHA is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists and SLPs are deeply invested in providing services to individuals who use cochlear implants and recognize the value of coverage for these devices in order to create sustainable access to this life changing technology.

**Understanding What a Cochlear Implant is and Why They Are Used**

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A cochlear implant (CI) is a medical device that can help someone with hearing loss perceive sound.<sup>1</sup> Some types of hearing loss involve damaged hair cells in your inner ear. These hair cells cannot send sound to the patient's auditory nerve. A CI bypasses the hair cells and sends sound right to the auditory nerve.

Getting a CI requires surgery. Part of the implant is placed inside the patient's inner ear, and part of the implant is worn on the outside of their head. These parts work together to help the patient notice sound. CIs can be used in one or both ears. Traditional hearing aids are insufficient to treat the type of hearing loss for which CIs are used.

Because this is a medically implanted device, it needs service and monitoring by a physician and audiologist. In addition, patients with a CI would benefit from rehabilitative support by audiologists or speech-language pathologists. Without Medicaid coverage for their CIs, individuals with severe to profound hearing loss can struggle to understand speech, obtain and maintain employment, and participate in their community.

**Many Payers Cover Cochlear Implants Past Childhood**

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Coverage for CIs includes the purchase of the device itself, fees for facility, surgeons, and anesthesiologists, as well as post implantation device programming, maintenance, and therapeutic care. If a device malfunctions, this often leads to loss of workdays, significant out of pocket costs for the patient, and even loss of employment.

The cost of CIs for adults is often covered by payers, including many state Medicaid programs, Medicare, TRICARE, the Veterans Administration, and many private insurance companies. Medicare recently expanded coverage of CIs to include broader criteria for coverage.<sup>2</sup> Georgia's Medicaid program has appropriated coverage of CIs for Medicaid-enrolled adults via pending legislation this year.<sup>3</sup>

Additionally, based on a proprietary study that ASHA commissioned in 2016, the Current Procedural Terminology (CPT®) codes related to CI services see some of the lowest utilization among the family of CPT codes for audiological services. Simply stated, overall expenditures should not increase dramatically because services related to CIs are billed less frequently than other audiological services.

CIs are already covered for individuals under age 21 by Arkansas Medicaid. This is because of the federal requirement for coverage of all medically necessary services for Medicaid enrolled children by the Early and Periodic Screening, Diagnosis and Treatment benefit. Therefore, children who are implanted with a CI can have continued coverage for replacement devices and services to support their ability to hear until their 21st birthday. Unfortunately, this benefit ends when these individuals turn 21, creating a coverage cliff that limits access to hearing for eligible adults who may have had CI-enabled hearing since early childhood.

ASHA strongly supports expanding CI coverage by Arkansas Medicaid to include adults or individuals over age 21 because of the many benefits CIs offer these patients. Specifically, CIs:

- Are a definitive treatment, meaning this intervention is the best available to treat a particular disease or condition. They are also typically durable for life in 98% of patients (no further surgery is needed in those cases).
- Improve a patient's median income by \$10,000-20,000 annually.<sup>4</sup>
- Produce a net economic gain for Arkansas (rather than a loss): Lifetime net gain to states with implant coverage for this population of patients is estimated at approximately \$400,000 per patient. Best gains are realized in younger/mid-life adults.<sup>5</sup>
- Improve lifetime productivity, earnings, hire-ability.<sup>6</sup>
- Are the most successful neural prosthesis to date.<sup>7</sup>

Thank you for considering ASHA's request to expand coverage of CIs for eligible Medicaid-enrolled individuals over age 21. ASHA welcomes the opportunity to discuss this request further. If you or your staff have any questions, please contact Caroline Bergner, ASHA's director of health care policy for Medicaid, at [cbergner@asha.org](mailto:cbergner@asha.org).

Sincerely,



Robert M. Augustine, PhD, CCC-SLP  
2023 ASHA President

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<sup>1</sup> American Speech-Language-Hearing Association. (n.d.). Cochlear Implants.

<https://www.asha.org/public/hearing/cochlear-implant/>.

<sup>2</sup> Centers for Medicare & Medicaid Services. (n.d.). Cochlear Implantation: Decision Summary.

<https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncid=306>.

<sup>3</sup> Georgia General Assembly. Conference Committee Substitute to H.B. 19 A Bill to Be Entitled an Act. [https://www.legis.ga.gov/api/document/docs/default-source/house-budget-and-research-office-document-library/2024\\_fiscal\\_year/fy\\_2024\\_conference\\_committee\\_bill\\_\(hb\\_19\).pdf](https://www.legis.ga.gov/api/document/docs/default-source/house-budget-and-research-office-document-library/2024_fiscal_year/fy_2024_conference_committee_bill_(hb_19).pdf).

<sup>4</sup> Clinkard, D., Barbic, S., Amoodi H, Shipp D, Lin V. The economic and societal benefits of adult cochlear implant implantation: A pilot exploratory study. *Cochlear Implants Int.* 2015 Jul;16(4):181-5. doi: 10.1179/1754762814Y.0000000096. Epub 2014 Sep 19. PMID: 25237848.

<sup>5</sup> Neve, O.M., Boerman, J.A., van den Hout, W.B., Briaire, J.J., van Benthem, PPG, Frijns, JHM. Cost-benefit Analysis of Cochlear Implants: A Societal Perspective. *Ear Hear.* 2021 Mar 4;42(5):1338-1350. doi: 10.1097/AUD.0000000000001021. PMID: 33675588; PMCID: PMC8378541.

<sup>6</sup> *ibid.*

<sup>7</sup> Wilson, B.S., Dorman, M.F. (2008). Interfacing sensors with the nervous system: Lessons from the development and success of the cochlear implant *IEEE Sensors. Journal* 8; 31-47.