

Subjects Being Sought

Study Underway to Examine Expansion of Medicare Criteria for Cochlear Implants in Adults Age 65 and Older

At present, candidacy criteria for cochlear implantation followed by the Centers for Medicare and Medicaid Services (CMS) are more stringent than the FDA guidelines typically followed by most health insurance plans. As a consequence, many older adults do not have access to the benefits of cochlear implants (CI) that could help them remain active, engaged and healthy.

The American Cochlear Implant Alliance is conducting a CMS-approved study to evaluate expansion of CI candidacy to include adults with better pre-operative speech recognition skills, bringing CMS criteria more in line with those of the FDA and traditional insurers. Ten CI centers across the country are taking part in this study. Although study participants must have the surgery and specific follow-up appointments at one of the ten study sites, some follow-up may occur at centers closer to the study participant's home, and patients may transfer to a CI center closer to their home after the first year.

If you are of Medicare age, using hearing aids, and still having difficulty hearing, or if you have been evaluated and told that you have too much hearing for a cochlear implant under Medicare's more stringent criteria, we encourage you to learn more about this study. Research has found that CI recipients who had more residual hearing and shorter periods of deafness at the time of cochlear implantation tend to have better outcomes.

For More Information

For additional information and to check on your eligibility to receive a cochlear implant as part of the study, please contact Donna Sorkin,

**By Donna Sorkin
and Teresa Zwolan**

dsorkin@acialliance.org or visit <https://clinicaltrials.gov/ct2/show/NCT02075229>.

Overview information on this study can also be found in past issues of the ACI Alliance e-magazine, which can be accessed freely in the Member Center area of the website atacialliance.org. **HLM**

Cochlear Implant Center Study Sites

Johns Hopkins, New York University, University of Iowa, University of Miami, University of Michigan, University of North Carolina, University of Southern California, Vanderbilt, University of Washington (Seattle), Washington University (St. Louis)

Donna Sorkin, M.A., is executive director of the American Cochlear Implant Alliance.



Teresa Zwolan, Ph.D., is the director of the University of Michigan Cochlear Implant Program and vice chair of the American Cochlear Implant Alliance.



Selected References

Zwolan T, Henion K, Segel P, Runge C. The role of age on cochlear implant performance, use, and health utility: a multicenter clinical trial. *Otol Neurotol*, 2014 Oct;35(9).

Clark JH, Yeagle J, Arbaje AI, Lin FR, Niparko JK, Francis HW Cochlear implant rehabilitation in older adults: literature review and proposal for a conceptual framework. *J Am Geriatr Soc*. 2012 Oct;60(10):1936-45.

Green K, et al. Predictors of audiological performance following cochlear implantation in adults, Cochlear Implants International, 2007.

Agency for Healthcare Research and Quality. Technology Assessment: Effect of cochlear implants in adults with sensorineural hearing loss. 2011. <http://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id80TA.pdf>

Age 65 Plus: Cochlear Implant Candidacy and Outcomes

Join the authors at the HLAA Convention 2015 in St. Louis where they will provide more details about this study during their workshop on Friday, June 26 at 1:30 p.m. Their workshop, *Age 65 Plus: Cochlear Implant Candidacy and Outcomes*, will cover the evaluation process to receive a CI, studies on post-operative performance, Medicare reimbursement, and more.

Ann Liming, cochlear implant recipient and former HLAA Board president will share her experiences related to her participation in this study at the University of Michigan. She had repeatedly tried to receive a cochlear implant but had too much hearing to qualify under existing Medicare criteria. Three months post activation, Ann is already receiving considerable benefit from the cochlear implant. (See page 27.)