Cochlear Implants

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Application

UnitedHealthcare Commercial

This Medical Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans in all states except for Colorado.

Coverage Rationale

➲ See Benefit Considerations

Non-hybrid cochlear implantation is proven and medically necessary under certain circumstances for bilateral sensorineural and/or for single sided or asymmetric Sensorineural Hearing Loss in adults ages 18 and older. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation.

Click here to view the InterQual® criteria.

Non-hybrid cochlear implantation is proven and medically necessary under certain circumstances for bilateral Sensorineural Hearing Loss in children ages 6 months or older and for single-sided or asymmetric Sensorineural Hearing Loss in children ages 9 months or older. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation (Pediatric).

Click here to view the InterQual® criteria.

Non-hybrid cochlear implantation for bilateral Sensorineural Hearing Loss in children younger than 6 months and for single-sided or asymmetric Sensorineural Hearing Loss in children younger than 9 months is experimental or investigational, due to lack of Food and Drug Administration (FDA) approval.

Hybrid cochlear implantation is proven and medically necessary under certain circumstances for Sensorineural Hearing Loss in adults ages 18 and older. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation.

Click here to view the InterQual® criteria.

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the protocol titled Medical Records Documentation Used for Reviews.

Definitions

Sensorineural Hearing Loss (SNHL): Occurs when there is damage to the inner ear (cochlea), or to the nerve pathways from the inner ear to the brain. Most of the time, SNHL cannot be medically or surgically corrected. This is the most common type of permanent hearing loss [American Speech-Language-Hearing Association (ASHA)].

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
69930	Cochlear device implantation, with or without mastoidectomy

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HCPCS Code	Description
L8614	Cochlear device, includes all internal and external components
L8615	Headset/headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with cochlear implant device, replacement
L8617	Transmitting coil for use with cochlear implant device, replacement
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
V5273	Assistive listening device, for use with cochlear implant

Benefit Considerations

Cochlear implants external components (i.e., speech processor, microphone, and transmitter coil) are considered under the DME benefit, and the implantable components are considered under the medical-surgical benefit. The member specific benefit plan document must be referenced to determine if there are DME benefits for repair or replacement of external components. Refer to the Medical Policy titled Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements.

Cochlear implant monitoring (remapping and reprogramming of implant) and rehabilitation following the cochlear implant surgery is usually billed as aural rehabilitation and is covered as an outpatient rehabilitation therapy benefit. The member specific benefit plan document must be referenced for any applicable limits that may apply to aural rehabilitation.

Cochlear implants are not hearing aids; refer to the Medical Policy titled Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable for benefit information on hearing aids.

Frequency modulated (FM) systems can be used as an extension or accessory of cochlear implants. FM systems do not meet the definition of covered health care service and are excluded from coverage. These do not prevent, diagnose, or treat a sickness or injury, and are not integral to the function of the cochlear implant itself.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

For information on non-hybrid cochlear implants, refer to the following FDA website for Premarket Approvals (use product code MCM): https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm. (Accessed April 3, 2024)

For information on hybrid cochlear implants, refer to the following FDA website for Premarket Approvals (use product code PGQ): http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. (Accessed April 3, 2024)

References

American Speech-Language-Hearing Association (ASHA). Sensorineural Hearing Loss. Available at: https://www.asha.org/public/hearing/sensorineural-hearing-loss/. Accessed April 3, 2024.

Policy History/Revision Information

Date	Summary of Changes

09/01/2024	**Coverage Rationale**
	• Revised list of indications for which non-hybrid cochlear implantation is proven and medically necessary in certain circumstances; replaced:
	  ○ "For bilateral Sensorineural Hearing Loss in children ages ***9 months*** or older" with "for bilateral Sensorineural Hearing Loss in children ages ***6 months*** or older"
	  ○ "For single-sided or asymmetric Sensorineural Hearing Loss in children ages ***5 years*** or older" with "for single-sided or asymmetric Sensorineural Hearing Loss in children ages ***9 months*** or older"
	• Revised list of indications for which non-hybrid cochlear implantation is experimental or investigational due to lack of U.S. Food and Drug Administration (FDA) approval:
	  ○ Added "for bilateral Sensorineural Hearing Loss in children younger than **6 months**"
	  ○ Replaced "for single-sided or asymmetric Sensorineural Hearing Loss in children younger than ***5 years***" with "for single-sided or asymmetric Sensorineural Hearing Loss in children younger than ***9 months***"
	Medical Records Documentation Used for Reviews (previously titled *Documentation Requirements*)
	• Replaced list of *Required Clinical Information* with instruction to refer to the protocol titled Medical Records Documentation Used for Reviews
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version 2023T0070DD

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.