

Cochlear Implants (for Ohio Only)

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[➔ Instructions for Use](#)

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Related Policies

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for Ohio Only\)](#)
- [Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable \(for Ohio Only\)](#)

Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

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. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation (Pediatric).

Click [here](#) to view the InterQual® criteria.

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.

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]. Sensorineural Hearing Loss).

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 federal, state, or contractual requirements 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

Note: 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. Check the federal, state, or contractual requirements for benefit plan coverage. Refer to the Medical Policy titled [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for Ohio Only\)](#).

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 January 19, 2023)

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 January 19, 2023)

References

American Speech-Language-Hearing Association (ASHA). Public information. Sensorineural Hearing Loss. Available at: <https://www.asha.org/public/hearing/sensorineural-hearing-loss/>. Accessed January 23, 2023.

Policy History/Revision Information

Date	Summary of Changes
04/01/2024	<p>Related Policies</p> <ul style="list-style-type: none"> Updated reference link to the Medical Policy titled <i>Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Ohio Only)</i>
11/01/2023	<p>Application</p> <ul style="list-style-type: none"> Added language to indicate any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01 <p>Coverage Rationale</p> <ul style="list-style-type: none"> Revised coverage guidelines to indicate: <ul style="list-style-type: none"> 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 Non-hybrid cochlear implantation is proven and medically necessary under certain circumstances for bilateral Sensorineural Hearing Loss in children; for medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation (Pediatric) 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 <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of “Degree of Hearing Loss” <p>Benefit Considerations (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate (relocated from the <i>Coverage Rationale</i> section): <ul style="list-style-type: none"> 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 Check the federal, state, or contractual requirements for benefit plan coverage Refer to the Medical Policy titled <i>Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements (for Ohio Only)</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>FDA</i> and <i>References</i> sections to reflect the most current information Removed <i>Description of Services</i> and <i>Clinical Evidence</i> sections Archived previous policy version CS019OH.N – P

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) or contractual requirements for benefit plan coverage. 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.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that

have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines 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.