Cochlear Implants

Guideline Number: MMG021.P
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➲ Instructions for Use

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Related Medical Management Guideline

- Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable

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- Hearing Services

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 9 months or older and for single-sided or asymmetric Sensorineural Hearing Loss in children ages 5 years 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 single-sided or asymmetric Sensorineural Hearing Loss in children younger than 5 years 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.

Documentation Requirements

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 documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

Required Clinical Information
Cochlear Implants

Medical notes documenting the following, when applicable:
• Diagnoses and relevant medical history, including vaccination status or waiver
• Degree and frequencies of sensorineural hearing impairment on each side
• Treatments tried, failed, or contraindicated; include the dates and reason for discontinuation
• Physical exam and reports of recent relevant imaging studies, including:
  ○ Presence or absence from middle ear infection or mastoid cavity
  ○ An accessible cochlear lumen that is structurally suited to implantation
  ○ Presence or absence of lesions in the auditory nerve and acoustic areas of the central nervous system
  ○ Presence or absence of tympanic membrane perforation
• Other applicable diagnostic tests
• Member's cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation
• Proposed procedure(s) including:
  ○ Type of cochlear implant or other auditory implant, including the name of the device
  ○ Whether this request is part of a staged procedure

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 guideline 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

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

HCPCS Code	Description
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 Benefit Interpretation Policy titled Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies.

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. Refer to the EOC/SOB for any applicable limits that may apply to aural rehabilitation.

Cochlear implants are not hearing aids. Refer to the Medical Management Guideline 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 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 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.

Guideline History/Revision Information

Date	Summary of Changes
08/01/2023	• Routine review; no change to coverage guidelines • Archived previous policy version MMG021.O

Instructions for Use

This Medical Management Guideline 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 guideline, 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 Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare West Medical Management 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.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.