Medical Policy
Cochlear Implant

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Policy Number: 478
BCBSA Reference Number: 7.01.05
NCD/LCD: National Coverage Determination (NCD) for Cochlear Implantation (50.3)

Related Policies
- Auditory Brainstem Implant, #481
- Implantable Bone-Conduction and Bone-Anchored Hearing Aids, #479
- Semi-Implantable and Fully Implantable Middle Ear Hearing Aid, #480
- Treatment of Tinnitus, #267

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Unilateral or bilateral cochlear implantation of a U.S. Food and Drug Administration (FDA)-approved cochlear implant device may be MEDICALLY NECESSARY in patients age 12 months and older with bilateral severe-to-profound pre-or postlingual (sensorineural) hearing loss, defined as a hearing threshold of pure-tone average of 70 dB (decibels) hearing loss or greater at 500, 1000, and 2000 Hz, who have shown limited or no benefit from hearing aids.

Cochlear implantation as a treatment for patients with unilateral hearing loss with or without tinnitus is INVESTIGATIONAL.

Upgrades of an existing, functioning external system to achieve aesthetic improvement, such as smaller profile components or a switch from a body-worn, external sound processor to a behind-the-ear model, are NOT MEDICALLY NECESSARY.

Replacement of internal and/or external components solely for the purpose of upgrading to a system with advanced technology or to a next-generation device is considered NOT MEDICALLY NECESSARY.

Replacement of internal and/or external components is considered MEDICALLY NECESSARY only in a small subset of members who have inadequate response to existing component(s) to the point of interfering with the individual's activities of daily living, or the component(s) is/are no longer functional and
cannot be repaired. Copies of original medical records must be submitted either hard copy or electronically to support medical necessity.

Cochlear implantation with a hybrid cochlear implant/hearing aid device that includes the hearing aid integrated into the external sound processor of the cochlear implant (eg, the Nucleus® Hybrid™ L24 Cochlear Implant System) may be considered **MEDICALLY NECESSARY** for patients ages 18 years and older who meet all of the following criteria:

- Bilateral severe-to-profound high-frequency sensorineural hearing loss with residual low-frequency hearing sensitivity; AND
- Receive limited benefit from appropriately fit bilateral hearing aids; AND
- Have the following hearing thresholds:
  - Low-frequency hearing thresholds no poorer than 60 dB hearing level up to and including 500 Hz (averaged over 125, 250, and 500 Hz) in the ear selected for implantation; AND
  - Severe to profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz ≥75 dB hearing level) in the ear to be implanted; AND
  - Moderately severe to profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz ≥60 dB hearing level) in the contralateral ear; AND
  - Aided consonant-nucleus-consonant word recognition score from 10% to 60% in the ear to be implanted in the preoperative aided condition and in the contralateral ear will be equal to or better than that of the ear to be implanted but not more than 80% correct.

**Medicare HMO Blue℠ and Medicare PPO Blue℠ Members**

Medical necessity criteria and coding guidance can be found through the link below.

**National Coverage Determination (NCD) for Cochlear Implantation (50.3)**


**Prior Authorization Information**

Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Medicare HMO Blue℠</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Medicare PPO Blue℠</td>
<td>No</td>
</tr>
</tbody>
</table>

**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable

The following codes are included below for informational purposes only; this is not an all-inclusive list.
The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes:

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>69930</td>
<td>Cochlear device implantation, with or without mastoidectomy</td>
</tr>
</tbody>
</table>

HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
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<tbody>
<tr>
<td>L8614</td>
<td>Cochlear device; includes all internal and external components</td>
</tr>
<tr>
<td>L8615</td>
<td>Headset/headpiece for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8616</td>
<td>Microphone for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8617</td>
<td>Transmitting coil for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8618</td>
<td>Transmitter cable for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8619</td>
<td>Cochlear implant, external speech processor and controller, integrated system, replacement</td>
</tr>
<tr>
<td>L8627</td>
<td>Cochlear implant, external speech processor, component, replacement</td>
</tr>
<tr>
<td>L8628</td>
<td>Cochlear implant, external controller component, replacement</td>
</tr>
<tr>
<td>L8629</td>
<td>Transmitting coil and cable, integrated, for use with cochlear implant device, replacement</td>
</tr>
</tbody>
</table>

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT and HCPCS codes above if medical necessity criteria are met:

ICD-9 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>389.10</td>
<td>Sensorineural hearing loss, unspecified</td>
</tr>
<tr>
<td>389.11</td>
<td>Sensory hearing loss, bilateral</td>
</tr>
<tr>
<td>389.12</td>
<td>Neural hearing loss, bilateral</td>
</tr>
<tr>
<td>389.14</td>
<td>Central hearing loss</td>
</tr>
<tr>
<td>389.16</td>
<td>Sensorineural hearing loss, asymmetrical</td>
</tr>
<tr>
<td>389.18</td>
<td>Sensorineural hearing loss, bilateral</td>
</tr>
</tbody>
</table>

ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10-CM Diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H90.3</td>
<td>Sensorineural hearing loss, bilateral</td>
</tr>
<tr>
<td>H90.5</td>
<td>Unspecified sensorineural hearing loss</td>
</tr>
</tbody>
</table>

Description

The basic structure of a cochlear implant includes both external and internal components. The external components include a microphone, an external sound processor, and an external transmitter. The internal components are implanted surgically and include an internal receiver implanted within the temporal bone and an electrode array that extends from the receiver into the cochlea through a surgically created opening in the round window of the middle ear.
Sounds that are picked up by the microphone are carried to the external sound processor, which transforms sound into coded signals that are then transmitted transcutaneously to the implanted internal receiver. The receiver converts the incoming signals to electrical impulses that are then conveyed to the electrode array, ultimately resulting in stimulation of the auditory nerve.

**Summary**

A cochlear implant is a device for treatment of severe-to-profound hearing loss in individuals who only receive limited benefit from amplification with hearing aids. A cochlear implant provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea.

For individuals who have bilateral sensorineural hearing loss who receive cochlear implant(s), the evidence includes randomized controlled trials (RCTs) and multiple systematic reviews and technology assessments. Relevant outcomes are symptoms, functional outcomes, and treatment-related mortality and morbidity. The available studies have reported improvements in speech reception and quality-of-life measures. Although the available RCTs and other studies measured heterogeneous outcomes and included varying patient populations, the findings are consistent across multiple studies and settings. In addition to consistent improvement in speech reception (especially in noise), studies showed improvements in sound localization with bilateral devices. Studies have also suggested that earlier implantation may be preferred. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have unilateral sensorineural hearing loss who receive cochlear implant(s), the evidence includes prospective and retrospective studies reporting within-subjects comparisons and systematic reviews of these studies. Relevant outcomes are symptoms, functional outcomes, and treatment-related mortality and morbidity. Given the natural history of hearing loss, pre- and postimplantation comparisons may be appropriate for objectively measured outcomes. However, the available evidence for the use of cochlear implants in improving outcomes for patients with unilateral hearing loss, with or without tinnitus, is limited by small sample sizes, short follow-up times, and heterogeneity in evaluation protocols and outcome measurements. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have high-frequency sensorineural hearing loss with preserved low-frequency hearing who receive a hybrid cochlear implant that includes a hearing aid integrated into the external sound processor, the evidence includes prospective and retrospective studies using single-arm, within-subjects comparison pre- and postintervention and systematic reviews. Relevant outcomes are symptoms, functional outcomes, and treatment-related mortality and morbidity. The available evidence has suggested that a hybrid cochlear implant system is associated with improvements in hearing of speech in quiet and noise. The available evidence has also suggested that a hybrid cochlear implant improves speech recognition better than a hearing aid alone. Some studies have suggested that a shorter cochlear implant insertion depth may be associated with preserved residual low-frequency hearing, although there is uncertainty about the potential need for reoperation after a hybrid cochlear implantation if there is loss of residual hearing. The evidence is insufficient to determine the effects of the technology on health outcomes.

Clinical input has strongly supported the use of a hybrid cochlear implant for patients with high-frequency hearing loss but preserved low-frequency hearing.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>12/2016</td>
<td>BCBSA National medical policy review.</td>
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</table>
Policy statement changed to indicate that cochlear implantation with a hybrid cochlear implant/hearing aid system is considered medically necessary for patients meeting criteria. References added. Effective 12/1/2016.

7/2015 New references added from BCBSA National medical policy.
12/2014 Correction made to last line of the Summary.
10/2014 New references added from BCBSA National medical policy.
10/2014 BCBSA National medical policy review.
7/2014 Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
1/2014 Coding information clarified. Updated to add new CPT codes 92521-92524.
12/2013 BCBSA National medical policy review.
New investigational indications described. Effective 12/1/2013. Coding information clarified.
5/2013 New references from BCBSA National medical policy.
No changes to policy statements.
Changes to policy statements.
No changes to policy statements.
No changes to policy statements.
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No changes to policy statements.
No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References


