Clinical Policy: Cochlear Implants and Replacements

Reference Number: LA.CP.MP.507c
Date of Last Revision: 1/232022

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

BackgroundDescription

Louisiana Health Care Connections covers unilateral or bilateral cochlear implants when deemed medically necessary for the treatment of severe-to-profound, bilateral sensorineural hearing loss in beneficiaries under 21 years of age. Any implant must be used in accordance with Food and Drug Administration (FDA) guidelines ~~Unilateral and bilateral cochlear implants for the treatment of sever-to-profound sensorineural hearing loss in enrollees under 21 years of age.~~

Medical Necessity Criteria:~~Policy/Criteria~~

I. In addition to submission of a prior authorization for all aspects of cochlear implant care, (preoperative evaluation, implantation, implants, repairs, supplies, and therapy) It is the policy of Louisiana Healthcare Connections that Cochlear implants's~~s~~ medical necessity criteria are based upon the following:~~shall require the following to:~~

A. A multidisciplinary implant team to collaborate on determining eligibility and providing care that includes, at minimum:
    1. A fellowship-trained pediatric otolaryngologist or fellowship-trained otologist
    2. An audiologist, and
    3. A speech-language pathologist
B. For bilateral cochlear implants, an audiologic and medical evaluation must determine that a unilateral cochlear implant plus hearing aid in the contralateral ear will not result in binaural benefit for the enrollee.
C. The audiological evaluation must include the following:
    1. Severe-to-profound hearing loss determined through the use of an age-appropriate combination of behavioral and physiological measures; and
    2. Limited or no functional benefit achieved after a sufficient trial of hearing aid amplification
D. The Medical evaluation must include the following:
    1. Medical history;
    2. Physical examination verifying the candidate has intact tympanic membrane(s), is free of active ear disease, and has no contraindication for surgery under general anesthesia;
    3. Verification of receipt of all recommended immunizations;
    4. Verification of accessible cochlear anatomy that is suitable to implantation, as confirmed by imaging studies (computed tomography (CT) and/or magnetic resonance imagery (MRI)), when necessary; and
    5. Verification of auditory nerve integrity, as confirmed by electrical promontory stimulation, when necessary.
E. The non-audiological evaluation must include:

1. Speech and language evaluation to determine enrollee's level of communicative ability; and
2. Psychological and/or social work evaluation, as needed

F. Pre-operative counseling must be provided to the enrollee, if age appropriate, and the enrollee's caregiver. Pre-Operative counseling must include:
1. Information on implant components and function; risks, limitations, and potential benefits of implantation; the surgical procedure; and postoperative follow-up schedule
2. Appropriate post-implant expectations, including being prepared and willing to participate in pre- and post- implant assessment and rehabilitation programs; and
3. Information about alternative communication methods to cochlear implants.

II. It is the policy of Louisiana Healthcare Connections that replacement of a cochlear implant(s) and/or its external components (external speech processor, controller, etc.) is considered medically necessary when any one of the following is present:
A The existing device(s) is no longer functional or cannot be repaired;
B A change in the member/enrollee's condition makes the existing unit(s) inadequate for the hearing-related activities of daily living and improvement is expected with a replacement unit(s).
C A sound processor replacement if the current processor is at least five years old.

III. It is the policy of Louisiana Healthcare Connections that replacement or upgrade of an existing, properly functioning cochlear implant and/or its external components (external speech processor, controller, etc.) is considered not medically necessary when requested only for convenience or to simply upgrade to a newer technology.

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Coding Implications

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CPT® Codes	Description
69930	Cochlear device implantation, with or without mastoidectomy
69949	Unlisted procedure, inner ear
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming

CPT® Codes	Description
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s)
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s)
92700	Unlisted otorhinolaryngological service or procedure

HCPCS Codes	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
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each
~~L8625~~	~~External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each~~
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side

ICD-10-CM Code	Description
H90.5	Unspecified sensorineural hearing loss
Q85.00	Neurofibromatosis, unspecified
Q85.02	Neurofibromatosis, type 2
Z96.21	Cochlear implant status

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	1/22	
Policy reviewed and updated. Combined policy with LA.CP.MP.14 (Cochlear Implant Replacements) Background updated with no impact to criteria. References reviewed and updated.	1/23	

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical

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