Clinical Policy: Cochlear Implants and Replacements

Reference Number: LA.CP.MP.507c
Date of Last Revision: 07/~~24~~25
Implications

Revision Log
Coding

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

Description
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

Medical Necessity 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' medical necessity criteria are based upon the following:

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 and 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. The existing component has reached the limit of its reasonable useful life. The reasonable useful life of a sound processor is not less than five years.

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.

Background

Sensorineural hearing loss, or nerve deafness, is a type of hearing loss that results from problems with the inner ear, related to the cochlea, eighth nerve, internal auditory canal, or brain. A common cause of hearing loss in adults is presbycusis, a progressive condition caused by the loss of function of hair cells in the inner ear.[7] Severe to profound hearing loss in children is most often related to genetics, prenatal, perinatal, or postnatal causes.[5] A cochlear implant, an electronic device surgically placed under the skin, bypasses the hair cells and directly transmits sounds through multiple electrodes, which stimulate the auditory nerve.[7] Once the auditory nerve is activated, signals are sent to the brain. The brain learns to recognize these signals and the person experiences this as hearing.[2]

Cochlear implants have been studied since the 1950s and were approved by the FDA in adults in the mid-1980s.[2,5] National Institute of Health (NIH) scientists determined cochlear implants to be cost beneficial.

Recent studies have been conducted evaluating the use of bilateral cochlear implants compared to unilateral implants. Many of these studies have shown that children obtained significantly higher hearing thresholds in the bilateral implants. Speech recognition scores in noisy conditions

were also improved in bilateral users, while speech perception outcomes in quiet conditions were mixed demonstrating differences for only two out of seven outcome measures.[1,8] -Studies also have shown better scores on sentence and word recognition tests for bilateral users.[1]

Very little data has been published comparing differences between bilateral cochlear implants and cochlear implant with a hearing aid on the opposite ear. One small study showed improved localization abilities and speech perception scores for two former users of cochlear implant/hearing aid within the first six months after the second implant was activated. However, performance showed a slight decline after six months of use. Further studies are needed in this area to determine efficacy for bilateral cochlear implants in adults.[1]

While evidence is increasing regarding the use of bilateral implants, bilateral implantation is not without problems. Limited nerve survival that remains may be asymmetrical, resulting in an unnatural pattern of neural activity in stimulation with electrical pulses. This asynchronous stimulation across ~~devises~~devices might result in individual neural impulses which are unlikely to result in useful cues related to interaural differences. Also, bilateral implantation doubles the risks associated with surgical intervention and is very costly.[2]

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted ~~2023~~2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

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
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 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

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective 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	4/18/23	
Annual review completed. Changed verbiage in I.C. from "A sound processor replacement if the current processor is at least five years old" to "C. The existing component has reached the limit of its reasonable useful life. The reasonable useful life of a sound processor is not less than five years". Minor rewording with no clinical significance. Background updated with no	7/23	10/23/30	

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
impact to criteria. ICD-10-CM Diagnosis Code table removed. References reviewed and updated. External specialist reviewed. Added CPT code L8265			
Annual review. Updated description and background with no clinical significance. Coding reviewed, updated description for L8623. References reviewed and updated.	07/24	9/24/24	10/25/24
Annual review. Added CPT L8614. References reviewed and updated. Reviewed by external specialist.	07/25		

References

~~1. Louisiana Medicaid Managed Care Organization (MCO) Manual.Updated date:1/5/2022. Pg(131).~~

~~2.~~1. American Academy of Audiology. American Academy of Audiology Clinical Practice Guidelines: Pediatric amplification. https://audiology-web.s3.amazonaws.com/migrated/PediatricAmplificationGuidelines.pdf_539975b3e7e9f1.74471798.pdf Published June 2013. Accessed ~~May 6, 2024~~April 4, 2025.

~~3.~~2. United States Food and Drug Administration. Cochlear implants. http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/CochlearImplants/default.htm. Published February 3, 2022. Accessed ~~May 6, 2024~~April 4, 2025.

~~4.~~3. Yosefof E, Hilly O, Ulanovski D, Raveh E, Attias J, Sokolov M. Cochlear implant failure: diagnosis and treatment of soft failures. *Acta Otorhinolaryngol Ital*. 2021;41(6):566 to 571. doi:10.14639/0392-100X-N1583

~~5.~~4. North HJD, Lloyd SKW. Hearing rehabilitation in neurofibromatosis type 2. *Adv Otorhinolaryngol*. 2018;81:93 to 104. doi:10.1159/000485526.

~~6.~~5. Year 2019 position statement: Principles and guidelines for early hearing detection and intervention programs. *J Early Hear Detect Interv*. 2019; 4(2):1 to 44.

~~7.~~6. Local coverage article: billing and coding: external components for cochlear implants (A53708). Centers for Medicare and Medicaid Services Web site. https://www.cms.gov/medicare-coverage-database/search.aspx?redirect=Y&from=Overview. Published October 1, 2015 (revised November 7, 2019). Accessed ~~May 6, 2024~~April 4, 2025.

~~8.~~7. Blevins NH. Presbycusis. UpToDate. www.uptodate.com. Updated ~~April 18, 2022.~~December 10, 2024. Accessed ~~May 6, 2024.~~April 4, 2025.

8. National Institute for Health and Care Excellence (NICE). Cochlear implants for children and adults with severe to profound deafness: Technology appraisal guidance [TA566]. Published March 7, 2019. https://www.nice.org.uk/guidance/ta566. Accessed April 4, 2025.

9. Louisiana Medicaid Managed Care Organization (MCO) Manual.Updated date:1/5/2022. Pg(131).

~~May 6, 2024.~~

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 policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This clinical policy is the property of LHCC. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

©2025 Louisiana Healthcare Connections. All rights reserved. All materials are exclusively owned by Louisiana Healthcare Connections and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any

means, or otherwise published without the prior written permission of Louisiana Healthcare Connections. You may not alter or remove any trademark, copyright or other notice contained herein. Louisiana Healthcare Connections is a registered trademarks exclusively owned by Louisiana Healthcare Connections.