Medical Policy:
Cochlear and Other Auditory Implants (Commercial)

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
M202000044P	2/14/2025	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

 The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

Guideline

Cochlear implantation or replacement/upgrade of device/parts may be indicated for 1 or more of the following

- Adult with ALL of the following
  - Hearing loss
  - Intact cochlear nerves confirmed by CT or MRI, or acoustic neuroma excision planned, and cochlear nerve preservation thought possible
  - Need for implant, as indicated by 1 or more of the following
    - Asymmetric sensorineural hearing loss and ALL of the following
      - Hearing loss, unaided, of 90 dB or greater (ie, profound hearing loss) in one ear
      - Contralateral ear with 31 to 55 dB hearing loss (ie, mild to moderately severe hearing loss), with difference of at least 15 dB in pure-tone averages between ears
      - Limited benefit from appropriately fitted hearing aid in ear to be implanted
    - Bilateral sensorineural hearing loss of greater than 40 dB with limited speech perception benefit from hearing aids
    - Unilateral sensorineural hearing loss and ALL of the following

- Hearing loss, unaided, of 90 dB or greater (ie, profound hearing loss) in one ear
- Contralateral ear hearing loss less than 30 dB (ie, normal or mild hearing loss)
- Limited benefit from appropriately fitted hearing aid in ear to be implanted

- Unilateral sensorineural hearing loss and risk for progression

- No lesions of acoustic nerve or central auditory pathway causing deafness
- No organic brain syndrome

– Child with ALL of the following
- Cochleovestibular anatomy compatible with cochlear implant placement (ie, no evidence of anomaly that would preclude implant, such as cochlear aplasia, complete labyrinthine aplasia, lack of cochlear nerve), confirmed by CT or MRI, or acoustic neuroma excision planned and cochlear nerve preservation thought possible
- Need for implant, as indicated by 1 or more of the following
  - Asymmetric sensorineural hearing loss and ALL of the following
    - Age 5 years or older
    - Hearing loss, unaided, of 90 dB or greater (ie, profound hearing loss) in one ear
    - Contralateral ear with 31 to 55 dB hearing loss (ie, mild to moderately severe hearing loss), with difference of at least 15 dB in pure-tone averages between ears
    - Limited benefit from appropriately fitted hearing aid in ear to be implanted
    - Bilateral sensorineural hearing loss, as indicated by ALL of the following
      - Age 9 months or older
      - Hearing loss with unaided pure-tone average thresholds of 70 dB or greater (ie, severe hearing loss)
      - Three-month to six-month trial of binaural hearing aids documents lack of or minimal improvement (ie, less than appropriate based on age, developmental stage, or cognitive ability) in auditory development.
    - Unilateral sensorineural hearing loss and ALL of the following
      - Age 5 years or older
      - Hearing loss, unaided, of 90 dB or greater (ie, profound hearing loss) in one ear
      - Contralateral ear with less than 30 dB hearing loss (ie, normal to mild hearing loss), with difference of at least 15 dB in pure-tone averages between ears
      - Limited benefit from appropriately fitted hearing aid in ear to

be implanted
    - Unilateral sensorineural hearing loss and risk for progression (eg, due to bacterial meningitis)
  - Family support and motivation to participate in postimplant rehabilitation
  - Minimal speech perception 30% or less or lack of developmentally appropriate auditory milestones measured using parent report scales
  - No evidence of central auditory dysfunction (eg, cortical deafness)
- Replacement or upgrade of device/parts are considered medically necessary when 1 or more of the following
  - Existing device is not functional and cannot be repaired, or when replacement is required because a change in the member's condition makes the present unit non-functional and improvement is expected with a replacement unit
  - An individual whose response to existing components is inadequate to the point of interfering with the activities of daily living or when components are no longer functional and cannot be repaired. Upgrade to or replacement of an existing external speech processor, controller or speech processor and controller (integrated system) is considered not medically necessary when such request is for convenience or aesthetics when the current components remain functional.

Procedure Codes

69930	Cochlear device implantation, with or without mastoidectomy
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

References

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2. Cochlear Implants for Children and Adults With Severe to Profound Deafness. NICE Technology Appraisal Guidance TA566 [Internet] National Institute for Health and Care Excellence. 2019 Mar Accessed at: https://www.nice.org.uk/guidance/. [accessed 2022 Oct 22] [Context Link 1, 2]
3. Smulders YE, Rinia AB, Rovers MM, van Zanten GA, Grolman W. What is the effect of time between sequential cochlear implantations on hearing in adults and children? A systematic review of the literature. Laryngoscope 2011;121(9):1942-1949. DOI: 10.1002/lary.21922. [Context Link 1, 2]
4. Implantable Devices for Single-Sided Deafness and Conductive or Mixed Hearing Loss: A Health Technology Assessment. Ontario Health Technology Assessment Series [Internet] Health Quality Ontario. v. 21 n. 1; 2020 Mar Accessed at: https://www.hqontario.ca/. [accessed 2022 Mar 30] [Context Link 1, 2]
5. Sturm JJ, Vicario-Quinones F, Shavit SS, Lalwani AK. Is unilateral cochlear implantation cost-effective for the treatment of bilateral sensorineural hearing loss? Laryngoscope 2021;131(3):460-461. DOI: 10.1002/lary.28703. [Context Link 1, 2]
6. Lammers MJ, Venekamp RP, Grolman W, van der Heijden GJ. Bilateral cochlear implantation in children and the impact of the inter-implant interval. Laryngoscope 2014;124(4):993-999. DOI: 10.1002/lary.24395. [Context Link 1, 2]
7. Lammers MJ, van der Heijden GJ, Pourier VE, Grolman W. Bilateral cochlear implantation in children: a systematic review and best-evidence synthesis. Laryngoscope 2014;124(7):1694-1699. DOI: 10.1002/lary.24582. [Context Link 1, 2]