Cochlear Implants (for Kentucky Only)

Policy Number: CS052KY.07
Effective Date: November 1, 2023

Instructions for Use

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Related Policies

- Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Kentucky Only)
- Hearing Instruments and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Kentucky Only)

Application

This Medical Policy only applies to the state of Kentucky.

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. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation (Pediatric).

Click here to view the InterQual® criteria.

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.

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 policy 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

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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
V5273	Assistive listening device, for use with cochlear implant

Benefit Considerations

Note: 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. Check the federal, state, or contractual requirements for benefit plan coverage. Refer to the Medical Policy titled Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for Kentucky Only).

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.

Policy History/Revision Information

Date	Summary of Changes

11/01/2023	**Coverage Rationale**
	• Removed language indicating:
	  ○ Non-hybrid cochlear implantation is proven and medically necessary under certain circumstances for single-sided or asymmetric sensorineural hearing loss in children ages 5 years or older
	  ○ 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
	Supporting Information
	• Archived previous policy version CS052KY.06

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review 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.