

Cochlear Implants (for Louisiana Only)

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[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with state requirements.

Coverage Rationale

Louisiana Medicaid 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.

Eligibility Criteria

A multidisciplinary implant team is to collaborate on determining eligibility and providing care and is to include, at minimum: a fellowship-trained pediatric otolaryngologist or fellowship trained otologist, an audiologist, and a speech-language pathologist.

Audiological Evaluation

An audiological evaluation must find the following:

- Severe-to-profound hearing loss determined through the use of an age-appropriate combination of behavioral and physiological measures
- Limited or no functional benefit achieved after a sufficient trial of hearing aid amplification

Medical Evaluation

A medical evaluation must include the following:

- Medical history
- 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
- Verification of receipt of all recommended immunizations
- 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
- Verification of auditory nerve integrity, as confirmed by electrical promontory stimulation, when necessary

Note: 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 beneficiary.

Non-Audiological Evaluations

Non-audiological evaluations must include the following:

- Speech and language evaluation to determine beneficiary’s level of communicative ability
- Psychological and/or social work evaluation, as needed

Pre-Operative Counseling

Pre-operative counseling must be provided to the beneficiary, if age appropriate, and the beneficiary’s caregiver must provide the following:

- Information on implant components and function; risks, limitations, and potential benefits of implantation; the surgical procedure; and postoperative follow-up schedule
- Appropriate post-implant expectations, including being prepared and willing to participate in pre- and post- implant assessment and rehabilitation programs
- Information about alternative communication methods to cochlear implants

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 federal, state, or contractual requirements 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

Codes labeled with an asterisk (*) are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program.

References

Louisiana Department of Health: Professional Services Provider Manual, Section 5.1 – Cochlear Implant of the Medicaid Services Manual: <https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf>. Accessed June 14, 2023.

Policy History/Revision Information

Date	Summary of Changes
09/01/2023	<p data-bbox="337 216 488 247">Application</p> <ul data-bbox="337 258 1515 352" style="list-style-type: none"><li data-bbox="337 258 1515 352">• Added language (relocated from the <i>Coverage Rationale</i> section) to indicate the coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth [in the policy] in accordance with State requirements <p data-bbox="337 363 570 394">Applicable Codes</p> <ul data-bbox="337 405 1433 468" style="list-style-type: none"><li data-bbox="337 405 1433 468">• Added notation to indicate HCPCS code V5273 is not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program <p data-bbox="337 478 643 510">Supporting Information</p> <ul data-bbox="337 520 889 552" style="list-style-type: none"><li data-bbox="337 520 889 552">• Archived previous policy version CS019LA.C

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 may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies 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.