



Subject: Cochlear Implants*

Effective Date: January 25, 2005

Department(s): Utilization Management

Policy: Cochlear implants (**HCPCS L8614** and **V5273**) are reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to define medical necessity criteria for an implantable hearing prosthesis.

Procedure:

1. Medical necessity documentation must include at least the following:

Adults >18 years of age:

- Bilateral severe to profound sensorineural hearing loss with pure-tone average of ≥ 70 dB at 500 Hz, 1,000 Hz and 2,000 Hz
- The patient obtains limited or no benefit from appropriately fitted binaural hearing aids (test scores of $\leq 40\%$ in best-aided listening condition on open-set sentence discrimination).

Children from 12 months to 18 years of age:

- Bilateral profound sensorineural hearing loss with thresholds of ≥ 90 dB at 1,000 Hz

- The child has limited benefit from appropriately fitted binaural hearing aids: (*e.g.*, lack of progress in the development of simple auditory skills with appropriate amplification and participation in intensive aural habilitation over a 3 – 6 month period for children age 5 years and younger ; less than 20% correct on open-set sentence discrimination on the Multi-Syllabic Lexical Neighborhood Test or Lexical Neighborhood Test, depending on the child’s cognitive ability and linguistic skills for children over age 5 years).
 - For all children, a trial of hearing aids has been attempted for at least three months, unless there is a history of pneumococcal meningitis as the cause of hearing loss or evidence of cochlear ossification on computerized tomography.
2. Upgrades of existing cochlear implant systems (**CPT 69717, 69718, HCPCS L8615-L8624**) are reimbursable under the following circumstances:
- The currently used component is no longer functional and cannot be repaired;

OR

- The currently used component renders the recipient unable to perform his/her age-appropriate activities of daily living adequately.
3. Upgrading is not reimbursable when done solely to improve appearance or to treat implant-associated psychological complaints.
4. For adults and children, a post-cochlear-implant rehabilitation program is reimbursable within the limits of the individual Plan design. The codes for these are **CPT 92601, 92602, 92603, and 92604**.

5. Initial and replacement batteries (HCPCS codes L8621, L8622, L8623, L8624) for a cochlear implant are reimbursable.
6. The code for surgical placement of a cochlear implant is **CPT 69930** and the codes for placement of temporal bone osseointegrated implants are **CPT 69714** and **69715**.
7. A hybrid cochlear implant with an external hearing aid(e.g. Cochlear Nucleus® Hybrid™ Implant System) is NOT reimbursable because it is considered experimental, investigational or unproven.

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.