



## Cochlear Implants

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P&P # C.5.10

### Policy

The Medical Management Department reviews referral requests for medical necessity and mandated coverage of cochlear implants.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

### Procedure

#### I. Initial Cochlear Implants

##### A. Documentation Required:

In order to facilitate the authorization process referral requests must include the following:

1. Documentation of sensorineural hearing loss by an audiologist and otolaryngologist;
2. Documentation of limited benefit from hearing aids defined as:
  - a. ( $\leq 4$  yrs. of age is measured using the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test.
  - b.  $\geq 4$  yrs. of age is measured by 12 % correct on the Phonetically Balanced-Kindergarten Test, or less than 30 % correct on the Hearing in Noise Test for children, the open-set Multisyllabic Lexical Neighborhood Test (MLNT) or Lexical Neighborhood Test (LNT), depending on the child's cognitive ability and linguistic skills; including failure to develop auditory skills or score on open-sentence recognition test;
3. Order/Prescription from an otolaryngologist.

##### B. Criteria for Medical Necessity-Cochlear Implant:

Unilateral or bilateral FDA approved cochlear implants are considered medically necessary for the treatment of severe sensorineural hearing loss, if **ANY** of the following criteria are met:

##### 1. Children 12 months to 2 years of age with **ALL** of the following:

- a. Severe unilateral or bilateral sensorineural hearing loss, defined as a pure-tone average hearing threshold of 70 dB HL (decibels hearing level) or greater at 500 Hz and 90 dB or greater at 1000 Hz, 2000 Hz; **AND**
- b. Documented limited benefit from appropriately fitted hearing aids (see definition in A.2.a.-b. above), despite appropriate amplification and participation in intensive aural rehabilitation over a three to six-month period; **AND**
- c. A 3- to 6-month hearing aid trial has been undertaken by a child without previous experience with hearing aids.
- d. Ability to participate in extensive postimplant rehabilitation.

**2. Children 2 years of age and older or adults with ALL of the following:**

- a. Severe unilateral or bilateral sensorineural hearing loss, defined as a pure-tone average hearing threshold of 70 dB HL (decibels hearing level) or greater at 500 Hz, 1000 Hz, 2000 Hz; **AND**
- b. Documented limited benefit from hearing aids, defined by test scores of 40% correct or less in best-aided listening condition on an open-set sentence cognition test (e.g., Central Institute for the Deaf (CID) sentences, Hearing in Noise Test sentences (HINT), and consonant-nucleus-consonant (CNC) test). in the ear to be implanted; **AND**
- c. Willingness and ability to participate in extensive postimplant rehabilitation.

**3. Meningitis**

- a. Patients who have had rapid onset of severe bilateral sensorineural hearing loss due to a recent episode of meningitis;
- b. Prompt use of cochlear implants may be necessary to preserve hearing.
- c. Treatment in these situations will be considered by the Medical Director on a case by case basis.

**C. Criteria for Medical Necessity-Hybrid Cochlear Implant**

Unilateral FDA-approved hybrid cochlear implants (e.g., the Cochlear <sup>TM</sup>Nucleus® Hybrid<sup>TM</sup> L24 Cochlear Implant System) are medically necessary for individuals ≥18 years of age with severe or profound sensorineural hearing loss of high-frequency sounds in both ears, but who can still hear low-frequency sounds with or without a hearing aid; when **ALL** the following criteria are met:

1. Normal to moderate hearing loss in the low frequencies (thresholds no poorer than 60 dB HL) up to and including 500 Hz); **AND**
2. Severe to profound mid to high frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz greater than or equal to 75 dB HL) in the ear to be implanted; **AND**
3. Moderate severe to profound mid to high frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz greater than or equal to 60 dB HL) in the contralateral ear; **AND**
4. Consonant-Nucleus-Consonant (CNC) word recognition score between 0% and 60% inclusive in the ear to be implanted; **AND**
5. CNC word recognition score in the contralateral ear equal to or better than, in the ear to be implanted but not more than 80% in the best-aided condition; **AND**
6. Lack of benefit from a minimum of 30-day hearing aid trial with appropriately fit binaural hearing aids worn on a full-time basis (8 hours per day); **AND**
7. Member has patent cochlea and normal cochlear anatomy, and no ossification or any other cochlear anomaly that might prevent complete insertion of the electrode array; **AND**
8. The member must have no medical contraindications to cochlear implantation (e.g., dysfunctional acoustic nerve or cochlear aplasia (lack of development)), active middle ear infection); **AND**
9. Willingness and ability to participate in extensive postimplant rehabilitation

**D. Indications Considered Experimental, Investigational or not Medically Necessary for Initial Cochlear Implant** (Not an all-inclusive list):

1. Deafness due to lesions of the acoustic nerve or central auditory pathway;
2. Otitis media or other active unresolved ear problems;
3. Radiographic evidence of absent cochlear development;
4. Severe to profound hearing loss that has been experienced for  $\geq 30$  years;
5. Auditory neuropathy spectrum disorder
6. Auditory dyssynchrony,
7. Non-FDA approved devices.

**II. Postoperative Cochlear Implant Rehabilitation and Follow-up**

**A. Criteria for Medical Necessity:**

Postoperative cochlear implant rehabilitation is considered medically necessary in patients approved for cochlear implant. Rehabilitation coverage is determined by the patient's particular benefit plan and certificate exclusions.

**Postoperative rehabilitation may include:**

1. The development of skills in understanding running speech, recognition of consonants and vowels, recognition of words and phrases, and tests of speech perception ability.
2. Programming sessions to set the device appropriately and make changes of speech coding strategy, electrode stimulation, and electrode rate and presentation level.

**III. Replacement Cochlear Implants and Accessories**

**A. Documentation Required:**

Physician or advanced practice provider (PA or NP) documentation of the patient's participation in cochlear implant rehabilitation.

**B. Criteria for Medical Necessity:**

Replacement of cochlear implants and accessories are considered medically necessary when ALL of the following criteria are met:

1. Patient has successfully completed cochlear implant rehabilitation; **AND**
2. The cochlear implant is not functioning; **AND**
3. The cochlear implant is no longer under warranty.

**C. Indications Considered Experimental, Investigational or not Medically Necessary for replacement of Cochlear Implants** (Not an all-inclusive list):

1. Replacement of a cochlear implant when the current components remain Functional is considered not medically necessary.
2. Replacement of a cochlear implant with a non-FDA approved device is considered experimental/investigational.

**CPT/HCPCS 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
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

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