Clinical Policy: Cochlear Implants

Reference Number: LA.CP.MP.507
Date of Last Revision: 1/2022

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Unilateral and bilateral cochlear implants for the treatment of sever-to-profound sensorineural hearing loss in enrollees under 21 years of age.

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections that Cochlear implants shall require the following to:

- A. A multidisciplinary implant team to collaborate on determining eligibility and providing care that includes, at minimum:
  1. A fellowship-trained pediatric otolaryngologist or fellowship-trained otologist
  2. An audiologist, and
  3. A speech-language pathologist
- B. 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 enrollee.
- C. The audiological evaluation must include the following:
  1. Severe-to-profound hearing loss determined through the use of an age-appropriate combination of behavioral and physiological measures; and
  2. Limited or no functional benefit achieved after a sufficient trial of hearing aid amplification
- D. The Medical evaluation must include the following:
  1. Medical history;
  2. 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;
  3. Verification of receipt of all recommended immunizations;
  4. 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; and
  5. Verification of auditory nerve integrity, as confirmed by electrical promontory stimulation, when necessary.
- E. The non-audiological evaluation must include:
  1. Speech and language evaluation to determine enrollee's level of communicative ability; and
  2. Psychological and/or social work evaluation, as needed
- F. Pre-operative counseling must be provided to the enrollee, if age appropriate, and the enrollee's caregiver. Pre-Operative counseling must include:

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

Coding Implications

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CPT® Codes	Description
69930	Cochlear device implantation, with or without mastoidectomy
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s)
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s)
92700	Unlisted otorhinolaryngological service or procedure

HCPCS Codes	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
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

HCPCS Codes	Description
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

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	1/22	

References

1. Louisiana Medicaid Managed Care Organization (MCO) Manual. Updated date:1/5/2022

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise

professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.