

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Cochlear Implants

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>5/17/2007</b>	<b>Policy Last Updated:</b>	<b>06/07/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

A cochlear implant is used to restore a level of hearing (auditory sensation) to improve the ability to communicate with others. The cochlear implant works through direct electrical stimulation to the auditory nerve, for patients with moderate to profound sensorineural hearing loss.

The basic parts of a cochlear implant include both external and internal components. The external components include a microphone, an external sound processor, and an external transmitter. The internal components are surgically implanted and include an internal receiver within the temporal bone and a group of electrodes that extends from the receiver into the cochlea through a surgically created opening in the round window of the middle ear.

Sounds that are picked up by the microphone are carried to the external sound processor, which transforms the sound into coded signals that are then transmitted through the skin to the implanted internal receiver. The receiver converts the incoming signals to electrical impulses that are then conveyed to the group of electrodes, ultimately resulting in stimulation of the auditory nerve. The electrical impulses are transmitted to the brain, via the auditory nerve for the processing of sound and speech.

A post-cochlear implant aural (hearing) rehabilitation program is necessary to achieve benefit from the cochlear implant. A typical rehabilitation program consists of 6 to 10 sessions that last approximately 2½ hours each. A rehabilitation program would include development of skills in understanding running speech, recognition of consonants and vowels, and tests of speech perception ability.

Typically, cochlear implants and associated aural (hearing) rehabilitation are covered services for treatment of patients 1 year and older and the member generally displays the following:

- I. Diagnosis of bilateral moderate-to-profound pre- or post-lingual sensorineural hearing impairment with limited benefit from appropriate hearing aids;
  - A. Bilateral moderate to profound pre- or post-lingual sensorineural hearing impairment is defined as a hearing threshold of 70 decibels (dB) or above
  - B. Limited benefit from previous hearing aid use is defined as test scores of less than or equal to 40% correct in the best-aided listening condition on tape-recorded tests of open-set sentence cognition. In children, limited benefit is defined as failure to develop basic auditory skills, and in older children, less than or equal to 30% correct on open-set tests.
- II. Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation;

- III. Freedom from middle ear infection, an accessible opening to the cochlea canal that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system;
- IV. No contraindications to surgery; and
- V. The device must be used in accordance with Food and Drug Administration (FDA)-approved labeling.

**For BlueCHIP for Medicare Members Only:**

Cochlear implantation may be covered for individuals generally displaying the above indications who also have hearing test scores of greater than or equal to 40% and less than or equal to 60% **only** when the provider is participating in, and patients are enrolled in, either an FDA-approved category B investigational device exemption clinical trial, **or** a prospective, controlled comparative trial. Either trial must be approved by The Centers for Medicare and Medicaid Services (CMS).

**Medical Criteria:**

Cochlear implants and associated aural (hearing) rehabilitation are covered services.

Upgrades of an existing, functioning external system to achieve aesthetic improvement, such as smaller profile components or a switch from a body-worn, external sound processor to a behind-the-ear (BTE) model, are considered **not medically necessary**.

**Policy:**

Cochlear implants are classified as prosthetic devices. Unilateral cochlear implantation is a covered service. Bilateral cochlear implantation is also covered when it has been determined that the alternative of unilateral cochlear implant **plus** hearing aid in the other ear will not result in a sufficient bilateral hearing benefit (in those patients with hearing loss of such a great degree that a hearing aid will not produce the required amplification). **No Preauthorization is needed.**

**Notes:**

Next generation devices have typically offered a marginal improvement over previous devices. Replacement of the internally implanted components is not routinely performed and **may** be considered medically necessary **only** in the small subset of patients who have an inadequate response to existing components.

Upgrades of an existing, functioning external system to achieve aesthetic improvement, such as smaller profile components or a switch from a body-worn, external sound processor to a behind-the-ear (BTE) model, are considered **not medically necessary**.

**Repair and Replacement:**

For requests for repair or replacement, please see the policy on ***Durable Medical Equipment (DME) Repair and Replacement***.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Member Certificate, Subscriber Agreement, or Benefit Booklet for applicable Surgery Services/Medical Equipment, Medical Supplies, and Prosthetic Devices/Diagnostic Imaging, Lab, Machine Tests/Speech Therapy, and Personal Appearance and/or Items coverage/benefits.

**Coding:**

**CPT codes:**

The following codes are covered under the **surgery services** benefit:  
**69930**

The following codes are covered under the **speech therapy** benefits:

**92626**  
**92627**  
**92630**  
**92633**

The following codes are covered under the **machine tests** benefits

**92601**  
**92602**  
**92603**  
**92604**

#### **HCPCS codes:**

The following codes are covered under **prosthetic devices** benefit:

**L8614**  
**L8615**  
**L8616**  
**L8617**  
**L8618**  
**L8619**  
**L8621**  
**L8622**  
**L8627**  
**L8628**  
**L8629**

The following codes are covered under the **durable medical equipment** benefit:

**L8623**  
**L8624**

In addition to the codes identified in this policy under the diagnostic imaging, lab, and machine tests benefit, there may be other therapeutic services related to Cochlear Implants (such as auditory rehabilitation) that would be applied to a member's Speech Therapy benefit.

#### **Related Topics:**

Bone Anchored Hearing Aids  
Evaluation for Hearing Impairment/Loss  
Hearing Aid Mandate  
Speech Therapy

#### **Published**

*Policy Update, July 2007*  
*Provider Update, June 2008*  
*Provider Update, August 2009*  
*Provider Update, September 2010*  
*Provider Update, August 2011*

#### **References:**

Abstract and Commentary on Speech, Language, and Reading Skills After Early Cochlear Implantation. Geers, A. (2004) *Journal of the American Medical Association*. 2004;291:2378-2380. Website: <http://jama.ama-assn.org/cgi/content/full/291/19/2378>.

Blue Cross Blue Shield Association. Cochlear Implant. Policy # 7.01.05. Cochlear Implant. Last reviewed with literature search in March 2010. Retrieved on 5/27/10;4/30/11: [http://blueweb.bcbs.com/global\\_assets/special\\_content/medical\\_policy/policymanual/policy.html?pnum=70105](http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=70105).

Centers for Medicare and Medicaid. (CMS) NCD for Cochlear Implantation (50.3). First reviewed April 2009. Retrieved 5/27/09;4/30/11 from: [http://www.cms.gov/mcd/viewncd.asp?ncd\\_id=50.3&ncd\\_version=2&basket=ncd%3A50%2E3%3A2%3ACochlear+Implantation](http://www.cms.gov/mcd/viewncd.asp?ncd_id=50.3&ncd_version=2&basket=ncd%3A50%2E3%3A2%3ACochlear+Implantation).

Centers for Medicare and Medicaid. (CMS) NCD for Cochlear Implantation (50.3). First reviewed April 2009. Retrieved 5/27/09;4/30/11 from: [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=50.3&ncd\\_version=2&basket=ncd%3A50%2E3%3A2%3ACochlear+Implantation](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=50.3&ncd_version=2&basket=ncd%3A50%2E3%3A2%3ACochlear+Implantation).

Garber S, Ridgely MS, Bradley M, Chin KW. Payment Under Public and Private Insurance and Access to Cochlear Implants. *Archives Otolaryngology – Head & Neck Surgery*;October 2002;October 2002;128:1145-1152.

Hirschfelder, A. et.al. (2008) The impact of cochlear implantation on quality of life: The role of audiologic performance and variables. *Otolaryngol Head Neck Surg*. 2008 Mar; 138(3):357-62. Abstract retrieved on 03/05/08 from: [http://www.ncbi.nlm.nih.gov/pubmed/18312885?ordinalpos=6&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/18312885?ordinalpos=6&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum).

National Institute on Deafness and Other Communication Disorders/NIH. Cochlear Implants. Website: <http://www.nidcd.nih.gov/health/hearing/coch.asp>.

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