Clinical Policy: Cochlear Implanted Replacements (Arkansas)

Reference Number: AR.CP.MP.14 Coding Implications
Last Review Date: 8/2024 Revision Log

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

Description

This policy outlines medical necessity criteria for the replacement of cochlear implants and/or cochlear implant components. The cochlear implant has four basic components: a microphone, worn externally behind the ear, which picks up sounds; an external speech processor, which converts sounds to electrical signals; a transmitter and receiver/stimulator, which forward the signals; and implanted electrodes, which stimulate the fibers of the auditory nerve.[6]

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® that ***replacement*** of a cochlear implant(s) and/or its external components (external speech processor, controller, etc.) is considered **medically necessary** when any one of the following is present:

- **A.** The existing device(s) is no longer functional and cannot be repaired;
- **B.** A change in the member/enrollee's condition makes the existing unit(s) inadequate for the hearing-related activities of daily living and improvement is expected with a replacement unit(s);
- **C.** The existing component has reached the limit of its reasonable useful life. The reasonable useful life of a sound processor is not less than five years for members without a craniofacial anomaly diagnosis and every two years for members with a craniofacial anomaly diagnosis.

II. It is the policy of health plans affiliated with Centene Corporation that ***replacement or upgrade*** of an existing, properly functioning cochlear implant and/or its external components (external speech processor, controller, etc.) is considered **not medically necessary** when requested only for convenience or to simply upgrade to a newer technology.

Background

Sensorineural hearing loss, or nerve deafness, is a type of hearing loss that results from problems with the inner ear, related to the cochlea, eighth nerve, internal auditory canal, or brain. A common cause of hearing loss in adults is presbycusis, a progressive condition caused by the loss of function of hair cells in the inner ear.[7] Severe to profound hearing loss in children is most often related to genetics, prenatal, perinatal, or postnatal causes.[5] A cochlear implant, an electronic device surgically placed under the skin, bypasses the hair cells and directly transmits sounds through multiple electrodes, which stimulate the auditory nerve.[7] Once the auditory nerve is activated, signals are sent to the brain. The brain learns to recognize these signals and the person experiences this as hearing.[2]

Cochlear implants have been studied since the 1950s and were approved by the FDA in adults in the mid-1980s.[2,5] National Institute of Health (NIH) scientists determined cochlear implants to be cost beneficial.

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Recent studies have been conducted evaluating the use of bilateral cochlear implants compared to unilateral implants. Many of these studies have shown that children obtained significantly higher hearing thresholds in the bilateral implants. Speech recognition scores in noisy conditions were also improved in bilateral users, while speech perception outcomes in quiet conditions were mixed demonstrating differences for only two out of seven outcome measures.[1,8] Studies also have shown better scores on sentence and word recognition tests for bilateral users.[1]

Very little data has been published comparing differences between bilateral cochlear implants and cochlear implant with a hearing aid on the opposite ear. One small study showed improved localization abilities and speech perception scores for two former users of cochlear implant/hearing aid within the first six months after the second implant was activated. However, performance showed a slight decline after six months of use. Further studies are needed in this area to determine efficacy for bilateral cochlear implants in adults.[1]

While evidence is increasing regarding the use of bilateral implants, bilateral implantation is not without problems. Limited nerve survival that remains may be asymmetrical, resulting in an unnatural pattern of neural activity in stimulation with electrical pulses. This asynchronous stimulation across devises might result in individual neural impulses which are unlikely to result in useful cues related to interaural differences. Also, bilateral implantation doubles the risks associated with surgical intervention and is very costly.[2]

Coding Implications

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CPT Codes	Description
69949	Unlisted procedure, inner ear

HCPCS Codes	Description
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

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HCPCS Codes	Description
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 device speech processor, ear level replacement, 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
Initial approval date		02/09
Removed CPT 69717and 69718 and replaced with CPT 69949	06/19	
References reviewed and updated. Codes review.	06/19	07/19
References reviewed and updated.	06/20	07/20
Annual review. References reviewed and updated. Coding reviewed, added codes L8621 and L8622. Replaced all instance of "member" with "member/enrollee." Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date." Sent for specialist review.	07/21	07/21
Annual review completed. Removed "or" in I.A. and I.B. Background updated with no impact to criteria. References reviewed and updated.	07/22	07/22
Annual review completed. Changed verbiage in I.C. from "A sound processor replacement if the current processor is at least five years old" to "C. The existing component has reached the limit of its reasonable useful life. The reasonable useful life of a sound processor is not less than five years". Minor rewording with no clinical significance. Background updated with no impact to criteria. ICD-10-CM Diagnosis Code table removed. References reviewed and updated. External specialist reviewed.	07/23	07/23
Annual review. Updated description and background with no clinical significance. Coding reviewed, updated description for L8623. References reviewed and updated.	08/24	08/24

References

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6. Local coverage article: billing and coding: external components for cochlear implants (A53708). Centers for Medicare and Medicaid Services Web site. https://www.cms.gov/medicare-coverage-database/search.aspx?redirect=Y&from=Overview. Published October 1, 2015 (revised November 7, 2019). Accessed May 6, 2024.
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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. The Health Plan 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. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

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This clinical policy is effective as of the date determined by the Health Plan. 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. The Health Plan 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/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.

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