

Medical Coverage Policy | Cochlear Implants



EFFECTIVE DATE: 05/17/2007
POLICY LAST UPDATED: 10/01/2013

OVERVIEW

This policy documents the coverage determination for cochlear implants.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHIP for Medicare:

Cochlear implantation may be covered for individuals generally displaying indications (listed in the Background section of the policy) 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 CMS. Available clinical trials can be found at The Center for Disease Control website: <http://clinicaltrials.gov/>

Commercial Products:

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

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).

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.

Note: 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.

Repair and Replacement:

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

There are no par providers who provide batteries for the hearing aid.

MEDICAL CRITERIA

None

BACKGROUND

A cochlear implant, classified by Centers for Medicare and Medicaid Services (CMS) as a prosthetic device, is used to restore a level of hearing (auditory sensation) to improve the ability to communicate with others. It is classified as prosthetic device. 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:

- 1) 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.
- 2) Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation;
- 3) 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;
- 4) No contraindications to surgery; and
- 5) The device must be used in accordance with Food and Drug Administration (FDA)-approved labeling.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Member Certificate or Subscriber Agreement for applicable Surgery Services and Medical Equipment, Medical Supplies, and

Prosthetic Devices/Diagnostic Imaging, Lab, Machine Tests/Speech Therapy, and Personal Appearance and/or Items coverage/benefits.

CODING

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

The following code is covered for Commercial products under the member's **surgery services** benefit:

69930

The following codes are covered for BlueCHiP for Medicare and Commercial products under the member's **speech therapy** benefits:

92626

92627

92630

92633

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

92601

92602

92603

92604

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

RELATED POLICIES

Autism Spectrum Disorder Mandate

https://www.bcbsri.com/sites/default/files/polices/Autism_Spectrum_Disorders_Mandate.pdf

Fully and Semi Implantable Hearing Aids

https://www.bcbsri.com/sites/default/files/polices/FullyandSemiImplantableHearingAid_0.pdf

Evaluation for Hearing Impairment/Loss

https://www.bcbsri.com/sites/default/files/polices/Evaluation_of_Hearing_Impairment_Loss.pdf
Hearing Aid Mandate
<https://www.bcbsri.com/sites/default/files/polices/Hearingaidmandate.pdf>
Speech Therapy
https://www.bcbsri.com/sites/default/files/polices/SpeechTherapy_0.pdf

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Provider Update	Dec 2013
Provider Update	Aug 2012
Provider Update	Aug 2011
Provider Update	Sep 2010
Provider Update	Aug 2009
Policy Update	Jun 2008
Policy Update	Jul 2007

REFERENCES

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Blue Cross Blue Shield Association. Cochlear Implant. Policy # 7.01.05. Cochlear Implant. Reviewed with literature search /June 2013

Centers for Medicare and Medicaid. (CMS) NCD for Cochlear Implantation (50.3). http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=50.3&ncd_version=2&basket=ncd%3A50%2E3%3A2%3ACochlear+Implantation.

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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 from: 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>.

NIH Consensus Conference. *Cochlear Implants in Adults and Children*. *Journal of the American Medical Association*;1995 Dec 27;274(24):1955-61.

United States Food and Drug Administration (US FDA) Cochlear implants. Website: <http://www.fda.gov/cdrh/cochlear/index.html>.

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