MEDICAL MUTUAL®

Medical Policy

Policy:	**202020**	**Initial Effective Date:**	**12/14/2020**
SUBJECT:	**Cochlear Implants for Bilateral and Single-Sided Deafness**	**Annual Review Date:**	**03/06/2023**
		Last Revised Date:	**03/06/2023**

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: A cochlear implant is a small, electronic device that is surgically implanted in the ear to help people who have severe hearing loss. The device consists of both external and internal parts. Sound is transmitted from the external microphone to an electrical transmitter which then sends electrical signals to an electrode array. The array then directly stimulates different regions of the cochlear nerve. The implant does not restore normal hearing but provides a representation of sounds that can help the patient understand speech and other sounds in the environment.

Medical Necessity:

Bilateral and Unilateral Sensorineural Hearing Loss: The Company utilizes MCG™ Care Guidelines (A-0177) as a frame of reference when making evidence-based medical necessity determinations for cochlear implants to treat bilateral and unilateral sensorineural hearing loss in adults and children.

To access the MCG Care Guidelines, please click on the following link and follow access instructions: https://medmutual.access.mcg.com/index

Hybrid Cochlear Implants: The Company considers the use of hybrid cochlear implants **medically necessary** and eligible for reimbursement providing that ***all*** of the following medical criteria are met:

- Individual is 18 years of age or older; and
- Diagnosis of bilateral severe to profound sensorineural hearing loss in the mid to high frequencies with residual low-frequency hearing sensitivity; and
- Limited benefit of appropriately fit bilateral hearing aids; and
- Normal to moderate hearing loss in the low-frequencies (that is, hearing thresholds no poorer than 60 decibels hearing level up to and including 500 hertz [averaged over 125, 250, and 500 hertz]) in the ear selected for implantation; and
- Severe to profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 hertz greater than or equal to 75 decibels hearing level) in the ear to be implanted; and

- Moderately severe-to-profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 hertz greater than or equal to 60 decibels hearing level) in the contralateral ear; and
- Consonant-Nucleus-Consonant (CNC) word recognition score between 0% and 60% inclusive in the ear to be implanted; and
- 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
- Ability to follow or participate in a program of aural rehabilitation; and
- Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

Sources of Information:

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- Cohen SM, Svirsky MA. Duration of unilateral auditory deprivation is associated with reduced speech perception after cochlear implantation: A single-sided deafness study. Cochlear Implants Int. 2019 Mar;20(2):51-56.
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- Nucleus Hybrid L24 Nuclear Implant. 2020. Accessed February 27, 2023. Available at URL address: https://www.accessdata.fda.gov/cdrh_docs/pdf/P970051S172C.pdf
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- Raman G, Lee J, Chung M, et al. Effectiveness of cochlear implants in adults with sensorineural hearing loss. Technology Assessment Report. Prepared by the Tufts Evidence-based Practice Center for the Agency for Healthcare Research and Quality (AHRQ). Project ID: AUDT0501. Rockville, MD: AHRQ; June 17, 2011.
- U.S. Food and Drug Administration (FDA). Med-El Cochlear Implant System. Jul 19, 2019. Accessed February 27, 2023. Available at URL address: https://www.accessdata.fda.gov/cdrh_docs/pdf/P000025S104B.pdf
- Zeitler DM, Dorman MF. Cochlear Implantation for Single-Sided Deafness: A New Treatment Paradigm. J Neurol Surg B Skull Base. 2019 Apr;80(2):178-186.

Applicable Code(s):	
CPT:	**69714, 69716, 69717, 69719, 69726, 69727, 69930**
HCPCS:	**L8614, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629**
ICD10 Procedure Codes:	