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:

I. Bilateral Sensorineural Hearing Loss: The Company considers the use of unilateral, sequential bilateral, or simultaneous bilateral cochlear implants for bilateral sensorineural hearing loss medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Adult patient 18 years of age or older with ALL of the following:
  1. Deafness (postlingual)
  2. Intact cochlear nerves confirmed by CT or MRI, or acoustic neuroma excision planned, and cochlear nerve preservation thought possible
  3. Need for implant, as indicated by 1 or more of the following:
     1. Bilateral sensorineural hearing loss of greater than 70 dB
     2. Less than 50% score on standardized open-set sentence recognition test in ear to be implanted and less than 60% in contralateral ear when using appropriately fitted hearing aids
  4. Zero or marginal (eg, phoneme score of less than 50% on speech perception test presented at 70 dB) speech perception benefit from hearing aids
  5. No lesions of acoustic nerve or central auditory pathway causing deafness
  6. No organic brain syndrome
Pediatric patient with ALL of the following:

1. Age 12 months or older
2. Bilateral sensorineural hearing loss with unaided pure-tone average thresholds of 70 dB or greater.
3. Family support and motivation to participate in postimplant rehabilitation
4. Minimal speech perception 30% or less or lack of developmentally appropriate auditory milestones measured using parent report scales
5. Three-month to six-month trial of binaural hearing aids documents lack of or minimal improvement in auditory development.
6. No evidence of central auditory dysfunction (eg, cortical deafness)
7. No evidence of cochleovestibular anomaly by CT or MRI that would preclude implant (eg, cochlear aplasia, complete labyrinthine aplasia, lack of cochlear nerve), or acoustic neuroma excision planned, and cochlear nerve preservation thought possible

NOTE: Medical Mutual uses the MCG Care Guidelines (A-0177) above to guide medical necessity determination for cochlear implants due to bilateral sensorineural hearing loss.

II. Unilateral or Asymmetric Sensorineural Hearing Loss: The Company considers the use of cochlear implants for unilateral sensorineural hearing loss medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Individual is 5 years of age or older; and
- Zero or marginal speech perception benefit from one-month trial of hearing aid (CROS or other relevant non-implantable device) in ear to be implanted; and
- One of the following conditions:
  1. Single-sided deafness (SSD) with profound sensorineural hearing loss in ear to be implanted and normal hearing in other ear; or
  2. Asymmetric hearing loss (AHL) with profound sensorineural hearing loss in ear to be implanted and normal hearing or mild to moderate sensorineural hearing loss in the other ear with a difference of at least 15 dB in pure tone averages (PTA) between ears.

NOTE: Individuals with SSD or AHL must obtain limited benefit from an appropriately fitted unilateral hearing aid in the ear to be implanted. For adults, marginal benefit from hearing aid is defined by test scores of 5% correct or less on monosyllabic consonant-nucleus-consonant (CNC) words in quiet when tested in the ear to be implanted alone. For children and adolescents, insufficient functional access to sound in the ear to be implanted is determined by aided speech perception test scores of 5% or less on developmentally appropriate monosyllabic word lists when tested in the ear to be implanted alone.

NOTE: For SSD and AHL indications, profound hearing loss is defined as having a PTA of 90 dB HL or greater at 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz. Normal hearing is defined as having a PTA of up to 15 dB HL at 500 Hz, 1000 Hz,
2000 Hz and 4000 Hz. Mild hearing loss is defined as having a PTA of up to 30 dB HL at 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz. Mild to moderately severe hearing loss is defined as having a PTA ranging from 31 to up to 55 dB HL at 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz.

III. 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.
Medical Policy

Sources of Information:


<table>
<thead>
<tr>
<th>Applicable Code(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT: 69714, 69715, 69717, 60718, 69930</td>
</tr>
</tbody>
</table>

This document is subject to the disclaimer found at https://www.med mutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx. If printed, this document is subject to change. Always verify with the most current version of the official document at https://www.medmutual.com/For-Providers/Policies-and-Standards/CorporateMedicalDisclaimer.aspx.