

Cochlear Implants

Effective: April 1, 2025

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Notification Required IF <u>REQUIRED</u> , concurrent review may apply	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Applies to:

Commercial Products

- ☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
- ☒ Tufts Health Plan Commercial products; 617-972-9409
- CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- ☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- ☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- ☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- ☐ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

- ☐ Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
- ☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- ☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- ☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Cochlear implants are a device used for the treatment of severe-to-profound hearing loss in individuals who only receive limited benefit from amplification with hearing aids. A cochlear implant provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea.

Clinical Guideline Coverage Criteria

Cochlear implantation of a U.S. Food and Drug Administration (FDA) approved cochlear implant device may be medically necessary in patients aged nine (9) months and older when **ALL** of the following criteria are met:

1. The Member has been diagnosed with **ONE** of the following:
 - a. Bilateral moderate-to-profound sensorineural hearing loss as defined by behavioral audiometric recorded word/sentence testing score (e.g., consonant-nucleus-consonant CNC) of less than or equal to 60% in the best aided binaural condition or Auditory Brainstem Response (ABR) hearing thresholds greater than or equal to 70 dB (decibels) hearing level at frequencies 1000, 2000, and 4000 Hz (Hertz) who have shown limited or no benefit from hearing aids; **or**
 - b. Unilateral Hearing Loss (UHL) as defined by an absence of usable hearing in one ear (recorded word/sentence testing score less than or equal to 40% or ABR thresholds greater than or equal to 70 dB at

frequencies 1000, 2000, and 4000 Hz); and Normal to near-normal hearing in the contralateral ear or hearing loss that is treatable by hearing aid. This includes Single Sided Deafness (SSD).

2. Inner ear anatomy is expected to support cochlear implantation
3. None of the following contraindications are present:
 - a. Absent cochlea or known absent cochlear nerve such as post trauma or post-surgical, etc.
 - b. Major cochlear ossification defined as obliteration of both scala tympani and scala vestibuli in two or more turns of the cochlea
 - c. Otologic conditions in which surgery is contraindicated, such as
 - i. Active middle ear or mastoid infection
 - ii. Tympanic membrane perforation
 - iii. Any other contraindication
 - d. Evidence of retro cochlear pathology including but not limited to:
 - i. Brainstem lesions involving cochlear nucleus
 - ii. Severe central auditory processing disorder

Codes

The following code(s) associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
69930	Cochlear device implantation, with or without mastoidectomy
L8614	Cochlear device, includes all internal and external components
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement

List of Medically Necessary ICD-10 Codes

References:

1. American Academy of Otolaryngology -- Head and Neck Surgery. Position Statement: Cochlear Implants. November 10, 2020; <https://www.entnet.org/resource/position-statement-cochlear-implants/>. Accessed January 25 2025.
2. American Speech-Language-Hearing Association (ASHA). Public information. Hearing & balance. Disorders and Disease. Type, Degree, and Configuration of Hearing loss. 2015. Available at: <https://www.asha.org/siteassets/ais/ais-type-degree-and-configuration-of-hearing-loss.pdf?srsId=AfmBOopzrVovOgbpxf0y2WeOJrVaA9aVQs7C43W1w13UY5XxJ7f6h7VO>. Accessed February 5 2025.
3. American Speech-Language-Hearing Association (ASHA). Public information. Degree of Hearing Loss. Available at: <https://www.asha.org/public/hearing/degree-of-hearing-loss/>. Accessed February 5, 2025.
4. Bichey BG, Miyamoto RT. Outcomes in bilateral cochlear implantation. *Otolaryngol Head Neck Surg*. 2008;138(5):655-661.
5. Carlson, Matthew L. "Cochlear Implantation in Adults." *The New England journal of medicine* vol. 382,16 (2020): 1531-1542. doi:10.1056/NEJMr1904407
6. Cejas I, Barker DH, Petruzzello E, Sarangoulis CM, Quittner AL. Cochlear Implantation and Educational and Quality-of-Life Outcomes in Adolescence. *JAMA Otolaryngol Head Neck Surg*. 2023;149(8):708–715. doi:10.1001/jamaoto.2023.1327
7. Dillon MT, Buss E, Rooth MA, King ER, Deres EJ, Buchman CA, Pillsbury HC, Brown KD. Effect of Cochlear Implantation on Quality of Life in Adults with Unilateral Hearing Loss. *Audiol Neurotol*. 2017;22(4-5):259-271. doi:10.1159/000484079. Epub 2018 Jan 4. PubMed PMID: 29298446.
8. National Institute for Health and Care Excellence (NICE). Cochlear Implants for Children and Adults With Severe to Profound Deafness [TA566]. 2019; <https://www.nice.org.uk/guidance/ta566/>. Accessed January 24, 2025.
9. Sladen, Douglas P et al. "Evaluation of a revised indication for determining adult cochlear implant candidacy." *The Laryngoscope* vol. 127,10 (2017): 2368-2374. doi:10.1002/lary.26513

Approval And Revision History

October 19, 2022: Reviewed by the Medical Policy Approval Committee (MPAC) as a new no PA coverage guideline for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan

Subsequent endorsement date(s) and changes made:

- February 15, 2023: Reviewed by MPAC. Updated criterion 1.b. "Normal to near-normal hearing in the contralateral ear to include the following "hearing loss that is treatable by a hearing aid" effective April 1, 2023
- November 2023: Unify name changed to OneCare effective January 1, 2024
- February 21, 2024: Reviewed by MPAC, renewed without changes effective April 1, 2024
- February 2024: Retroactively effective February 1, 2023, ICD-10 diagnosis code H90.3 (sensorineural hearing loss, bilateral), added as a covered diagnosis when billed alongside the CPT codes within this guideline, effective May 1, 2024
- February 19, 2025: Reviewed by MPAC, Renewed without changes effective April 1, 2025

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.