GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Traditional Cochlear Implant
Children and adults with a severe to profound hearing loss who cannot be helped with hearing aids may be helped with cochlear implants. This type of hearing loss is sensorineural, which means there is damage to the tiny hair cells in the part of the inner ear called the cochlea. Sound cannot reach the auditory nerve because of this damage. With a cochlear implant, the damaged hair cells are bypassed, and the auditory nerve is stimulated directly. A cochlear implant device is an electronic instrument part that is implanted surgically to stimulate auditory nerve fibers, and part of which is worn or carried by the individual to capture, analyze, and code sound. Cochlear implant devices are available in single channel and multi-channel models. The purpose of implanting the device is to provide patient awareness and identification of sounds, and to facilitate communication for persons who are profoundly hearing impaired.

Hybrid Cochlear Implant
A hybrid cochlear device uses two different technologies at the same time to provide low-frequency and high-frequency hearing. The low-frequency technology (acoustic) is proposed to preserve any natural residual hearing while the traditional cochlear implant provides high frequency hearing (electrical). Hybrid devices combine electrical hearing from direct stimulation of the basal cochlea with acoustical hearing from surviving apical hair cells. To allow the combined stimulation, a shorter and softer electrode array is inserted into the basal turn of the cochlea. The basal cochlea is then stimulated electrically via the implant. The apical cochlea functions via native physiology amplified as needed by an externally worn hearing aid. The external hearing aid and the implanted device are both attached to the external processor. An example of a hybrid cochlear implant includes, but may not be limited to, the Nucleus® Hybrid™ L24 Cochlear Implant System.

Auditory Brainstem Implant
An auditory brainstem implant (ABI) is a device designed to restore some hearing in individuals with neurofibromatosis type 2 rendered deaf by bilateral surgical removal of neurofibromas involving the auditory nerve. The ABI is a modification of the cochlear implant, in which the electrode array is placed directly into the brain. The device consists of an externally worn speech processor that provides auditory information to an electrical signal that is transferred to a receiver/stimulator implanted in the temporal bone. The receiver stimulator is, in turn, attached to an electrode array implanted on the surface of the cochlear nerve in the brainstem, thus bypassing the inner ear and auditory nerve. The electrode stimulates multiple sites on the cochlear nucleus, which is then processed normally by the brain.

POLICY
Traditional & Hybrid cochlear implants (69930, L8614-L8624, L8627-L8629) and auditory brainstem implants (S2235) require prior authorization for all product lines.

An external recharging system for battery (L8625) requires prior authorization for HMO, PPO, Individual Marketplace, Elite.

An external recharging system for battery (L8625) is non-covered for Advantage.

An assistive listening device for use with cochlear implant (V5273) is non-covered for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage
Traditional Cochlear Implant
Paramount may cover with prior authorization unilateral or bilateral cochlear implantation of an FDA approved cochlear implant device in members who meet ALL of these criteria:
- Age 12 months and older
- Bilateral severe-to-profound sensorineural hearing loss defined as a hearing threshold of pure-tone average of 70 dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz
- Limited or no benefit from hearing aids

**Hybrid Cochlear Implant**

Paramount may cover with prior authorization cochlear implantation of an FDA approved hybrid cochlear implant device (e.g., Nucleus® Hybrid™ L24 Cochlear Implant System) is considered medically necessary in members 18 years of age and older with bilateral severe-to-profound high-frequency sensorineural hearing loss with residual low-frequency hearing sensitivity (that is, able to hear low-frequency sounds) when ALL of the following preimplantation criteria are met:

- Limited benefit from appropriately fit bilateral hearing aids
- 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
- 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
- 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
- Preoperative speech perception scores as follows:
  - Consonant-Nucleus-Consonant word recognition score from 10% to 60% in the ear to be implanted; and
  - Consonant-Nucleus-Consonant 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
- Individual is free from lesions in the auditory nerve and acoustic areas of the central auditory pathway (nervous system)
- Individual is free from otitis media or other active middle ear infections

**Traditional & Hybrid Cochlear Implants**

Replacement of a cochlear implant and/or its external components is considered medically necessary when the existing device cannot be repaired, or when replacement is required because a change in the member's condition makes the present unit non-functional and improvement is expected with a replacement unit.

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 model (BTE), are considered not medically necessary.

Separate assessment will be performed for the medical necessity of recommended accessories and upgrades for a cochlear implant. The patient's current condition, capability with his/her current cochlear implant, and the capability of the upgrade or accessory will be considered in determining whether the upgrade or accessory offers clinically significant benefits to the patient.

The following are examples of items classified as convenience as they are not necessary for the functionality of the cochlear implant device and are therefore non-covered:

- Attachment/Connection/Safety Clips
- Audio Interface Device
- Car Adapters
- Cable Adapters
- Ear Hook Pins
- DaCapo Extension Kits
- Device Protectors
- Drying supplies - Manual/Electrical
- Fine Tuner/Fine Tuner Batteries
- Fixation Bar
- Headset/headpiece (V5273)
- Mini Battery Packs
- Microphone Tester Device Kit
- Remote Battery Packs
- Repair Kits
- Telephone Adapter
T Mic Microphone

Auditory Brainstem Implant
Paramount may cover with prior authorization an auditory brainstem implant when ALL of the following criteria are met:

- Diagnosis of neurofibromatosis type 2
- Age 12 years or older
- Individual is undergoing bilateral removal of tumors of the auditory nerves, and it is anticipated that the individual will become completely deaf as a result of the surgery, or individual had bilateral auditory nerve tumors removed and is now bilaterally deaf

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>69930</td>
<td>Cochlear device implantation, with or without mastoidectomy</td>
</tr>
<tr>
<td>92601</td>
<td>Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming</td>
</tr>
<tr>
<td>92602</td>
<td>Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming</td>
</tr>
<tr>
<td>92603</td>
<td>Diagnostic analysis of cochlear implant, age 7 years or older; with programming</td>
</tr>
<tr>
<td>92604</td>
<td>Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming</td>
</tr>
<tr>
<td>92640</td>
<td>Diagnostic analysis with programming of auditory brainstem implant, per hour</td>
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HCPCS CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>L8614</td>
<td>Cochlear device/system</td>
</tr>
<tr>
<td>L8615</td>
<td>Headset/headpiece for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8616</td>
<td>Microphone for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8617</td>
<td>Transmitting coil for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8618</td>
<td>Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement</td>
</tr>
<tr>
<td>L8619</td>
<td>Cochlear implant external speech processor, replacement</td>
</tr>
<tr>
<td>L8621</td>
<td>Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each</td>
</tr>
<tr>
<td>L8622</td>
<td>Alkaline battery for use with cochlear implant device, any size, replacement, each</td>
</tr>
<tr>
<td>L8623</td>
<td>Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each</td>
</tr>
<tr>
<td>L8624</td>
<td>Lithium ion battery for use with cochlear implant device or auditory osseointegrated device speech processor, ear level, replacement, each</td>
</tr>
<tr>
<td>L8625</td>
<td>External recharging system for battery use with cochlear implant or auditory osseointegrated device, replacement only, each</td>
</tr>
<tr>
<td>L8627</td>
<td>Cochlear implant, external speech processor, component, replacement</td>
</tr>
<tr>
<td>L8628</td>
<td>Cochlear implant, external controller component, replacement</td>
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<tr>
<td>L8629</td>
<td>Transmitting coil and cable, integrated, for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8699</td>
<td>Prosthetic implant, not otherwise specified</td>
</tr>
<tr>
<td>S2235</td>
<td>Implantation of auditory brain stem implant</td>
</tr>
<tr>
<td>V5273</td>
<td>Assistive listening device, for use with cochlear implant</td>
</tr>
</tbody>
</table>

TAWG REVIEW DATES: 12/21/2011, 08/22/2014, 08/20/2015, 08/26/2016, 09/22/2017, 07/26/2018

REVISION HISTORY EXPLANATION

04/01/11: No change
08/22/14: Changed title from Cochlear Implant Prostheses and Services to Cochlear and Auditory Brainstem Implants. ABI may now be covered with prior authorization for all members. Removed codes 61875 & L7368. Added code 92640. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
08/20/15: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
08/26/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
09/22/17: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
07/26/18: Hybrid cochlear implants are now covered with prior authorization for all product lines. Added effective 01/01/18 new code L8625 as non-covered for Advantage & covered with prior authorization for HMO, PPO, Individual Marketplace, & Elite. Revised codes L8618, L8621, L8624. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.