


MEDICAL POLICY	Cochlear Implants and Auditory Brainstem Implants (Medicare Only)
Effective Date: 1/1/2022  1/1/2022	Medical Policy Number 189
	Medical Policy Committee Approved Date: 7/17; 12/17; 12/18; 4/19; 4/2020; 11/2021
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Cochlear implant(s)</i>	National Coverage Determination (NCD) for Cochlear Implantation (50.3) ¹

*Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Cochlear Implants and Auditory Brainstem Implants (All Lines of Business Except Medicare)**, applies to the following services:*

- Auditory brainstem implants
- Hybrid cochlear implants
- Unilateral hearing loss

MEDICAL POLICY	Cochlear Implants and Auditory Brainstem Implants (Medicare Only)
-----------------------	--

BILLING GUIDELINES

HCPCS code L8690 and CPT codes 69714, 69716, 69717, 69719, 69726 and 69727 are specific to bone anchored hearing aids (BAHA), which are not addressed in this medical policy and may be considered medically necessary and covered.

CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
Cochlear Implants	
69930	Cochlear device implantation, with or without mastoidectomy
L8614	Cochlear device, includes all internal and external components
L8615	Headset/headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with cochlear implant device, replacement
L8617	Transmitting coil for use with cochlear implant device, replacement
L8618	Transmitter cable for use with cochlear implant device, replacement
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each
Auditory Brainstem Implant	
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour
S2235	Implantation of auditory brainstem implant
No Prior Authorization Required	
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming

MEDICAL POLICY	Cochlear Implants and Auditory Brainstem Implants (Medicare Only)
-----------------------	--

92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each

DESCRIPTION

A cochlear implant device is an electronic instrument, part of which 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 awareness and identification of sounds and to facilitate communication for persons who are moderately to profoundly hearing impaired.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY	Cochlear Implants and Auditory Brainstem Implants (Medicare Only)
-----------------------	--

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Cochlear Implantation (50.3). Effective 4/4/2005. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=245>. Accessed 2/28/2021.