Clinical Policy: Cochlear Implanted Replacements (Arkansas)

Reference Number: AR.CP.MP.14 Coding Implications
Last Review Date: 8/9/2022 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
This policy outlines medical necessity criteria for the replacement of cochlear implants and/or cochlear implant components. The cochlear implant has 4 basic components: a microphone, worn externally behind the ear, which picks up sounds; an external speech processor which converts sounds to electrical signals; a transmitter and receiver/stimulator which forward the signals; and implanted electrodes, which stimulate the fibers of the auditory nerve.

Policy/Criteria

I. It is the policy of Ambetter from Arkansas Health and Wellness and Arkansas Total Care that ***replacement*** of a cochlear implant(s) and/or its external components (external speech processor, controller, etc.) is considered **medically necessary** when any one of the following is present:
- **A.** The existing device(s) is no longer functional and cannot be repaired; or
- **B.** A change in the member's condition makes the existing unit(s) inadequate for the hearing-related activities of daily living and improvement is expected with a replacement unit(s); or
- **C.** A sound processor replacement if the current processor is at least five years old for members without a craniofacial anomaly diagnosis and every two years for members with a craniofacial anomaly diagnosis.

II. It is the policy of Ambetter from Arkansas Health and Wellness and Arkansas Total Care that ***replacement or upgrade*** of an existing, properly functioning cochlear implant and/or its external components (external speech processor, controller, etc.) is considered **not medically necessary** when requested only for convenience or to simply upgrade to a newer technology.

Background
Sensorineural hearing loss, or nerve deafness, is a type of hearing loss that results from problems with the inner ear, related to the cochlea, eighth nerve, internal auditory canal, or brain. A common cause of hearing loss in adults is presbycusis, a progressive condition caused by the loss of function of hair cells in the inner ear. Severe to profound hearing loss in children most often is caused by genetics, prenatal, perinatal, or postnatal causes. A cochlear implant, an electronic device surgically placed under the skin, bypasses the hair cells and directly transmits sounds through multiple electrodes, which stimulate the auditory nerve. Once the auditory nerve is activated, signals are sent to the brain. The brain learns to recognize these signals and the person experiences this as hearing.

Cochlear implants have been studied since the 1950s and were approved by the FDA in adults in the mid-1980s. National Institute of Health (NIH) scientists determined cochlear implants to be cost beneficial. The cost of cochlear implantation, adjustments and training averages $60,000

whereas the services, special education and adaptation related to a child that is deaf before age three costs more than $1 million.

Recent studies have been conducted evaluating the use of bilateral cochlear implants compared to unilateral implants. Many of these studies have shown that children obtained significantly higher hearing thresholds in the bilateral implants. Speech recognition scores in quiet and noisy conditions were also improved in bilateral users. Studies also have shown better scores on sentence and word recognition tests for bilateral users.

Very little data has been published comparing differences between bilateral cochlear implants and cochlear implant with a hearing aid on the opposite ear. One small study showed improved localization abilities and speech perception scores for two former users of cochlear implant/hearing aid within the first 6 months after the second implant was activated. However, performance showed a slight decline after 6 months of use. Further studies are needed in this area to determine efficacy for bilateral cochlear implants in adults.

While evidence is increasing regarding the use of bilateral implants, bilateral implantation is not without problems. Limited nerve survival that remains may be asymmetrical, resulting in an unnatural pattern of neural activity in stimulation with electrical pulses. This asynchronous stimulation across devises might result in individual neural impulses which are unlikely to result in useful cues related to interaural differences. Also, bilateral implantation doubles the risks associated with surgical intervention and is very costly.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
69949	Unlisted procedure, inner ear

HCPCS Codes	Description
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

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HCPCS Codes	Description
L6819	Cochlear implant, external speech processor and controller, integrated system, replacement
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level replacement
L8624	Lithium ion battery for use with cochlear implant device speech-processor, ear level replacement, each
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

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.5	Unspecified sensorineural hearing loss
Q85.00	Neurofibromatosis, unspecified
Q85.02	Neurofibromatosis, type 2
Z96.21	Cochlear implant status

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed for compliance with AR §23-79-15(2021)	7/28/2021	8/2021
Annual Review with no changes	8/9/2022	8/2022

References

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2. American Academy of Audiology Position Statement. Cochlear implants in children. 1995. Accessed at: http://www.audiology.org/publications-resources/document-library/cochlear-implants-children
3. U.S. Food and Drug Administration. Medical Devices, Cochlear Implant. 200. U.S. Food and Drug Administration. Accessed 06/24/2020 at: http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/CochlearImplants/default.htm

4. Fedoseev VI, Mileshina NA, Bakhshinyan VV, et al. Reoperations after cochlear implantation. Vestn Otorinolaringol. 2016;81(6):9-12. Accessed 06/24/2020.
5. North HJD, Lloyd SKW. Hearing Rehabilitation in Neurofibromatosis Type 2. Adv Otorhinolaryngol. 2018;81:93-104.
6. The Joint Committee on Infant Hearing. Principles and Guidelines for Early Hearing Detection and Intervention Programs. The Journal of Early Hearing Detection and Intervention. 2019; 4(2): 1-44. https://www.audiology.org/sites/default/files/publications/resources/2019_JointCommiteeInfantHearing_Principles_Guidelines4EarlyHearingDetectionInterventionProgrs.pdf

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means Ambetter from Arkansas Health and Wellness or Arkansas Total Care.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.