

# Cochlear Implants

**Policy Number:** CS019.R  
**Effective Date:** November 1, 2024

[➔ Instructions for Use](#)

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- | Related Community Plan Policies  |
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| <ul style="list-style-type: none"> <li><a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements</a></li> <li><a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable</a></li> </ul> |
| Commercial Policy  |
| <ul style="list-style-type: none"> <li><a href="#">Cochlear Implants</a></li> </ul>  |

## Application

This Medical Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	None
Kentucky	<a href="#">Cochlear Implants (for Kentucky Only)</a>
Louisiana	<a href="#">Cochlear Implants (for Louisiana Only)</a>
Mississippi	<a href="#">Cochlear Implants (for Mississippi Only)</a>
New Jersey	<a href="#">Cochlear Implants (for New Jersey Only)</a>
New Mexico	<a href="#">Cochlear Implants (for New Mexico Only)</a>
North Carolina	<a href="#">Cochlear Implants (for North Carolina Only)</a>
Ohio	<a href="#">Cochlear Implants (for Ohio Only)</a>
Pennsylvania	<a href="#">Cochlear Implants (for Pennsylvania Only)</a>
Tennessee	<a href="#">Cochlear Implants (for Tennessee Only)</a>

## Coverage Rationale

[➔ See Benefit Considerations](#)

Non-hybrid cochlear implantation is proven and medically necessary under certain circumstances for bilateral sensorineural and/or for single sided or asymmetric [Sensorineural Hearing Loss](#) in adults ages 18 and older. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation.

[Click here to view the InterQual® criteria.](#)

Non-hybrid cochlear implantation is proven and medically necessary under certain circumstances for bilateral Sensorineural Hearing Loss in children ages 6 months or older and for single-sided or asymmetric Sensorineural Hearing Loss in children ages 9 months or older. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation (Pediatric).

[Click here to view the InterQual® criteria.](#)

Non-hybrid cochlear implantation for bilateral Sensorineural Hearing Loss in children younger than 6 months and for single-sided or asymmetric Sensorineural Hearing Loss in children younger than 9 months is experimental or investigational, due to lack of Food and Drug Administration (FDA) approval.

Hybrid cochlear implantation is proven and medically necessary under certain circumstances for Sensorineural Hearing Loss in adults ages 18 and older. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Cochlear Implantation.

[Click here to view the InterQual® criteria.](#)

## Definitions

**Sensorineural Hearing Loss (SNHL):** Occurs when there is damage to the inner ear (cochlea), or to the nerve pathways from the inner ear to the brain. Most of the time, SNHL cannot be medically or surgically corrected. This is the most common type of permanent hearing loss. [American Speech-Language-Hearing Association (ASHA)]

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
69930	Cochlear device implantation, with or without mastoidectomy

*CPT® is a registered trademark of the American Medical Association*

HCPCS Code	Description
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 or auditory osseointegrated 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
V5273	Assistive listening device, for use with cochlear implant

## Benefit Considerations

Cochlear implants external components (i.e., speech processor, microphone, and transmitter coil) are considered under the DME benefit, and the implantable components are considered under the medical-surgical benefit. Check the federal, state, or contractual requirements for benefit plan coverage. Refer to the Medical Policy titled [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/ Replacements](#).

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

For information on non-hybrid cochlear implants, refer to the following FDA website for Premarket Approvals (use product code MCM): <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm>. (Accessed April 3, 2024)

For information on hybrid cochlear implants, refer to the following FDA website for Premarket Approvals (use product code PGQ): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed April 3, 2024)

## References

American Speech-Language-Hearing Association (ASHA). Sensorineural Hearing Loss. Available at: <https://www.asha.org/public/hearing/sensorineural-hearing-loss/>. Accessed April 3, 2024.

## Policy History/Revision Information

Date	Summary of Changes
11/01/2024	<p><b>Related Policies</b></p> <ul style="list-style-type: none"><li>Removed reference link to the Medicare Advantage Coverage Summary titled <i>Hearing Services and Devices</i></li></ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"><li>Revised list of indications for which non-hybrid cochlear implantation is proven and medically necessary in certain circumstances; replaced:<ul style="list-style-type: none"><li>“For bilateral Sensorineural Hearing Loss in children ages 9 months or older” with “for bilateral Sensorineural Hearing Loss in children ages 6 months or older”</li><li>“For single-sided or asymmetric Sensorineural Hearing Loss in children ages 5 years or older” with “for single-sided or asymmetric Sensorineural Hearing Loss in children ages 9 months or older”</li></ul></li><li>Revised list of indications for which non-hybrid cochlear implantation is experimental or investigational due to lack of Food and Drug Administration (FDA) approval:<ul style="list-style-type: none"><li>Added “for bilateral Sensorineural Hearing Loss in children younger than 6 months”</li><li>Replaced “for single-sided or asymmetric Sensorineural Hearing Loss in children younger than 5 years” with “for single-sided or asymmetric Sensorineural Hearing Loss in children younger than 9 months”</li></ul></li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version CS019.Q</li></ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.