

Cochlear Implants (for North Carolina Only)

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[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	1
U.S. Food and Drug Administration	2
References	2
Policy History/Revision Information	2
Instructions for Use	2

Related Policies
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements (for North Carolina Only) Hearing Aids and Devices including Wearable, Bone Anchored, and Semi-Implantable (for North Carolina Only)

Application

This Medical Policy only applies to the State of North Carolina.

Coverage Rationale

Hybrid and Non-Hybrid Cochlear Implants

For clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Physician: 1A-4, Cochlear and Auditory Brainstem Implants](#).

External Parts Replacement and Repair

For clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Auditory Implants External Parts: 13A, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair](#).

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

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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

HCPCS Code	Description
*L8627	Cochlear implant, external speech processor, component, replacement
*L8628	Cochlear implant, external controller component, replacement
*V5273	Assistive listening device, for use with cochlear implant

Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

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 June 21, 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 June 21, 2024)

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Cochlear and Auditory Brainstem Implant, 1A-4. Available at: <https://medicaid.ncdhhs.gov/1a-4-cochlear-and-auditory-brainstem-implants/download?attachment>. Accessed June 12, 2024.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair, 13A. Available at: <https://medicaid.ncdhhs.gov/media/12340/download?attachment>. Accessed June 12, 2024.

Policy History/Revision Information

Date	Summary of Changes
11/01/2024	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added notation to indicate HCPCS codes L8614, L8627, L8628, and V5273 are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CSNCT0070.04

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.