

Cochlear Implants (for Mississippi Only)

Policy Number: CS019MS.Q

Effective Date: September 1, 2023

[Instructions for Use](#)

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Related Policies

- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for Mississippi Only\)](#)
- [Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable](#)

Application

This Medical Policy only applies to the state of Mississippi.

Coverage Rationale

➔ See [Benefit Considerations](#)

Mississippi CAN (Coordinated Access Network)

For medical necessity clinical coverage criteria for Cochlear Implants, refer to the [Mississippi Administrative Code Title 23: Medicaid Part 218, Hearing Services](#).

Mississippi CHIP (Children’s Health Insurance Program)

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 9 months or older and for single-sided or asymmetric Sensorineural Hearing Loss in children ages 5 years 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 single-sided or asymmetric Sensorineural Hearing Loss in children younger than 5 years 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). Sensorineural Hearing Loss].

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 |
| 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 \(for Mississippi Only\)](#).

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 January 23, 2023)

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 January 19, 2023)

References

American Speech-Language-Hearing Association (ASHA). Public information. Sensorineural Hearing Loss. Available at: <https://www.asha.org/public/hearing/sensorineural-hearing-loss/>. Accessed January 19, 2023.

Mississippi Administrative Code Title 23: Medicaid Part 218, Hearing Services. Available at: <https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-218.pdf>. Accessed June 14, 2023.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 09/01/2023 | Supporting Information <ul style="list-style-type: none">Updated <i>Benefit Considerations</i> section to reflect the most current informationArchived previous policy version CS019MS.P |

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.