

## Cochlear Implants

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for most individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Cochlear Implant Device** – 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 and amplify 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 profoundly hearing impaired.

### POLICY POSITION

Prior authorization is required.

Unilateral or bilateral cochlear implantation of a U.S. Food and Drug Administration (FDA) approved cochlear implant device may be considered medically necessary when ALL of the following criteria have been met:

- Individuals greater than or equal to 9 (nine) months of age with bilateral severe to profound pre-or post-lingual (sensorineural) hearing loss defined as a hearing threshold of pure-tone average of 70 decibels (dB) hearing loss or greater at 500 hertz (Hz), 1,000 Hz, and 2,000 Hz, and have shown limited or no benefit from hearing aids. The age of the recipient at the time of implantation should be consistent with the FDA guidelines for the specific implant used; and
- Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation; and
- Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system; and
- No medical contraindications to cochlear implantation (including but not limited to active middle ear infection, deafness due to lesions of the eighth (8<sup>th</sup>) cranial nerve or brainstem, and absence of cochlear development).

Bilateral cochlear implantation may be considered medically necessary when it has been determined that the alternative of unilateral cochlear implant plus hearing aid in the contralateral ear will not result in a binaural benefit; (i.e., in individuals with hearing loss of a magnitude where a hearing aid will not produce the required amplification.)

In addition, auditory training and basic guidance (e.g., fitting external parts, programming the processor, etc.) performed during the postoperative period may be eligible for separate reimbursement when coverage for the cochlear implantation has been established.

### **UNILATERAL SENSORINEURAL HEARING LOSS**

A traditional cochlear implant FDA approved for the treatment of single side profound sensorineural hearing loss or asymmetrical hearing loss may be considered medically necessary for when the individual meets ALL of the following criteria:

- Age greater than or equal to five (5) years; and
- Obtains limited benefit from an appropriately fitted unilateral hearing aid in the ear to be implanted; and
- At least one-month experience wearing a contralateral routing of signal (CROS) hearing aid or other relevant non implantable device; and
- Any ONE of the following:
  - Profound sensorineural hearing loss in one ear and normal hearing or mild sensorineural hearing loss in the other ear (i.e., single sided deafness [SSD]); or
  - Profound sensorineural hearing loss in one ear and mild to moderately severe sensorineural hearing loss in the other ear, with a difference of at least 15 dB in pure tone averages (PTAs) between ears (i.e., asymmetric hearing loss [AHL]).

Cochlear implantation is considered not medically necessary when provided for any other diagnosis other than the conditions referenced above.

### **NUCLEUS® HYBRID™ L24 COCHLEAR IMPLANT SYSTEM**

Cochlear implantation with a hybrid cochlear implant/hearing aid device that includes the hearing aid integrated into the external sound processor of the cochlear implant (e.g., the Nucleus® Hybrid™ L24

Cochlear Implant System) may be considered medically necessary for individuals greater than or equal to 18 years who meet ALL of the following criteria:

- Bilateral severe-to-profound high-frequency sensorineural hearing loss with residual low-frequency hearing sensitivity; and
- Receive limited benefit from appropriately fit bilateral hearing aids; and
- Have the following hearing thresholds:
  - Low-frequency hearing thresholds no poorer than 60 dB hearing level up to and including 500 Hz (averaged over 125, 250, and 500 Hz) in the ear selected for implantation; and
  - Severe to profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz greater than or equal to 75 dB hearing level) in the ear to be implanted; and
  - Moderately severe to profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz greater than or equal to 60 dB hearing level) in the contralateral ear; and
  - Aided consonant-nucleus-consonant word recognition score from 10% to 60% in the ear to be implanted in the preoperative aided condition and in the contralateral ear will be equal to or greater than the ear to be implanted but not greater than 80% correct.

## PROFESSIONAL STATEMENTS AND SOCIETAL POSITIONS GUIDELINES

### Center for Disease Control (CDC) – 2002

Individuals with cochlear implants are more likely to develop bacterial meningitis than individuals without cochlear implants. The bacteria *Streptococcus pneumoniae* (pneumococcus) causes most cases of meningitis in individuals with cochlear implants. Due to increased risk, the CDC recommends age appropriate pneumococcal vaccination for individuals who have or are candidates for cochlear implants.

### ELIGIBLE PROCEDURE CODES

CPT Codes	Description
69930	Cochlear device implantation, with or without mastoidectomy.
92521	Evaluation of speech fluency (e.g., stuttering, cluttering).
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysathria).
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysathria); with evaluation of language comprehension and expression (e.g., receptive and expressive language).
92524	Behavioral and qualitative analysis of voice and resonance.
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming.
92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent programming.
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.
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.
L8621	Zinc air battery for use with cochlear implant 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 or auditory osseointegrated 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.
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.
L8699	Prosthetic implant, not otherwise specified.

### ELIGIBLE DIAGNOSIS CODES

Codes						
H90.3	H90.41	H90.42	H90.5	H90.6	H90.8	H90.A21
H90.A22	Z96.21					

### References

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**POLICY UPDATE HISTORY**

10/08/2021	Approved in medical policy committee
08/24/2022	Annual review; approved in medical policy committee
09/13/2022	Approved in QI-UM
10/10/2022	Approved in Governance