



CLINICAL MEDICAL POLICY	
Policy Name:	Cochlear Implantation (NCD 50.3)
Policy Number:	MP-058-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	04/01/2025; 04/01/2024; 04/01/2023; 05/01/2022; 04/16/2021; 11/30/2020; 04/20/2020; 05/20/2019; 06/01/2018; 04/15/2018
Effective Date:	05/01/2025; 05/01/2024; 05/01/2023; 06/01/2022; 05/17/2021; 01/01/2021; 05/18/2020; 05/20/2019; 06/01/2018; 04/15/2018
Next Annual Review:	03/2026
Revision Date:	03/19/2025; 03/20/2024; 03/15/2023; 03/16/2022; 03/17/2021; 08/06/2020; 03/18/2020; 09/18/2019; 03/20/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
Page Number(s):	1 of 4

Policy History

Date	Activity
05/01/2025	Provider Effective date
03/19/2025	QI/UM Committee review
03/19/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
05/01/2024	Provider Effective date
03/20/2024	QI/UM Committee review
03/20/2024	Annual Review: Updated CMS hyperlink and 'Reference Sources' section.
05/01/2023	Provider Effective date
03/15/2023	QI/UM Committee review
03/15/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
06/01/2022	Provider Effective date
03/16/2022	QI/UM Committee review
03/16/2022	Annual Review: No changes to clinical criteria. Updated hyperlinks and Reference Sources. Removed deleted HCPCS code L8620, replaced with L8623, and L8624.
05/17/2021	Provider Effective Date
11/08/2017	Initial policy developed

Disclaimer

Highmark WholecareSM 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 WholecareSM may provide coverage under the medical-surgical and prosthetic benefits of the Company's Medicare products for medically necessary cochlear implantation.

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

Procedures

1. Please review the specific National Coverage Determination (NCD) and Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
The proper place of service for cochlear implantation is outpatient.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Link

- [National Coverage Determination \(NCD\) for Cochlear Implantation \(50.3\)](#)
- There are no current LCDs related to this topic.

Article Links

- [Transmittal 42](#)
- [MLN Matters Number MM11905](#)

- [Transmittal 11929](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Cochlear Implantation (50.3). Effective date September 26, 2022. Implemented March 24, 2023. Accessed on February 24, 2025.

CMS Manual System. Transmittal 601. July 1, 2005. Accessed on February 24, 2025.

CMS Manual System. Transmittal 42. July 1, 2005. Accessed on February 24, 2025.

MLN Matters. MM11905: International Classification of Diseases, 10th Revision (ICD10) and Other Coding Revisions to National Coverage Determination (NCDs). Updated on January 2021. Accessed February 24, 2025.

Coding Requirements

Procedure Codes

CPT Code	Description
69930	Cochlear device implantation, with or without mastoidectomy
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. (Do not report 92602 in addition to 92601.)
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
HCPCS Code	Description
L7510	Repair of prosthetic device, repair or replace minor parts
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	Transmitting cable for use with cochlear implant device, replacement
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
L8621	Zinc air battery for use with cochlear implant device, 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

Note: Codes 92601 and 92603 describe post-operative analysis and fitting of previously placed external devices, connection to the cochlear implant, and programming of the stimulator. Codes 92602 and 92604

describe subsequent sessions for measurements and adjustment of the external transmitter and re-programming of the internal stimulator.

Diagnosis Codes

ICD-10 Codes	Description
H90.3*	Sensorineural hearing loss, bilateral
H90.5*	Unspecified sensorineural hearing loss
Z00.6**	Encounter for examination for normal comparison and control in clinical research program
Z45.321	Encounter for adjustment and management of cochlear device

*For all patients, in a clinical trial or not in a clinical trial.

**Only for patients in a clinical trial. A second diagnosis code should also be reported.

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.