

Effective: April 1, 2023

<p>Prior Authorization Required If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request.</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p>Applies to:</p> <p>Commercial Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Harvard Pilgrim Health Care Commercial products; 800-232-0816 <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; 617-972-9409 CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>Public Plans Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 888-415-9055 <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax 888-415-9055 <input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax 857-304-6404 <input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax 857-304-6304 <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>Senior Products</p> <ul style="list-style-type: none"> <input type="checkbox"/> Harvard Pilgrim Health Care Stride Medicare Advantage; Fax 617-673-0965 <input type="checkbox"/> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); Fax 617-673-0965 <input type="checkbox"/> Tufts Medicare Preferred HMO, (a Medicare Advantage product); Fax 617-673-0965 <input type="checkbox"/> Tufts Medicare Preferred PPO, (a Medicare Advantage product); Fax 617-673-0965 	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

Overview

Cochlear implants are a device used for the treatment of severe-to-profound hearing loss in individuals who only receive limited benefit from amplification with hearing aids. A cochlear implant provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlear.

Clinical Guideline Coverage Criteria

Cochlear implantation of a U.S. Food and Drug Administration (FDA) approved cochlear implant device may be medically necessary in patients aged nine (9) months and older when **all** of the following criteria are met:

1. Patient has been diagnosed with **one** of the following:
 - a. Bilateral moderate-to-profound sensorineural hearing loss as defined by behavioral audiometric recorded word/sentence testing score (e.g., consonant-nucleus-consonant CNC) of less than or equal to 60% in the best aided binaural condition or Auditory Brainstem Response (ABR) hearing thresholds greater than or equal to 70 dB (decibels) hearing level at frequencies 1000, 2000, and 4000 Hz (Hertz) who have shown limited or no benefit from hearing aids **OR**
 - b. Unilateral Hearing Loss (UHL) as defined by an absence of usable hearing in one ear (recorded word/sentence testing score less than or equal to 40% or ABR thresholds greater than or equal to 70 dB at frequencies 1000, 2000, and 4000 Hz); and Normal to near-normal hearing in the contralateral ear or hearing loss that is treatable by hearing aid. This includes Single Sided Deafness (SSD).
2. Inner ear anatomy is expected to support cochlear implantation

3. **None** of the following contraindications are present:
 - a. Absent cochlear or known absent cochlear nerve such as post trauma or post-surgical, etc.
 - b. Major cochlear ossification defined as obliteration of both scala tympani and scala vestibuli in two or more turns of the cochlear
 - c. Otologic conditions in which surgery is contraindicated, such as
 - i. Active middle ear or mastoid infection
 - ii. Tympanic membrane perforation
 - iii. Any other contraindication
 - d. Evidence of retro cochlear pathology including but not limited to:
 - i. Brainstem lesions involving cochlear nucleus
 - ii. Severe central auditory processing disorder

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

CPT/ HCPCS Codes	Description
69930	Cochlear device implantation, with or without mastoidectomy
L8614	Cochlear device, includes all internal and external components
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement

References:

1. American Academy of Otolaryngology -- Head and Neck Surgery. Position Statement: Cochlear Implants. November 10, 2020; <https://www.entnet.org/resource/position-statement-cochlear-implants/>. Accessed October 10, 2022.
2. American Speech-Language-Hearing Association (ASHA). Public information. Hearing & balance. Disorders and Disease. Type, Degree, and Configuration of Hearing loss. 2015. Available at: <https://www.asha.org/uploadedFiles/AIS-Hearing-Loss-Types-Degree-Configuration.pdf>. Accessed October 10, 2022.
3. American Speech-Language-Hearing Association (ASHA). Public information. Degree of Hearing Loss. Available at: <https://www.asha.org/public/hearing/degree-of-hearing-loss/>. Accessed October 10, 2022.
4. Bichey BG, Miyamoto RT. Outcomes in bilateral cochlear implantation. Otolaryngol Head Neck Surg. 2008;138(5):655-661.
5. Carlson, Matthew L. "Cochlear Implantation in Adults." The New England journal of medicine vol. 382,16 (2020): 1531-1542. doi:10.1056/NEJMra1904407
6. Dillon MT, Buss E, Rooth MA, King ER, Deres EJ, Buchman CA, Pillsbury HC, Brown KD. Effect of Cochlear Implantation on Quality of Life in Adults with Unilateral Hearing Loss. Audiol Neurootol. 2017;22(4-5):259-271. doi:10.1159/000484079. Epub 2018 Jan 4. PubMed PMID: 29298446.
7. National Institute for Health and Care Excellence (NICE). Cochlear Implants for Children and Adults With Severe to Profound Deafness [TA566]. 2019; <https://www.nice.org.uk/guidance/ta566/>. Accessed October 11, 2022
8. Sladen, Douglas P et al. "Evaluation of a revised indication for determining adult cochlear implant candidacy." The Laryngoscope vol. 127,10 (2017): 2368-2374. doi:10.1002/lary.26513

Approval And Revision History

October 19, 2022: Reviewed by the Medical Policy Approval Committee (MPAC).

Subsequent endorsement date(s) and changes made:

- February 15, 2023: Reviewed by MPAC. Updated criterion 1.b. Normal to near-normal hearing in the contralateral ear or to include language "hearing loss that is treatable by hearing aid." Language to be effective April 1, 2023.

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven

effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.