



| CLINICAL MEDICAL POLICY | |
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| Policy Name: | Cochlear Implantation (NCD 50.3) |
| Policy Number: | MP-058-MC-PA |
| Responsible Department(s): | Medical Management |
| Provider Notice/Issue Date: | 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: | 05/01/2023; 06/01/2022; 05/17/2021; 01/01/2021; 05/18/2020; 05/20/2019; 06/01/2018; 04/15/2018 |
| Next Annual Review: | 03/2024 |
| Revision Date: | 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 |
|------------|---|
| 05/01/2023 | 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 |
| 03/17/2021 | QI/UM Committee Review |
| 03/17/2021 | Annual Review: Confirmed links are in working order. Reviewed coding, and verified that there have been no coding changes. Updated references. |
| 01/01/2021 | Provider Effective Date |
| 10/21/2020 | QI/UM Committee Review |
| 08/06/2020 | Annual Review: Added dx code Z45.321 per CMS. Reformatted policy. |
| 05/18/2020 | Provider effective date |
| 03/18/2020 | QI/UM Committee Review |
| 03/18/2020 | Annual Review: removed all hyperlinks; no criteria changes. Added HCPCS codes L8615-L8618 & L8620-L8622; removed CPT codes 92506-92507 as unrelated to the |

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| | actual cochlear implant procedure. Operational Guidelines revised from preservice to postservice. |
| 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 601](#)
- [Transmittal 42](#)
- [MLN Matters Number MM11905](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Cochlear Implantation (50.3). Effective date April 4, 2005. Implemented July 25, 2005. Accessed February 22, 2023.

CMS Manual System. Transmittal 601. July 1, 2005. Accessed on February 22, 2023.

CMS Manual System. Transmittal 42. July 1, 2005. Accessed on February 22, 2023.

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 22, 2023.

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 |

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| L8624 | Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each |
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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.