# Clinical Policy: Replacement Cochlear Implant & Speech Processors

Reference Number: MI.CP.MP.500 Coding Implications
Last Review Date: 03/22 Revision Log

**See Important Reminder at the end of this policy for important regulatory and legal information.**

**Description**

Description This policy outlines medical necessity criteria for the replacement of cochlear implants and/or cochlear implant components. The cochlear implant has 4 basic components: a microphone, worn externally behind the ear, which picks up sounds; an external speech processorwhichsounds to electrical signals; a transmitter and receiver/stimulator which forward thesignals; and implanted electrodes, which stimulate the fibers of the auditory nerve.

**Policy/Criteria**

I. It is the policy of MeridianHealth that replacement of a cochlear implant(s) and/or its external components (external speech processor, controller,etc.) is considered **medically necessary** when any **one** of the following is present:
   A. The existing device(s) is no longer functional and cannot be repaired; ***or***
   B. A change in the member's condition makes the existing unit(s) inadequate for the hearing-related activities of daily living and improvement is expected with a replacement unit(s)
   C. A sound processor replacement if the current processor is at **least five years old**

   NOTE: It is the policy of Health Plans affiliated with Centene Corporation that replacement or upgrade of an existing, properly functioning cochlear implant and/or its external components (external speech processor, controller, etc.) is considered not medically necessary when requested only for convenience or to simply upgrade to a newer technology.

II. **Replacement of Speech Processors**
   A. Replacement of the speech processor with a new same generation or new upgraded speech processor requires prior authorization. Documentation from the licensed audiologist and/or otolaryngologist to substantiate the need for the processor replacement must be submitted with the Prior Authorization request and include:
      i. Recent audiogram within previous 60 days. Audiogram must show hearing loss that is not correctable
      ii. Clinic note from audiologist and/or otolaryngologist within previous 60 days
      iii. Some processors may be deemed “obsolete”, this means the device may unable to be repaired or replacement parts ordered. However, the documentation submitted still must show device is not able to be routinely serviced and therefore non-functional. These processors often provide good hearing outcomes a MHP representative may request for processor to be evaluated by an independent repair technician.

III. **Replacement of Cochlear Implant**

A. Replacement of the internal cochlear implant device for a previously-approved procedure is covered in cases when the cochlear implant team indicates function of the internal device has failed and is no longer under warranty. A letter from the manufacturer corroborating the internal device failure is required. An upgrade from single to multi-channel electrodes or the newer processor is considered not medically necessary.

IV. **Additional Equipment**

A. Repair or replacement of spare equipment (e.g., old parts and accessories in working condition for back-up use in emergencies) is a non covered item.

V. **Cochlear Implant Mapping/Calibration**

A. Cochlear implant mapping/calibration is the programming of the speech processor used to analyze sound and convert the speech information into electrical impulses to the implanted electrodes. Mapping and calibration of the cochlear device must be provided by a licensed audiologist who has training and expertise in the procedures. Other team members should include a speech and language pathologist, psychologist, and deaf educator, as determined by the beneficiary's need. A maximum of 10 mapping sessions are allowed for one year from the date of implantation of the cochlear implant.

**Absolute Contraindications:**

1. Deafness due to lesions of the acoustic nerve or central auditory pathways or brainstem
2. Radiographic evidence of absent cochlear development (cochlear asplasia).
3. Active infections of the external or middle ear and mastoid cavity, or tympanic membrane perforation. Chronic infections of these areas that have not been resolved with antibiotics and/ or surgery.
4. Active meningitis or encephalitis
5. Cochlear ossification that prevents electrode insertion, or
6. Experimental/ investigational for: auditory dyssynchrony, auditory neuropathy spectrum disorder, single-sided deafness, tinnitus
7. Inability or lack of willingness to participate in post-implantation aural rehabilitation.

**Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT®* Codes | Description |
|---|---|
| N/A | |

| HCPCS ®* Codes | Description |
|---|---|
| N/A | |

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**
+ Indicates a code(s) requiring an additional character

| ICD-10-CM Code | Description |
|---|---|
| N/A | |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|---|---|---|
| Original approval date | | 10/24/14 |
| **Annual Review**<br>Centene Policy Alignment and early annual update:<br>• Added language about existing and functioning implants – replacements of electrodes to another processor should not be made<br>• Assigned new policy number MI.CP.MP.500 per CNC numbering system<br>• Removed IL Criteria and References<br>• Transferred on to Centene template - outline format, references/Links updated | 03/26/21 | 03/26/21 |
| **Annual Review**<br>• References were updated. | | 3/25/2022 |

**References**

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Uptodate online: “Hearing amplification in adults”. Literature review current through: Dec 2021. Last updated: Jun 29, 2021.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and

accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.