

# Cochlear Implants (for North Carolina Only)

**Policy Number:** CSNCT0070.04  
**Effective Date:** September 1, 2023

[Instructions for Use](#)

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- Related Policies**
- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for North Carolina Only\)](#)
  - [Hearing Aids and Devices including Wearable, Bone Anchored, and Semi-Implantable \(for North Carolina Only\)](#)

## Application

This Medical Policy only applies to the state of North Carolina.

## Coverage Rationale

### Hybrid and Non-Hybrid Cochlear Implants

For clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Physician Clinical Coverage Policy, 1A-4, Cochlear and Auditory Brainstem Implant](#).

### External Parts Replacement and Repair

For clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Auditory Implants External Parts, 13A, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
69930	Cochlear device implantation, with or without mastoidectomy

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HCPCS Code	Description
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

HCPCS Code	Description
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
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
V5273	Assistive listening device, for use with cochlear implant

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

For information on non-hybrid cochlear implants, refer to the following FDA website for Premarket Approvals (use product code MCM): <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm>. (Accessed April 20, 2023)

For information on hybrid cochlear implants, refer to the following FDA website for Premarket Approvals (use product code PGQ): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnm.cfm>. (Accessed April 20, 2023)

## References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Cochlear and Auditory Brainstem Implant, No.: 1A-4. <https://medicaid.ncdhhs.gov/1a-4-cochlear-and-auditory-brainstem-implants/download?attachment>. Accessed April 20, 2023.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair, No: 13A. <https://medicaid.ncdhhs.gov/media/12340/download?attachment>. Accessed April 20, 2023.

## Policy History/Revision Information

Date	Summary of Changes
09/01/2023	<p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version CSNCT0070.03</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.