

Cochlear Implantation (NCD 50.3)

Guideline Number: MPG052.08
Approval Date: September 9, 2020

[↪ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summaries
<ul style="list-style-type: none"> Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid Hearing Aids, Auditory Implants and Related Procedures Hearing Screening and Audiologist Services

Policy Summary

[↪ See Purpose](#)

Overview

A cochlear implant device is an electronic instrument, part of which is implanted surgically to stimulate auditory nerve fibers, and part of which is worn or carried by the individual to capture, analyze, and code sound. Cochlear implant devices are available in single-channel and multi-channel models. The purpose of implanting the device is to provide awareness and identification of sounds and to facilitate communication for persons who are moderately to profoundly hearing impaired.

Guidelines

Nationally Covered Indications

Cochlear implantation may be covered for treatment of bilateral pre- or-post-linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification. Limited benefit from amplification is defined by test scores of less than or equal to 40% correct in the best-aided listening condition on tape-recorded tests of open-set sentence cognition. Medicare coverage is provided only for those patients who meet all of the following selection guidelines:

- Diagnosis of bilateral moderate-to-profound sensorineural hearing impairment with limited benefit from appropriate hearing (or vibrotactile) aids;
- Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation; Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system;
- No contraindications to surgery; and
- The device must be used in accordance with Food and Drug Administration (FDA)-approved labeling.

Cochlear implantation may be covered for individuals meeting the selection guidelines above and with hearing test scores of greater than 40% and less than or equal to 60% only when the provider is participating in, and patients are enrolled in, either an FDA-approved category B investigational device exemption clinical trial as defined at 42 CFR 405.201, a trial under the Centers for Medicare & Medicaid (CMS) Clinical Trial Policy as defined at section 310.1 of the National Coverage Determinations Manual, or a prospective, controlled comparative trial approved by CMS as consistent with the evidentiary requirements for National Coverage Analyses and meeting specific quality standards.

Nationally Noncovered Indications

Medicare beneficiaries not meeting all of the coverage criteria for cochlear implantation listed are deemed not eligible for Medicare coverage under section 1862(a) (1) (A) of the Social Security Act.

Other

All other indications for cochlear implantation not otherwise indicated as nationally covered or non-covered above remain at local contractor discretion.

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 guideline 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 the member specific benefit plan document 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.

Coding Clarification: CMS, as part of the national coverage determination (NCD) may determine coverage of an item or service only in the context of a clinical study. The clinical trial identifier number is required for all items/services provided in relation to participation in a clinical trial, clinical study, or registry that may result from coverage with evidence development (CED). Specifically, include the clinical trial identifier number if:

- The beneficiary is enrolled in an approved clinical trial; and
- The claim is for the investigational item or service, and/or,
- The costs are related to the investigational item or service, and/or
- The costs are related to routine care for the condition in the clinical trial.

See the related MLN Matters.

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
L7510	Repair of prosthetic device, repair or replace minor parts
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement

Modifier	Description
CED Only	
QO	Investigational clinical service provided in a clinical research study that is in an approved clinical research study

Diagnosis Code	Description
H90.3	Sensorineural hearing loss, bilateral
H90.5	Unspecified sensorineural hearing loss
Z45.321	Encounter for adjustment and management of cochlear device (Effective 01/01/2021)
CED Only	
Z00.6	Encounter for examination for normal comparison and control in clinical research program

ICD Procedure Code	Description
09HD05Z	Insertion of single channel cochlear prosthesis into right inner ear, open approach
09HD35Z	Insertion of single channel cochlear prosthesis into right inner ear, percutaneous approach
09HD45Z	Insertion of single channel cochlear prosthesis into right inner ear, percutaneous endoscopic approach
09HE05Z	Insertion of single channel cochlear prosthesis into left inner ear, open approach
09HE35Z	Insertion of single channel cochlear prosthesis into left inner ear, percutaneous approach
09HE45Z	Insertion of single channel cochlear prosthesis into left inner ear, percutaneous endoscopic approach
09HD06Z	Insertion of multiple channel cochlear prosthesis into right inner ear, open approach
09HD36Z	Insertion of multiple channel cochlear prosthesis into right inner ear, percutaneous approach
09HD46Z	Insertion of multiple channel cochlear prosthesis into right inner ear, percutaneous endoscopic approach
09HE06Z	Insertion of multiple channel cochlear prosthesis into left inner ear, open approach
09HE36Z	Insertion of multiple channel cochlear prosthesis into left inner ear, percutaneous approach
09HE46Z	Insertion of multiple channel cochlear prosthesis into left inner ear, percutaneous endoscopic approach

References

CMS National Coverage Determinations (NCDs)

[NCD 50.3 Cochlear Implantation](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	A53708 Billing and Coding: External Components for Cochlear Implants	Palmetto		AL, GA, TN,NC, SC, VA, WV

CMS Benefit Policy Manual

[Chapter 15: § 80.3 Audiology Services](#)

[Chapter 16: § 100 Hearing Aids and Auditory Implants](#)

CMS Claims Processing Manual

[Chapter 12: § 30.3 Audiology Services](#)

[Chapter 32: § 100-100.4 Billing Requirements for Expanded Coverage of Cochlear Implantation](#)

CMS Transmittal(s)

[Transmittal 1672, Change Request 9631, Dated 06/03/2016 \(Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 10261, Change Request 11905, Dated 07/31/2020 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–January 2021 Update\)](#)

MLN Matters

[Article MM3796, Cochlear Implantation](#)

UnitedHealthcare Commercial Policies

[Cochlear Implants](#)

[Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements](#)

[Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable](#)

Other(s)

[Social Security Act: § 1862\(a\)\(1\)\(A\)](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
09/09/2020	Applicable Codes <ul style="list-style-type: none">Added ICD-10 diagnosis code Z45.321 Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG052.07

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS"

basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).