

# Cochlear Implants (for Indiana Only)

Policy Number: CS109IN.02  
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[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> <li><a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements</a></li> <li><a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable</a></li> </ul>

## Application

This Medical Policy only applies to the state of Indiana.

## Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Indiana Hearing Services Provider Reference Module](#).

## 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
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
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement

HCPCS Code	Description
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement
V5273	Assistive listening device, for use with cochlear implant

## Policy History/Revision Information

Date	Summary of Changes
08/01/2021	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>Removed <i>FDA</i> section</li> <li>Archived previous policy version CS109IN.01</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.