

## Cochlear Implant Criteria

<b>Iowa Medicaid Program:</b>	Prior Authorization	<b>Effective Date:</b>	7/01/2008
<b>Revision Number:</b>	5	<b>Last Review Date:</b>	10/20/2017
<b>Reviewed By:</b>	Medicaid Clinical Advisory Committee	<b>Next Review Date:</b>	10/2018
<b>Approved By:</b>	Medicaid Medical Director	<b>Approved Date:</b>	11/27/2017

### Criteria:

1. For children age 12 months to 17 years (**must meet a and ONE of b, c, or d**):
  - a. Profound, bilateral sensorineural hearing loss with a threshold of 90 dB for children 12 to 24 months or greater at 1000 Hz for both ears. A pure-tone average of 70 dB in both ears is required for individuals older than 2 years.
  - b. Limited benefit is derived from appropriately fitted binaural hearing aids
  - c. Three to six month hearing aid trial without success
  - d. Medical reason that prohibits use of a hearing aid
2. For adults 18 years of age and older (**must meet a AND b**):
  - a. Bilateral, severe to profound sensorineural hearing loss determined by a pure-tone average of 70 dB or greater at 500 Hz, 1000 Hz and 2000 Hz
  - b. Limited or no benefit from appropriately fitted binaural hearing aids
3. For all members:
  - a. Functioning auditory nerve is present
  - b. Maximum units is two; bilateral is covered
4. Prior authorization is not required but is available upon request.
  - a. All claims for the cochlear implant procedure will suspend for review.
5. FDA approves cochlear implantation for patients with best-fitting hearing aids in place whose open-set sentence recognition is 60 percent or less. This is tested with HINT scores or AzBio sentences.
6. MRI scans or CT scans performed preoperatively are performed to exclude neurofibromatosis II and to visualize the cochleovestibular nerve, brain and brainstem. Exclusion of other contraindications such as labyrinthitis ossificans is also required prior to implantation.
7. Immunization with age-appropriate pneumococcal vaccine needs to be documented due to the risk of S.pneumonia meningitis.

### Cochlear Implant Replacement and upgrade Criteria:

1. Upgrades and replacement of processors may require replacement when they are no longer functional. The following information is required to document medical necessity:
  - a. Description of planned treatment, i.e., is the service a replacement or upgrade.
  - b. Name and manufacturer of the cochlear implant device being used.
  - c. Clinical documentation demonstrating medical necessity.
    - i. Diagnosis of bilateral pre- or post-linguistic, sensorineural, moderate to profound hearing loss.
    - ii. Hearing test score results within the last six months with current cochlear implant.
    - iii. Medical records documenting the absence of any middle ear infection, an accessible cochlear lumen structurally suited for implantation, absence of lesions in the auditory nerve and acoustic areas of the central nervous system.
    - iv. No other contraindications.

- d. If hearing test scores are greater than 40 percent but less than or equal to 60 percent, records must provide documentation the member is enrolled in either an FDA-approved category B investigational device exemption (IDE) clinical trial or another Medicare-approved trial.
- e. If the device is still functioning properly, a medical reason for the replacement.
- f. If the device is not functioning properly, is it still under warranty?

**CPT Codes:**

69930 - Cochlear Implant  
 92601-92604 - Post op prosthetic fittings  
 L8614 covers device and external processors  
 L8619 covers replacement external speech processor

**References Used:**

CMS NCF 50.3, accessed at cms.gov on 7/14/2015

AHRQ Technology Assessment, Effectiveness of Cochlear Implants in Adults with Sensorineural Hearing Loss, June 17, 2011. Accessed at cms.gov on 7/14/2015

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

**Change History:**

<b>Change Date:</b>	<b>Changed By:</b>	<b>Description of Change:</b>	<b>New Version Number:</b>
7/14/15	Medical Director	Added CMS references.	1
7/17/15	CAC	Added last paragraph in References Used.	2
7/15/16	Medical Director	Criterion #1 changed "nine" months to "twelve". Added specifics for "12 to 24 months" and "older than 2 years". Added Criterion #5, #6, and #7.	3
4/21/17	Medical Director	Added section on Cochlear Implant replacement and upgrade criteria.	4
10/20/17	CAC	Criterion #7 added "age-appropriate".	5

**C. David Smith, MD**