

**Cochlear Implant Repair and Replacement
 SRG-005**

Iowa Medicaid Program:	Prior Authorization	Effective Date:	11/1/2020
Revision Number:	4	Last Rev Date:	4/19/2024
Reviewed By:	Medicaid Medical Director	Next Rev Date:	4/18/2025
Approved By:	Medicaid Clinical Advisory Committee	Approved Date:	11/2/2020

Narrative Description

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

Most devices come with company warranties that cover repair or replacement for a period of up to 5 years. If a warranty repair is not applicable, an individual part or an entire device may be repaired or replaced if not working properly, provided the technology is still available, and if the request meets the criteria listed below.

Criteria

Replacement of a cochlear implant(s) and/or its external components is considered medically necessary when **ONE** of the following is met:

1. The existing device is no longer functional and cannot be repaired; **OR**
2. A change in the member's condition makes the existing unit inadequate for activities of daily living and improvement is expected with a replacement unit.

Replacement or upgrade of an existing cochlear implant and/or its external components is considered not medically necessary when requested only for convenience or to simply upgrade to a newer technology when the current components remain functional.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description – PA Required
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 .
HCPCS	Description – Parts – No PA Required
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.
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.




Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

<https://www.cochlear.com/us/en/home/diagnosis-and-treatment/costs-and-payment/warranty-coverage>.

EnCoderPro Optum 360.

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.

Criteria Change History			
Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
Signature			
Change Date	Changed By	Description of Change	Version
4/19/2024	CAC	Annual review.	4
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
4/21/2023	CAC	Annual review.	3
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
4/15/2022	CAC	Annual review.	2
Signature William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
8/4/2020	Medicaid Medical Director	Split off from existing Cochlear Implant policy to create its own policy specific to repair and replacement of the implant.	1
Signature William (Bill) Jagiello, DO 