

Cochlear Implantation (NCD 50.3)

Policy Number	50.3	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	07/23/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its

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electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

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.

Reimbursement Guidelines

Effective for services performed on or after April 4, 2005, 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.

Effective for services performed on or after April 4, 2005, 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.

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CPT/HCPCS Codes

Code	Description
69930	Cochlear device implantation, with or without mastoidectomy
L7510	Repair of prosthetic device, repair or replace minor parts
L7520	Repair prosthetic device, labor component, per <u>15</u> minutes
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, replacement
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
L8621	Zinc air battery for use with cochlear implant device, replacement, each
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement

ICP/PCS Codes

ICP Code	Description	PCS Code	Description
20.96	Implantation or replacement of cochlear prosthetic device, not otherwise specified	09HD0SZ	Insertion of Hearing Device into Right Inner Ear, Open Approach
		09HD3SZ	Insertion of Hearing Device into Right Inner Ear, Percutaneous Approach
		09HD4SZ	Insertion of Hearing Device into Right Inner Ear, Percutaneous Endoscopic Approach
		09PD0SZ	Removal of Hearing Device from Right Inner Ear, Open Approach
		09PD7SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening
		09PD8SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening Endoscopic
		09HE0SZ	Insertion of Hearing Device into Left Inner Ear, Open Approach
		09HE3SZ	Insertion of Hearing Device into Left Inner Ear, Percutaneous Approach
		09HE4SZ	Insertion of Hearing Device into Left Inner Ear, Percutaneous Endoscopic Approach
		09PE0SZ	Removal of Hearing Device from Left Inner Ear, Open Approach
09PE7SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial		

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			Opening
		09PE8SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening Endoscopic
20.97	Implantation or replacement of cochlear prosthetic device, single channel	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
		09PD0SZ	Removal of Hearing Device from Right Inner Ear, Open Approach
		09PD7SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening
		09PD8SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening Endoscopic
		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
		09PE0SZ	Removal of Hearing Device from Left Inner Ear, Open Approach
		09PE7SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening
		09PE8SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening Endoscopic
20.98	Implantation or replacement of cochlear prosthetic device, multiple channel	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,

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		Percutaneous Endoscopic Approach
	09PD0SZ	Removal of Hearing Device from Right Inner Ear, Open Approach
	09PD7SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening
	09PD8SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening Endoscopic
	09PE0SZ	Removal of Hearing Device from Left Inner Ear, Open Approach
	09PE7SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening
	09PE8SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening Endoscopic

References Included (but not limited to):

CMS NCD

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CMS LCD
CMS Article(s)

Numerous Articles

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 Transmittals

Transmittal 601, Change Request 3796, Dated 07/01/2005 (Cochlear Implantation)

UnitedHealthcare Medicare Advantage Coverage Summaries

[Hearing Aids, Auditory Implants and Related Procedures](#)

[Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#)

[Hearing Screening and Audiologist Services](#)

UnitedHealthcare Medical Policies

Cochlear Implants

Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable

DME, Orthotics, Ostomy Supplies, Medical Supplies, and Repairs/Replacements

MLN Matters

Article MM3779, July Quarterly Update for 2005 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule

Article MM3796, Cochlear Implantation

Others

Jurisdiction 11 Part B Assigned ICD-9-CM Codes for National Coverage Determinations-Palmetto

1862(a)(1)(A) of the Social Security Act

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Date	Revisions
07/23/2014	<ul style="list-style-type: none">• Annual review• Administrative updates
08/13/2013	Administrative updates
07/18/2013	Administrative updates
02/04/2013	Policy converted to new template for posting to UnitedHealthcare Online
01/09/2013	No change