BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	**MANUAL:** MEDICAL POLICY
	REFERENCE NO.: MPO-490-0031
EFFECTIVE DATE October 1, 2014	**SUBJECT:** Surgically Implanted Hearing Devices

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

The auditory brainstem implant consists of an externally worn speech processor that provides auditory information to an electrical signal that is transferred to a receiver/stimulator that is implanted in the temporal bone. The receiver stimulator is, in turn, attached to an electrode array that is implanted on the surface of the cochlear nerve in the brainstem, thus bypassing the inner ear and auditory nerve. The electrode stimulates multiple sites on the cochlear nucleus, which is then processed normally by the brain.

Cochlear implant is a device for individuals with severe-to-profound hearing loss who receive limited benefit from amplification with hearing aids. It provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea.

The bone-anchored hearing aid implant system works by combining a vibrational transducer coupled directly to the skull via a small titanium implant anchored in the temporal bone. The system is based on the process of osseointegration through which living tissue integrates with titanium in the implant over a period of 3 to 6 months, allowing amplified and processed sound to be conducted via the skull bone directly to the cochlea. The lack of intervening skin permits the transmission of vibrations at a lower energy level than required for external bone-conduction hearing aids.

Semi-implantable and fully implantable middle ear hearing aids have been developed as an alternative to external acoustic hearing aids for individuals with moderate to severe sensorineural hearing loss, who are dissatisfied with the limitations of conventional hearing aids. These devices directly vibrate the ossicles of the inner ear to produce sound.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Cochlear Implant

A. BCNEPA will provide coverage for cochlear implants when medically necessary.

1. Unilateral or bilateral cochlear implantation of a U.S. Food and Drug Administration (FDA) approved cochlear implant device may be considered medically necessary in patients age 12 months and older with bilateral severe-to-profound pre- or post-lingual (sensorineural) hearing loss defined as a hearing threshold of pure-tone average of 70 dB (decibels) hearing loss or greater at 500 HZ (hertz), 1000 HZ, and 2000 HZ, and have shown limited or no benefit from hearing aids.

2. Cochlear implantation when above criteria are not met is considered not medically necessary.

3. Cochlear implantation as a treatment for patients with unilateral hearing loss with or without tinnitus is considered investigational.

4. Upgrades of an existing, functioning external system to achieve aesthetic improvement, such as smaller profile components or a switch from a body-worn, external sound processor to a behind-the-ear (BTE) model, are considered not medically necessary.

5. Cochlear implantation with a hybrid cochlear implant/hearing aid device that includes the hearing aid integrated into the external sound processor of the cochlear implant, including but not limited to the Nucleus® Hybrid™ L24 Cochlear Implant System, is considered investigational.

Implantable Bone-Conduction and Bone-Anchored Hearing Prosthesis

B. BCNEPA will provide coverage for an implanted bone-conduction (bone-anchored) hearing prosthesis when medically necessary.

1. Unilateral or bilateral implantable bone-conduction (bone-anchored) hearing prosthesis(es) may be considered medically necessary as an alternative to an air-conduction hearing aid in patients five years of age and older with conductive or mixed hearing loss who also meet at least one (1) of the following medical criteria:

   a) Congenital or surgical induced malformations (e.g., atresia) of the external ear canal or middle ear;

   b) Chronic external otitis or otitis media;

   c) Tumors of the external canal and/or tympanic cavity; or

   d) Dermatitis of the external ear canal.

2. In addition to the above medical criteria, the following audiologic criteria must be met:

   a) A pure tone average bone-conduction threshold measured at 0.5, 1, 2, and 3 kHz of better than or equal to 45 dB (OBC and BP100 devices), 55 dB (Intenso device) or 65 dB (Cordele II device).

   b) For bilateral implantation, patients should meet the above audiologic criteria, and have a symmetrically conductive or mixed hearing loss as defined by a difference between left and right side bone conduction threshold of less than 10 dB on average measured at 0.5, 1, 2 and 3 kHz, or less than 15 dB at individual frequencies.

3. An implantable bone-conduction (bone-anchored) hearing prosthesis may be considered medically necessary as an alternative to an air-conduction contralateral routing of signal hearing aid in patients five years of age and older with single-sided sensorineural deafness and normal hearing in the other ear. The pure tone average air conduction threshold of the normal ear should be better than 20 dB measured at 0.5, 1, 2, and 3 kHz.

C. BCNEPA will not provide coverage for an implanted bone-conduction (bone-anchored) hearing prosthesis for the following indications as they are considered investigational and, therefore, not covered because the safety and effectiveness of these services cannot be established by review of the available published peer-reviewed literature:

1. Use in patients with bilateral sensorineural hearing loss.

2. Partially implantable bone conduction hearing systems using magnetic coupling for acoustic transmission.

3. All other indications not identified above as medically necessary.

IV. DEFINITIONS:

Aural Rehabilitation Therapy: This type of therapy is part of a life long education process where parents are taught to treat the hearing impaired child normally and is not part of a short term medical treatment program.

Hearing Loss: Is defined as a hearing threshold of 70 decibels (dB) or above.

Severe Hearing Loss: Is defined as a bilateral hearing threshold of 70-90 decibels (dB).

Profound Hearing Loss: Is defined as a bilateral hearing threshold of 90 decibels (dB) and above.

CODING:

- **The identification of a code in this section does not denote coverage or separate reimbursement.**
- Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
- The following list of codes may not be all-inclusive, and are subject to change at any time.
- Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

PROCEDURE CODES

L8614	L8691	69711	69930	92626
L8617	L8693	69714	92601	92627
L8618	S2230	69715	92602	92630
L8619	V5095	69717	92603	92633
L8690	69710	69718	92604	

ICD-9 DIAGNOSIS CODES

389.10	389.12	389.14	389.16	389.18
389.11	389.13	389.15	389.17	

ICD-10 DIAGNOSIS CODES
INFORMATIONAL ONLY

H90.3	H90.41	H90.42	H90.5

SOURCES:

Blue Cross and Blue Shield Medical Policy Reference Manual, "Cochlear Implant" (7.01.05), Section: Surgery, Issue: 5: 2014: 1-28. "Implantable Bone-Conduction and Bone-Anchored Hearing Aids" (7.01.03), Section: Surgery, Issue: 1: 2014: 1-17.

APPROVALS:

Approved by Vice President, Clinical Operations & Chief Medical Officer:

Signature:_____
(Nina M. Taggart, MA, MD, MBA)

Date of Approval: September 17, 2014

HISTORY:

Original Medical Policy #PO-438-0016 Cochlear Implantation

Original Development Date: 11/27/90

Revision Date: 12/06/91

Medical Policy #PO-438-0016 was revised, placed into new format and assigned a new number (#BMPO-428-0031).

Original Development Date: 09/30/96

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Benefit/Medical Policy #BMPO-428-0031 was revised, placed into new format and assigned a new number (MPO-490-0031) effective 04/15/02.

Medical Policy MPO-490-0031 and MPO-490-0154 were combined and renamed from "Cochlear Implantation" to "Surgically Implanted Hearing Devices" effective July 1, 2011

Revision Dates: 01/01/04, 09/01/04, 01/01/06, 06/01/07, 11/01/09, 06/01/10, 10/01/10, 06/01/11, 07/01/11, 10/01/11, 04/01/12, 07/01/12, 10/01/12, 03/01/13, 06/01/13, 10/01/13, 01/01/14, 04/01/14, 08/01/14, 10/01/14

Policy developed by: Medical Policy Department