


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
11/17/2006	7/2012	7/2011
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Cochlear Implants

B. BACKGROUND

A cochlear implant is intended to restore an individual with severe to profound sensorineural hearing loss to a level of auditory sensation by electrical stimulation of the auditory nerve.

C. POLICY

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

The unilateral or bilateral implantation of an FDA-approved single or multi-channel cochlear implant is considered medically necessary in patients 12 months of age or older with bilateral severe to profound pre- or postlingual hearing loss (sensorineural deafness) defined as a hearing threshold of 70 decibels (dB) or greater when all of the following patient selection criteria have been met:

1. The patient, including those patients with hearing loss due to meningitis, cannot benefit from conventional hearing devices; and
2. The patient is free from lesions in the auditory nerve and acoustic areas of the central auditory pathway (nervous system); and
3. The patient is free from otitis media or other active, middle ear infections; and
4. The auditory cranial nerve can be stimulated; and
5. The patient is able to participate in a post-cochlear rehabilitation program in order to achieve benefit from the cochlear implant device.

Upgrades of existing components for "next generation" devices are considered medically necessary only for patients in whom response to existing components is inadequate to the point of interfering with the activities of daily living, or when components are no longer functional.

Not Medically Necessary:

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 for all indications.

For Medicare NCD: CMS Publication 100-3, Medicare National Coverage Determinations, Chapter 1, Section 50.3

https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf

D. REVIEW / REVISION HISTORY

Date Issued: 11/17/2006

Date Revised: 7/2007, 7/2009

Date Reviewed: 7/1/2009, 7/2011

E. REFERENCES

1. Clopton BM, Spelman FA. Technology and the future of cochlear implants. *Ann Otol Rhinol Laryngol Suppl.* 2003; 191:26-32.
2. Morera C, Manrique M, Ramos A, et al. Advantages of binaural hearing provided through bimodal stimulation via a cochlear implant and a conventional hearing aid: a 6-month comparative study. *Acta Otolaryngol.* 2005; 125(6):596-606. Available at: <http://lib.bioinfo.pl/auth:Huarte,A> Access on April 21, 2006.
3. Summerfield AQ, Marshall DH. Pediatric cochlear implantation and health-technology assessment. *Int J Pediatr Otorhinolaryngol.* 1999; 47(2):141-151.
4. CMS Publication 100-3, Medicare National Coverage Determinations, Chapter 1, Section 50.3

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.