



## Cochlear Implants Clinical Coverage Criteria

### Description

A cochlear implant is an electronic device, 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.

### Policy

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- MassHealth ACO
- NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
- NaviCare SCO (MassHealth-only)
- PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- Community Care (Commercial/Exchange)

Fallon Health requires prior authorization for cochlear implants. Requests for prior authorization for cochlear implants must be submitted by the clinician performing the procedure and accompanied by clinical documentation that supports the medical necessity of the procedure.

### Fallon Health Clinical Coverage Criteria

Fallon Health Clinical Coverage Criteria apply to Community Care members only.

Effective for dates of service on or after September 1, 2024, Fallon Health will use InterQual® Criteria when making medical necessity determinations for cochlear implants.

For coverage criteria, refer to the InterQual® Criteria in effect on the date of service:

- InterQual® CP:Procedures, Cochlear Implantation
- InterQual® CP:Procedures, Unilateral Hybrid Cochlear Implantation
- InterQual® CP:Procedures, Cochlear Implantation External Component Replacement
- InterQual® CP:Procedures, Cochlear Implantation Internal Component Replacement
- InterQual® CP:Procedures, Cochlear Implantation (Pediatric)
- InterQual® CP:Procedures, Cochlear Implantation External Component Replacement (Pediatric)
- InterQual® CP:Procedures, Cochlear Implantation Internal Component Replacement (Pediatric)

Fallon Health makes InterQual® criteria available through the Transparency Tool on our website, effective January 1, 2024.

Medical necessity determination requires review of medical records. Specific elements of a member's medical records commonly required to establish medical necessity include recent clinical evaluation which includes a detailed history and physical examination; laboratory and imaging studies, procedure reports, and reports from other providers participating in the treatment of the relevant condition.

## Medicare Variation

Medicare statutes and regulations do not have coverage criteria for cochlear implantation. Medicare has an NCD for Cochlear Implantation (50.3) Version Number 3, Effective Date of this Version 09/26/2022. National Government Services, Inc., the Part A and B Medicare Administrative Contractor with jurisdiction in the Plan's service area does not have an LCD for cochlear implantation (Medicare Database Search 08/20/2025).

[Link: NCD Cochlear Implantation 50.3](#)

Medicare members not meeting the coverage criteria listed in the NCD are deemed not eligible for coverage for cochlear implantation except when performed in the context of FDA-approved category B investigational device exemption clinical trials as defined at 42 CFR 405.201, or as a routine cost in clinical trials under section 310.1 of the National Coverage Determinations Manual titled Routine Costs in Clinical Trials.

- FDA-approved Category B IDE clinical trials as defined at 42 CFR § 405.201 are listed on the CMS website at: <https://www.cms.gov/medicare/coverage/investigational-device-exemption-ide-studies/approved>. For Medicare Advantage plan members enrolled in CMS-approved Category B IDE trials, Fallon Health provides coverage for routine care items and services and CMS-approved Category B devices (42 CFR § 422.109(f)). Claims for services related to CMS-approved Category B IDE trials should be submitted to Fallon Health. For information on Billing and Coding for CMS-approved Category B IDE trials, refer to Fallon Health's [Clinical Trials Payment Policy](#).
- Original Medicare is responsible for coverage for Medicare Advantage plan members participating CMS-approved clinical trials under NCD 310.1 – Routine Costs in Clinical Trials. The Medicare Administrative Contractors will reimburse providers on a fee-for-service basis for the routine costs of qualifying clinical trials, as well as costs for the diagnosis and treatment of complications arising from participation in qualifying clinical trials. Fallon Health will reimburse the difference between Original Medicare cost-sharing for qualified clinical trial items and services and the member's in-network cost-sharing for the same category of items and services (42 CFR § 422.109(e)).

## MassHealth Variation

MassHealth has Guidelines for Medical Necessity Determination for Cochlear Implantation (MassHealth website search 08/20/2025), therefore Fallon Health Clinical Coverage Criteria are not applicable.

[Link: Guidelines for Medical Necessity Determination for Cochlear Implantation](#)

MassHealth does not consider cochlear implantation to be medically necessary under certain circumstances. Examples of circumstances when cochlear implants may not be medically necessary include, but are not limited to, the following:

- a) The member is younger than nine months of age.  
Rare cases requiring coverage before nine months will be considered on a case-by-case basis (example: the member developed meningitis and there is concern for cochlea ossification before the nine-month mark).
- b) Cochlear implantation is proposed as a form of treatment for tinnitus.
- c) The member has active middle-ear infections, infection of the mastoid cavity, or tympanic membrane perforation at time of PA request and/or on day of procedure.
- d) The member's deafness is due to lesions of the eighth cranial nerve or absence of the eighth cranial nerve.

For replacement and repair of cochlear implant external components, refer to [MassHealth Audiologist regulations at 130 CMR 426.416\(K\)](#):

- (K) Replacement and Repair of Cochlear Implant External Components  
(1) Replacement of a cochlear implant processor is covered, only when:

- (a) the existing processor is obsolete; that is, the manufacturer no longer supports repairs on the existing processor; or
  - (b) the existing processor is lost. A lost cochlear implant processor will be replaced by the same make/model as the lost processor, unless the processor is obsolete, in which case it would be substituted by the replacement model; and
  - (c) the existing processor is beyond repair.
- (2) Replacement of cochlear implant external components, other than the cochlear implant external processor, are covered only when:
- (a) the existing component is lost. A lost cochlear implant component will be replaced by the same make/mode as the lost component.
  - (b) the existing processor is beyond repair.

## Exclusions

- The member is younger than nine months of age.
  - Rare cases requiring coverage before nine months will be considered on a case-by-case basis (example: the member developed meningitis and there is concern for cochlea ossification before the nine-month mark).
- Cochlear implantation is proposed as a treatment for tinnitus.
- The member has active middle-ear infections, infection of the mastoid cavity, or tympanic membrane perforation at time of PA request and/or on day of procedure.
- The member's deafness is due to lesions of the eighth cranial nerve or absence of the eighth cranial nerve.
- Supplies or accessories that are not necessary for the functioning of the cochlear implant, such as cell phone adapters, telecoils, carrying cases, keychain wallets, or car charger adapters, and accessories and upgrades to accommodate personal convenience or deluxe items are not covered.

## Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

Implantation of a cochlear device is a surgical procedure (CPT 69930). Cochlear devices, including all internal and external components are prosthetic devices.

Replacement or upgrades of existing, functioning cochlear implants or cochlear implant components for any reason before the component has reached its reasonable useful life are not covered.

When a repair is being done on a prosthetic device, the labor component is billed with HCPCS code L7520. Each billable unit represents 15 minutes of labor time.

When replacing headset/headpiece, microphone, transmitting coil or transmitter cable for use with cochlear implant, the correct HCPCS code should be used instead of L7510. L7510 should only be used to report the replacement of minor parts necessary for the functionality of the device that are not identified by another procedure code.

HCPCS code L8625 is nonpayable for MassHealth ACO members. Claims will deny vendor liable.

Code	Description
69930	Cochlear device implantation, with or without mastoidectomy
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent programming
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent programming

L7510	Repair of prosthetic device, repair or replace minor parts (use for repairs that are not covered under any manufacturer or supplier warranty)
L7520	Repair prosthetic device, labor component, per 15 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 or auditory osseointegrated device, replacement
L8619	Cochlear implant external speech processor, replacement
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, 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 or auditory osseointegrated device speech processor, ear level, replacement, each
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, 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

## References

1. Medicare National Coverage Determination for Cochlear Implantation (50.3).Version Number 3. Effective for Dates of Service on or After 09/26/2022. Available at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Accessed 08/26/2024.
2. MassHealth Guidelines for Medical Necessity Determination for Cochlear Implantation. Policy Revision Effective Date: September 5, 2024. Policy effective date: July 7, 2022. Available at: <https://www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-cochlear-implantation>. Accessed 08/20/2025.
3. The American Academy of Otolaryngology (AAO) Head and Neck Surgery, Position Statement: Cochlear Implants, Revised 11/10/2020. Available at: <https://www.entnet.org/resource/position-statement-cochlear-implants/#:~:text=The%20American%20Academy%20of%20Otolaryngology,with%20appropriately%20fit%20hearing%20aids>. Accessed 05/22/2023.
4. Au and Dowell. Evidence-Based Recommendation for Bilateral Cochlear Implantation in Adults. *Am J Audiol*. 2019 Oct 16;28(3S):775-782.
5. Brodie A, Smith B, Ray J. The impact of rehabilitation on quality of life after hearing loss: a systematic review. *Eur Arch Otorhinolaryngol*. 2018 Oct;275(10):2435-2440.
6. McRackan TR, Bauschard M, Hatch JL, et al. Meta-analysis of quality-of-life improvement after cochlear implantation and associations with speech recognition abilities. *Laryngoscope*. 2018 Apr;128(4):982-990.
7. van Zon A, Smulders YE, Stegeman I, et al. Stable benefits of bilateral over unilateral cochlear implantation after two years: A randomized controlled trial. *Laryngoscope*. 2017 May;127(5):1161-1168.
8. Smulders YE, van Zon A, Stegeman I, et al. Comparison of Bilateral and Unilateral Cochlear Implantation in Adults: A Randomized Clinical Trial. *JAMA Otolaryngol Head Neck Surg*. 2016 Mar;142(3):249-56.
9. Roland JT Jr, Gantz BJ, Waltzman SB, Parkinson AJ. Long-term outcomes of cochlear implantation in patients with high-frequency hearing loss. *Laryngoscope*. 2018 Aug;128(8):1939-1945.

10. U.S. Food & Drug Administration. Premarket Approval (PMA) Nucleus® Hybrid™ L24 Cochlear Implant (Cochlear Americas) (P130016). Original Approval Date 04/10/2014. Available at: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P130016>. Accessed 05/22/2023.

## Policy history

Origination date: 01/01/2014  
Approval(s): Technology Assessment Committee 10/23/2013 (Adopted InterQual® Criteria) 01/28/2015 (annual review), 01/27/2016 (annual review), 01/25/2017 (annual review), 01/24/2018 (annual review), 01/23/2019 (annual review), 05/27/2020 (adopted Fallon Health criteria), 6/22/2021 (annual review, no changes; 6/15/2021 (added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section), 05/23/2023 (annual review, updated coverage criteria for Community Care members effective for dates of service on or after March 1, 2024), 08/27/2024 (annual review, adopted InterQual® Criteria), 08/26/2025 (annual review, no changes to coverage criteria, added new sections for Medicare and MassHealth Variation).  
Utilization Management Committee: 09/16/2025 (annual review; approved with no changes to coverage criteria).

## Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health generally follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follows CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.