Medical Policy and InterQual® Criteria

Cochlear Implants

Policy Number: OCA 3.301
Version Number: 23
Version Effective Date: 11/01/21

Product Applicability

All Plan+ Products

Well Sense Health Plan
- Well Sense Health Plan

Boston Medical Center HealthNet Plan
- MassHealth ACO
- MassHealth MCO
- Qualified Health Plans/ConnectorCare/Employer Choice Direct
- Senior Care Options ◊

Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.

Policy Summary

Cochlear implants are considered medically necessary for pediatric members age 17 or younger on the date of service when InterQual® Cochlear Implantation (Pediatric) criteria are met. For members age 18 or older on the date of service, cochlear implants are considered medically necessary when the clinical review criteria included in this medical policy are met. Replacement of external components for cochlear implants is considered medically necessary when applicable criteria included in this medical policy are met and it is a covered benefit for the member, as documented in the member’s applicable document available at www.bmchp.org for a BMC HealthNet Plan member, at www.SeniorsGetMore.org for a Senior Care Options member, or at www.wellsense.org for a member

◊ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
enrolled in a Well Sense Health Plan product. Prior authorization is required. It will be determined during the Plan’s prior authorization process if the service is considered medically necessary for the requested indication.

The Plan complies with coverage guidelines for all applicable state-mandated benefits and federally-mandated benefits that are medically necessary for the member’s condition. Review the Plan’s *Implantable Bone-Conduction (Bone-Anchored) Hearing Aids* medical policy, policy number OCA 3.30, rather than this policy for medical necessity criteria related to the use of fully-implantable and semi-implantable hearing amplification devices (transmitting sound waves through the bone) to treat conductive hearing loss, mixed hearing loss, and/or single-sided sensorineural hearing loss (e.g., BAHA® Attract, BAHA® Cordelle II, BAHA® Divino, BAHA® BP100, Baha 4, BAHA® 5 Power, BAHA® Intenso, OBC Bone Anchoring Hearing Aid System, Otomag Bone Conduction Hearing System, and Sophono Alpha System). Prior authorization is NOT required for external hearing devices, including non-implantable bone-conduction hearing aids such as the BAHA® Softband™ (unless the external processor is related to an implantable bone-conduction/bone-anchored hearing aid).

**Prior authorization is NOT required for external hearing devices.** Reference the member’s product-specific benefit documents (including age limitations, when applicable) to determine coverage for air-conduction and/or external, non-implantable bone-conduction hearing aids; benefit documents are available at [www.bmchp.org](http://www.bmchp.org) for BMC HealthNet Plan members, posted at [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org) for Senior Care Options members, and documented at [www.wellsense.org](http://www.wellsense.org) for Well Sense Health Plan members. The hearing aid limits specified in the member’s benefit documents apply to external hearing aids and do NOT apply to the components of implantable hearing aids or cochlear implants. Review the following Plan reimbursement policies available at [www.bmchp.org](http://www.bmchp.org) for payment guidelines for audiology testing, external (non-implantable) hearing aids, and related batteries, external recharging battery systems, and accessories for external (non-implantable) hearing aids: *Hearing Aid Dispensing and Repairs*, policy number 4.111, for BMC HealthNet Plan members (i.e., MassHealth and Qualified Health Plans members) and *Hearing Aid Dispensing and Repairs*, policy number SCO 4.111, for Senior Care Options members. See the Plan’s *Hearing Aid Services* reimbursement policy, policy number WS 4.111, posted at [www.wellsense.org](http://www.wellsense.org) for payment guidelines for hearing aids and related services for Well Sense Health Plan members.

**Description of Item or Service**

**Conventional Cochlear Implant**: An electronic medical device that converts received sounds from its external components into electrical impulses, resulting in the direct electrical stimulation of auditory spiral ganglion cells that form the auditory nerve. Cochlear implants do not restore normal hearing to a person with a hearing impairment but instead provide a sense of sound and facilitate speech recognition. The cochlear implant device consists of a surgically implanted instrument to stimulate nerve fibers (i.e., implanted components include a receiver and electrodes) and a device that is worn externally to capture, analyze, and code sound (i.e., external components include a microphone, speech processor, transmitter). Cochlear implants detour the damaged structures in the inner ear (and bypass damaged regions of the cochlea) and instead directly stimulate the auditory nerve. The implant

---

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
is capable of electronically arranging useful sounds, transforming them into electrical impulses, and delivering these signals to the nerves leading to the brain where they are interpreted as sound. It is indicated for cases of severe to profound bilateral sensorineural hearing loss in members who receive only limited benefit from amplification with air conducting hearing aids.

**Hybrid Cochlear Implant:** Cochlear implant that combines electrical stimulation (used with a conventional cochlear implant) with acoustic amplification technology (used in hearing aids) integrated into the external sound processor of the cochlear implant for the same ear. The electrode array inserted into the cochlea is shorter than a traditional cochlear implant, with the goal of preserving residual hearing. The hybrid cochlear implant is designed for adults 18 years of age and older who still have residual low-frequency (pitch) hearing sensitivity with severe to profound high-frequency sensorineural hearing loss, and who have obtain limited benefit from appropriately fitted bilateral hearing aids. Traditional cochlear implants can destroy useful, remaining hearing, while hybrid cochlear implants are designed to preserve useful low-frequency hearing. Examples of hybrid cochlear implantation systems include the Cochlear™ Nucleus® Hybrid L24 Implant System by Cochlear (FDA approved for unilateral use for the treatment of bilateral sensorineural deafness for an adult or pediatric patient age 9 months or older) and MED-EL SYNCHONY EAS (Electric Acoustic Stimulation) Cochlear Implant System.

**Medical Policy Statement**

**Pediatric Members Age 17 or Younger on the Date of Service:** Cochlear implants are considered medically necessary for pediatric members age 17 or younger on the date of service when criteria are met for EPSDT services or applicable InterQual® Cochlear Implantation (Pediatric) criteria are met and documented in the member’s medical record. The clinical review criteria included in this medical policy shall apply if InterQual® criteria are not available to determine the medical necessity for replacement of external components for cochlear implants for pediatric members, as specified below in item B.

**Adult Members Age 18 or Older on the Date of Service:** Cochlear implants are considered medically necessary for members 18 to 20 years of age on the date of service when criteria are met for EPSDT services or applicable criteria are met in this Medical Policy Statement section. For members age 21 and older on the date of service, applicable Plan medical necessity criteria must be met, as specified below in item A. Replacement of external components for cochlear implants is considered medically necessary when Plan medical criteria are met, as specified below in item B.

**A. Medical Criteria for Cochlear Implants for Members Age 18 or Older:**

Unilateral and bilateral cochlear implant(s) are considered medically necessary for the treatment of a **bilateral sensorineural hearing impairment** when ONE (1) of the following applicable criteria is met and documented in the member’s medical record, as specified below in items 1 through item 3:

---

*C Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
1. **Unilateral Conventional Cochlear Implantation for Bilateral Hearing Impairment:**

   ALL of the following criteria must be met for unilateral conventional cochlear implantation for an adult member age 18 or older on the date of service, as specified below in items a through k:

   a. Member is diagnosed with pre or post linguistic bilateral severe-to-profound sensorineural hearing impairment; AND

   b. Hearing threshold of pure-tone average of $\geq 70$ decibels hearing level (dB HL) at 500 hertz (Hz), 1000 Hz, and 2000 Hz in intended ear(s); AND

   c. The treating provider has determined that the member has limited or no benefit from appropriate amplification with hearing aids (or vibrotactile aids). 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; AND

   d. Bilateral auditory dys-synchrony with failed sentence or word recognition testing by speech audiometry (with limitations in speech, language, and listening skills typically considered appropriate to the member’s age, developmental stage, and cognitive ability); AND

   e. Member possesses the cognitive ability to use auditory clues and a willingness to undergo an extended program of age-appropriate, postoperative cochlear implant/aural rehabilitation and training on the device; AND

   f. Member is free from active infection of the external or middle ear or mastoid cavity; AND

   g. No lesion of the acoustic nerve or central auditory pathway by CT or MRI; AND

   h. Member has an accessible cochlear lumen that is structurally suited to implantation; AND

   i. Member has no contraindication to surgery; AND

   j. Device will be used in accordance with U. S. Food and Drug Administration (FDA)-approved labeling for that device; AND

   k. Member has received ALL age-appropriate vaccines and has also been vaccinated with both conjugate and polysaccharide pneumococcal vaccines under the same schedules that apply to other individuals at high risk for invasive pneumococcal disease; OR

2. **Bilateral Conventional Cochlear Implantation for Bilateral Hearing Impairment:**

   ALL of the following criteria must be met for bilateral conventional cochlear implantation for an adult member age 18 or older on the date of service, as specified below in items a and b:
a. All of the criteria are met for unilateral cochlear implant for the treatment of bilateral severe-to-profound sensorineural hearing loss, as specified above in items 1a through 1k of this section; AND

b. The treating provider has determined that a unilateral cochlear implant plus hearing aid in the contralateral ear will NOT result in a binaural benefit for the member (i.e., hearing aid will not produce the required amplification); OR

3. **Unilateral Hybrid Cochlear Implantation for Bilateral Hearing Impairment**:

   ALL of the following criteria must be met for the medically necessary use of unilateral hybrid cochlear implantation (e.g., Nucleus® Hybrid™ L24 Cochlear Implant System by Cochlear) for an adult member age 18 or older on the date of service, as specified below in items a through n:

   a. Member is diagnosed with bilateral severe-to-profound sensorineural hearing impairment with residual low-frequency hearing sensitivity; AND

   b. Member obtained limited benefit from appropriately fitted bilateral hearing aids; AND

   c. Intended ear for unilateral hybrid cochlear implant has normal to moderately severe low-frequency hearing loss of ≤ 60 dB HL at ≤ 500 Hz; AND

   d. Member has severe to profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz ≥75 dB HL) in the ear to be implanted; AND

   e. Member has moderately severe to profound mid- to high-frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz ≥ 60 dB hearing level) in the contralateral ear; AND

   f. Member’s aided consonant-nucleus-consonant word recognition score is from 10% to 60% in the ear to be implanted; AND

   g. Member’s aided consonant-nucleus-consonant word recognition score in the contralateral ear is equal to or better than the ear to be implanted but not more than 80% correct.

   h. Member possesses the cognitive ability to use auditory clues and a willingness to undergo an extended program of age-appropriate, postoperative cochlear implant rehabilitation and training on the device; AND

   i. Member is free from active infection of the external or middle ear or mastoid cavity; AND

   j. No lesion of the acoustic nerve or central auditory pathway by CT or MRI; AND

---

*C Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
k. Member has an accessible cochlear lumen that is structurally suited to implantation; AND

l. Member has no contraindication to surgery; AND

m. Device will be used in accordance with all U. S. Food and Drug Administration (FDA)-approved labeling for that device, including the member’s condition, age, and guidelines on the use of uniaural ( monoaural) hybrid cochlear implantation, (e.g., Cochlear™ Nucleus® Hybrid L24 Implant System by Cochlear is FDA approved for unilateral use for patients 18 years of age and older); AND

n. Member has received ALL age-appropriate vaccines and has also been vaccinated with both conjugate and polysaccharide pneumococcal vaccines under the same schedules that apply to other individuals at high risk for invasive pneumococcal disease; OR

B. Medical Criteria for Replacement of External Components for Cochlear Implants for Adult and Pediatric Members:

Replacement of external components for cochlear implants (e.g., sound processor, transmitting coil, microphone, or connecting cords) is considered medically necessary for an adult member age 18 or older on the date of service when it is a covered service and applicable criteria are met, as specified below in item 1 (Criteria for Replacement of All External Components for Cochlear Implants) or item 2 (Additional Criteria for Replacement of Processor for Cochlear Implants). If InterQual® criteria are not available to evaluate requests for replacement components for pediatric members age 17 or younger on the date of service, the following medical necessity criteria shall apply.

1. Criteria for Replacement of All External Components for Cochlear Implants:

A treating provider (e.g., audiologist or physician) certifies that the member meets at least ONE (1) of the following criteria, as specified below in items a through f:

a. The existing component is ineffective to the point of interfering with the activities of daily living; OR

b. There is a change in the patient’s medical condition that necessitates a different type of component, OR

c. The existing component has reached the end of its reasonable useful life; the reasonable useful life of a sound processor is not less than five (5) years; OR

d. The manufacturer of the component no longer supports the repairs of the device; OR
e. The external component is lost and will be replaced by the same make and model unless it is obsolete (with additional criteria met for the replacement of a lost processor when it is the requested component, as specified below in item 2, Additional Criteria for Replacement of Processor for Cochlear Implant); OR

f. The external component is unable to be repaired, with additional criteria met for the replacement of an existing processor when it is the requested component, as specified below in item 2, Additional Criteria for Replacement of Processor for Cochlear Implant; OR

2. Additional Criteria for Replacement/Upgrade of Processor for Cochlear Implant:

BOTH of the following criteria are met, as specified below in item a and item b:

a. At least ONE (1) of the criteria is met for replacement of external components specifically related to the processor, as stated above in item 1 of this section (Criteria for Replacement of All External Components for Cochlear Implants); AND

b. When the request is for a replacement of a cochlear implant processor, the following ADDITIONAL documentation must be submitted to the Plan with the prior authorization request, as specified below in item (1) for a replacement request of an existing processor or item (2) for a replacement request when the processor is lost:

(1) Replace Existing Processor:

A comprehensive report within the last six (6) calendar months with justification of the medical necessity is required for each prior authorization request for a new processor; the report must include ALL of the following documentation, as specified below in items (a) through (d):

(a) A description of the status of the member’s current equipment; AND

(b) Documentation of the current equipment’s obsolescence if it is the reason for the equipment replacement; AND

(c) Member’s current sound field results and speech testing results utilizing the member’s current cochlear implant equipment; AND

(d) Invoice stating cost of equipment requested; OR
(2) **Replace Lost Processor:**

In the case of loss of a processor, ALL of the following information must be submitted to the Plan, as specified below in items (a) through (c):

(a) A description of the circumstances regarding the loss; AND

(b) An invoice stating the cost of equipment requested; AND

(c) A list of the member’s current equipment.

See the Limitations section of this policy for Plan guidelines related to the replacement of external components of a cochlear implant and a switch from a body-worn sound processor to a behind-the-ear sound processor. Benefit coverage varies based on the product in which the member is enrolled. Member benefit documents are available at [www.bmchp.org](http://www.bmchp.org) for members enrolled in a BMC HealthNet Plan product, at [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org) for Senior Care Options members, or at [www.wellsense.org](http://www.wellsense.org) for members enrolled in a Well Sense Health Plan product.

### Limitations

ANY of the following limitations applies to cochlear implants, as specified below in items 1 through 8:

1. Contraindications for conventional cochlear implants and/or hybrid cochlear implantation for members age 18 or older include ANY of the following conditions, as specified below in items a through f. Plan Medical Director review is required with supporting medical record documentation submitted by the treating provider.

   a. Absence of cochlear development as demonstrated on CT scan; OR

   b. Active or chronic infection of the external or middle ear and mastoid cavity; OR

   c. Tympanic membrane perforation; OR

   d. Cochlear ossification that prevents electrode insertion; OR

   e. Deafness due to lesion(s) of the 8th cranial nerve (acoustic nerve), central auditory pathway, or brain stem; OR

   f. Lack of motivation preoperatively by the adult member to participate in the rehabilitation process. (Participation in the rehabilitation process is essential for optimal benefit from the
cochlear implant; rehabilitation may include telephone use, communication strategies, speech reading and auditory training after cochlear implantation.)

2. Upgrade of an existing and functional external component of a cochlear implant system to achieve aesthetic improvement (such as smaller profile components) is NOT considered medically necessary for an adult or pediatric member.

3. A switch from a body-worn, functioning, external sound processor to a behind the ear model to achieve aesthetic improvement is NOT considered medically necessary for an adult or pediatric member.

4. The use of bilateral hybrid cochlear implantations is considered experimental and investigational or NOT medically necessary for an adult member age 18 or older due to limited evidence demonstrating the clinical utility and clinical validity of the treatment.

5. The Plan considers cochlear implants with Bluetooth technology integrated within the device itself or the use of accessories that allow for Bluetooth technology’s wireless streaming of sound to the device to be experimental and investigational or NOT medically necessary for an adult or pediatric member because the effectiveness has not been established.

6. Plan Medical Director review is required for any of the following requests, as specified below in items a through c. Requests for cochlear implantation will be evaluated based on current clinical guidelines that include position statements from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS).

   a. The Plan considers the use of conventional cochlear implantation for the treatment of unilateral hearing loss to NOT be medically necessary for an adult member age 18 or older due to an insufficient quantity of published, peer-reviewed clinical evidence to assess the safety and/or impact on health outcomes or patient management for this indication. This includes the use of FDA-approved devices for unilateral hearing loss (e.g., MED-EL Cochlear Implant System with Synchrony/Synchrony 2 is FDA approved for individuals 5 years of age and older with single-sided deafness who have profound sensorineural hearing loss in one ear and normal hearing or mild sensorineural hearing loss in the other ear or asymmetric hearing loss). Plan Medical Director review is required for individual consideration.

   b. A request for cochlear implantation for a member with severe to profound hearing loss for a duration of 30 years or longer requires Plan Medical Director review for individual consideration.

   c. Plan Medical Director review is required for the use of cochlear implantation for an adult member age 18 or older when the Plan’s applicable medical necessity criteria are NOT met, as specified in the Medical Policy Statement section.

Cochlear Implants

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
The Plan’s *Medically Necessary* medical policy, policy number OCA 3.14, includes the product-specific definitions of medically necessary treatment. The Plan’s *Experimental and Investigational Treatment* medical policy, policy number OCA 3.12, documents the product-specific definitions of experimental or investigational treatment.

**Definitions**

**Bone Conduction Threshold:** An individual’s hearing threshold is defined as the softest sounds a person hears at each frequency approximately 50% of the time. The bone conduction threshold is determined with bone conduction testing. If a hearing loss exists, bone conduction thresholds, in combination with air conduction tests, help determine whether the problem is in the outer, middle, or inner ear.

**Consonant-Nucleus-Consonant (CNC) Word List:** Word lists used to assess open-set word recognition for the testing and management of cochlear implant users. The word list is widely used clinically and includes words that are phonetically balanced and controlled for frequency.

**Decibels (dB)/Decibel Hearing Level (dB HL):** Decibel is a unit of measure used to calculate the degree of hearing sensitivity (i.e., loudness or softness of sound detected) based on the individual’s ability to detect a variety of sounds from low to high frequency (pitch). To calculate hearing sensitivity in dB, one takes the hearing threshold at different frequencies (500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz) and averages them to derive a pure tone average. The average will fall into one (1) of the following categories: normal hearing, mild hearing loss, moderate (including moderately severe) hearing loss, severe hearing loss, or profound hearing loss. Decibel Hearing Level

**Hearing Loss:** Decreased hearing, deafness, or loss of hearing. In hearing evaluations, loudness and clarity of sound signals are reflected by numbers in two different scales, hertz (Hz) and decibel (dB). Normal speech and conversation occurs at 40 to 60 decibel (dB) within a frequency range of 500-6000 Hz (Hertz). Average hearing threshold levels of less than (better than) 20 dB HL do not necessarily imply normal hearing. According to the American Speech-Language-Hearing Association (ASHA), hearing loss can be classified as into the following average hearing threshold levels (in decibel hearing level or dB HL):

1. **Mild:** 26 to 40 dB HL
2. **Moderate (Including Moderately Severe):** 41 to 70 dB HL
3. **Severe:** 71 to 90 dB HL
4. **Profound:** 91 dB or more dB HL

*C Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
**Hertz (Hz):** Unit of measure for sound frequency (pitch) documented as one cycle per second (Hz) or per thousand of Hz (kilohertz or kHz). Hz is an absolute unit, which does not depend on external factors. The Hz scale measures the different pitches of sound the human ear can hear, a range from 50 Hz to 25,000 Hz. Hearing tests are usually limited to sounds between 250 Hz and 8000 Hz.

**Hybrid Cochlear Implants:** Hybrid cochlear implants use electroacoustic technology to improve hearing loss for individuals with bilateral, severe to profound sensorineural hearing loss of high-frequency sounds but who still have the ability to hear lower frequencies in the contralateral ear. The hybrid device combines the electrostimulation technology used in traditional cochlear implants with the acoustic amplification technology found in hearing aids. Some individuals with severe to profound sensorineural hearing loss may still hear low-frequency sounds, and this residual hearing is at risk during standard cochlear implantation due to the surgical technique and to the dimensions of the traditional cochlear implant electrode array. Since low frequencies are detected in the innermost regions of the cochlea, hybrid cochlear implant arrays are shorter and narrower than standard cochlear implant arrays, and therefore are implanted only partway into the cochlea to avoid damaging areas still capable of detecting low-frequency sound. The typical candidate for a hybrid cochlear implant has normal to moderate sensorineural hearing loss in the low frequencies (thresholds no poorer than 60-65 dB HL up to and including 500 Hz) with severe to profound mid- to high-frequency hearing loss (no better than 70dB HL to 75 dB HL at threshold average 2000, 3000, and 4000 Hz) in the ear to be implanted; for the contralateral (non-implanted) ear, thresholds may be worse than for the implanted ear but not better. Examples of FDA-approved hybrid cochlear implants include the MED-EL EAS Hearing Implant System (by MED-EL Corporation) and the Nucleus® Hybrid™ L24 Cochlear Implant System (by Cochlear®). Treatment options for sensorineural hearing loss as an alternative to hybrid cochlear implants include the use of bone-conducting and bone-anchored hearing aids (BAHAs), assisted listening devices, air conduction hearing aids, auditory brainstem implants, and electromagnetic middle-ear implants (semi-implantable and totally implantable devices such as cochlear implants).

**Pure Tone Average:** The average decibels (dB) scores of the 4 frequencies most important for speech recognition: 500, 1000, 2000, and 3000 hertz (Hz).

**Types of Hearing Loss:** There are three (3) types of hearing loss which may be unilateral or bilateral, as specified below in items 1 through 3:

1. **Conductive Hearing Loss:** Results from obstruction of the external auditory canal that can be caused by cerumen, debris and foreign bodies, swelling of the lining of the canal, atresia of the ear canal, neoplasms of the canal, breakdown of the ossicular chain, perforations of the eardrum, trauma, infections, fluid, scarring and neoplasms of the middle ear. Conductive hearing loss is usually corrected either medically or surgically.

2. **Sensorineural Hearing Loss:** Results from damage to the inner ear (cochlea) or the 8th cranial nerve (auditory nerve) that can be caused by heredity, prenatal or birth-related complications, viral infections, ototoxic drugs, fractures of the temporal bone, meningitis, Meniere’s disease,
otosclerosis, trauma, loud noise, fluid in the middle ear, benign tumor in the inner ear, and/or aging.

3. **Mixed Hearing Loss:** A combination of both conductive and sensorineural hearing loss that can result from pathology affecting the middle and inner ear together.

**Applicable Coding**

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement section and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the service to determine coverage or non-coverage as it applies to an individual member. See Plan reimbursement policies for Plan billing guidelines.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description: Codes Covered When Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>69930</td>
<td>Cochlear device implantation, with or without mastoidectomy</td>
</tr>
<tr>
<td></td>
<td>Plan note: Code used for conventional cochlear implant or hybrid cochlear implant.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description: Codes Covered When Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>L8614</td>
<td>Cochlear device, includes all internal and external components</td>
</tr>
<tr>
<td>L8615</td>
<td>Headset/headpiece for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8616</td>
<td>Microphone for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8617</td>
<td>Transmitting coil for use with cochlear implant device, replacement</td>
</tr>
<tr>
<td>L8618</td>
<td>Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement</td>
</tr>
<tr>
<td>L8619</td>
<td>Cochlear implant, external speech processor and controller, integrated system</td>
</tr>
</tbody>
</table>

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
Clinical Background Information

Conventional hearing aids can be divided into the following categories: air conduction hearing aids, bone-conduction hearing aids (external or implantable), and middle ear implants. Air conduction aids are indicated for a person with sensorineural hearing loss, mixed hearing loss, or conductive hearing loss that is not amenable to medical or surgical intervention. Bone-conduction hearing aids and bone-anchored hearing aids are indicated for a person with conductive and mixed hearing loss who is not able to use air-conduction hearing aids or has a medical condition that precludes the wearing of an air-conduction hearing aid.

Cochlear implants are indicated for adults and children with bilateral severe-to-profound sensorineural hearing loss and associated poor speech discrimination. Cochlear implant surgery is performed under general anesthesia; the surgery typically takes about 1 to 3 hours and can be done either in the inpatient or outpatient setting. Contraindications to surgery include poor anesthetic risk, severe mental retardation, severe psychiatric disorders, and/or organic brain syndromes. The standard radiologic evaluation includes computed tomography (CT) scanning to detect mixed fibrous and bony occlusions and anatomical abnormalities. MRI provides better resolution of soft tissue structures and should supplement the CT scan when indicated.

The cochlear implant device consists of a surgically implanted instrument to stimulate nerve fibers and a device that is worn externally to capture, analyze, and code sound. The external parts include a microphone, a speech processor, and a transmitter. The microphone looks like a behind-the-ear hearing aid; it picks up sounds like a hearing aid microphone does and sends them to the speech processor. The speech processor may be housed with the microphone behind the ear, or it may be a small box-like unit typically worn in a chest pocket. The speech processor is a computer that analyzes and digitizes the sound signals and sends them to a transmitter worn on the head just behind the ear. The transmitter sends the coded signals to an implanted receiver just under the skin. The internal (implanted) parts include a receiver and electrodes. The receiver is just under the skin behind the ear. The receiver takes the coded electrical signals from the transmitter and delivers them to the array of electrodes that have been surgically inserted in the cochlea. The electrodes stimulate the fibers of the auditory nerve, and sound sensations are perceived.

Children age 12 months or older with severe-to-profound sensorineural hearing loss bilaterally and minimal speech perception may be considered for cochlear implantation. In the young child, auditory brainstem response, auditory steady state response testing, stapedial reflex testing, and otoacoustic emission testing may be useful when combined with auditory behavioral responses to determine Cochlear Implants

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
hearing status. Prior to implantation, a trial period with appropriate amplification combined with intensive auditory training should be attempted to ensure that maximal benefit is achieved. Children should also undergo a complete medical evaluation to rule out the presence of active systemic disease that would contraindicate implantation. The child must be otologically stable and free of active middle ear disease prior to cochlear implantation. Preoperative assessment should involve evaluation of the child by an experienced cochlear implant team in home, social, and educational settings to ensure that implantation is the proper intervention. Parental expectations must be addressed, and compliance to habilitation is essential. Because the rate for pneumococcal meningitis is higher in children with cochlear implants and *Streptococcus pneumoniae* is the most common pathogen causing bacterial meningitis in cochlear implant recipients of all ages with meningitis of known etiology, the Advisory Committee on Immunization Practices (ACIP) recommends the age-appropriate pneumococcal vaccine for all individuals who have or are scheduled to receive a cochlear implant.

The U.S. Food and Drug Administration (FDA) first approved cochlear implant devices for adults in 1985 and for children in 1990. According to the National Institute on Deafness and Other Communication Disorders, as of December 2010 approximately 70,000 individuals (over half of whom were children) had received cochlear implants in the United States and over 219,000 individuals received cochlear implants worldwide. Initially, cochlear implants were performed unilaterally; however, bilateral implantation is becoming more common. Dual-ear stimulation allows left-right discrimination of sound location, provides optimum hearing benefits from implantation, and services as a backup in case of device malfunction. Bilateral cochlear implantation can be performed simultaneously or sequential implantation procedures.

At the time of the Plan’s most recent policy review, the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) 50.3 includes medically necessary indications for cochlear implantation for bilateral moderate-to-profound sensorineural hearing impairment with limited benefit from appropriate hearing aids when applicable patient eligibility criteria are met. Verify CMS criteria in the applicable NCD or local coverage determination (LCD) and coverage guidelines in the CMS Medicare Benefit Policy for auditory osseointegrated and auditory brainstem devices in effect on the date of the prior authorization request for a Senior Care Options member.

Chapter 16 of the CMS Medicare Benefit Manual (General Exclusions from Coverage) states that hearing aids or examination for the purpose of prescribing, fitting, or changing hearing aids are excluded from coverage. Certain devices that produce perception of sound by replacing the function of the middle ear, cochlea or auditory nerve are payable by Medicare as prosthetic devices (rather than categorized as hearing aids) and include cochlear implants, auditory brainstem implants, and osseointegrated implants (i.e., implantable bone-conduction/bone-anchored hearing aids). These prosthetic devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformations, chronic disease, severe sensorineural hearing loss or surgery.
References


American Speech-Language-Hearing Association (ASHA), the Department of Veterans Affairs (VA), and the American Academy of Audiology (AAA). Joint Audiology Committee Clinical Practice Statements and Algorithms. Accessed at: https://www.asha.org/policy/gl1999-00013/

*C Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.


Cochlear Implants

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.


*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.


Cochlear Implants

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.


MED-EL Medical Electronics. Cochlear Implants. Accessed at: https://www.medel.com/en-us/hearing-solutions/cochlear-implants?gclid=EAIaIQobChMIreS07fmP8QIV8o5bCh1mZQv2EAYASAAEgK56_D_BwE


* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.


Cochlear Implants

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
Cochlear Implants


*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
U. S. Food and Drug Administration (FDA). Medical Devices. Other Products and Devices to Improve Hearing. Accessed at:  
http://www.fda.gov/medicaldevices/productsandmedicalprocedures/homehealthandconsumer/consumerproducts/hearingaids/ucm181482.htm


https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm?id=P130016


**Policy History**

<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Original Policy Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory Approval: N/A</td>
<td>04/07/06 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)</td>
<td>Q&amp;CMC</td>
</tr>
<tr>
<td>Internal Approval: 02/07/06 Quality and Clinical Management Committee (Q&amp;CMC)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Effective Date for the BMC HealthNet Plan Commercial Product(s): 01/01/12
*Effective Date for the Well Sense Health Plan New Hampshire Medicaid Product(s): 01/01/13
*Effective Date for the Senior Care Options Product(s): 01/01/16

Note: Policy formerly titled Cochlear Implants and Bone Anchored Hearing Aids (policy number OCA 3.30). Policy renamed Cochlear Implants (and renumbered policy number OCA 3.301), and the revised policy is effective 10/01/14. Medical criteria for implantable bone-conduction hearing aids are included in a separate medical policy, Implantable Bone-Conduction (Bone-Anchored) Hearing Aids (policy number OCA 3.30), and this revised policy is effective on 10/01/14.

**Policy Revisions History**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/06/07</td>
<td>Removed preauthorization requirement for most hearing aids.</td>
<td>Version 2</td>
<td>02/06/07: Q&amp;CMC</td>
</tr>
<tr>
<td>11/11/08</td>
<td>Updated clinical criteria, references and</td>
<td>Version 4</td>
<td>11/25/08: MPCTAC</td>
</tr>
</tbody>
</table>

*Cochlear Implants

Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
<table>
<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
<th>Version</th>
<th>Date</th>
<th>Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/24/08</td>
<td>Removed all language and coding pertaining to hearing aids, updated references.</td>
<td>Version 5</td>
<td>11/24/09</td>
<td>Added to the limitations section that cochlear implants are excluded from coverage for CWC members and not a covered benefit, updated coding and references.</td>
</tr>
<tr>
<td>10/01/10</td>
<td>Added to the limitations section that cochlear implants are excluded from coverage for CWC members and not a covered benefit, updated coding and references.</td>
<td>Version 6</td>
<td>11/23/10</td>
<td>MPCTAC</td>
</tr>
<tr>
<td>06/01/11</td>
<td>Revised the criteria for cochlear implants from moderate to profound to severe to profound hearing impairment (71 and greater dB HL). Added criteria for the bone anchored hearing aids (BAHA), added limitations for the cochlear implant speech processors, updated coding and references.</td>
<td>Version 7</td>
<td>06/29/11</td>
<td>MPCTAC</td>
</tr>
<tr>
<td>06/01/12</td>
<td>Updated references and revised the introductory paragraph in Applicable Coding section.</td>
<td>Version 8</td>
<td>06/20/12</td>
<td>MPCTAC</td>
</tr>
<tr>
<td>07/30/12</td>
<td>Off cycle review for Well Sense Health Plan, reformatted Medical Policy Statement. Air conduction hearing aid exclusion does not apply to Well Sense product.</td>
<td>Version 9</td>
<td>08/03/12</td>
<td>MPCTAC</td>
</tr>
<tr>
<td>06/01/14</td>
<td>Review for effective date 10/01/14. Revised Summary, Description of Item or Service, Definitions, Clinical Background Information, and References sections. Revised medical criteria in the Medical Policy Statement section and Limitations section.</td>
<td>Version 11</td>
<td>10/01/14</td>
<td>MPCTAC</td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
<td>Date</td>
<td>Revisions</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>04/01/15</td>
<td>Revised policy title and policy number. Revised language in Applicable Coding section and only included applicable codes for cochlear implants. Moved policy language and coding related to implantable bone-conduction (bone-anchored) hearing aids to a new medical policy effective 10/01/14, <em>Implantable Bone-Conduction (Bone-Anchored) Hearing Aids</em>, policy number OCA 3.30.</td>
<td>08/01/15</td>
<td>Version 12</td>
<td></td>
</tr>
<tr>
<td>04/01/15</td>
<td>Review for effective date 08/01/15. Updated Limitations section. Updated criteria for the replacement of external components and moved to the Medical Policy Statement section. Removed Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available. Updated References and Definitions sections.</td>
<td>04/15/15: MPCTAC</td>
<td>05/13/15: QIC</td>
<td></td>
</tr>
<tr>
<td>11/25/15</td>
<td>Review for effective date 01/01/16. Updated template with list of applicable products and notes. Administrative changes made to the Medical Policy Statement section without changing criteria. Revised language in the Applicable Coding section.</td>
<td>01/01/16</td>
<td>Version 13</td>
<td></td>
</tr>
<tr>
<td>05/01/16</td>
<td>Review for effective date 09/01/16. Revised criteria in the Medical Policy Statement and Limitations sections. Updated the Clinical Background Information and References sections.</td>
<td>09/01/16</td>
<td>Version 14</td>
<td></td>
</tr>
<tr>
<td>05/01/16</td>
<td>05/18/16: MPCTAC 06/08/16: QIC</td>
<td></td>
<td>06/08/16: QIC</td>
<td></td>
</tr>
<tr>
<td>06/01/17</td>
<td>Review for effective date 07/01/17. Administrative changes made to the Summary, Description of Item or Service, Definitions, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections.</td>
<td>07/01/17</td>
<td>Version 15</td>
<td></td>
</tr>
<tr>
<td>06/01/17</td>
<td>06/21/17: MPCTAC</td>
<td></td>
<td>06/21/17: MPCTAC</td>
<td></td>
</tr>
<tr>
<td>12/01/17</td>
<td>Review for effective 01/01/18. Industry-wide updates to codes</td>
<td>01/01/18</td>
<td>Not applicable because industry-wide code</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td>Effective Date</td>
<td>Version</td>
<td>Reviewer</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------</td>
<td>----------------</td>
<td>-----------</td>
<td>------------------------</td>
</tr>
<tr>
<td>05/01/18</td>
<td>Review for effective date 06/01/18. Administrative changes made to the Limitations, References, and Other Applicable Policies sections.</td>
<td>06/01/18</td>
<td>Version 17</td>
<td>05/16/18: MPCTAC</td>
</tr>
<tr>
<td>05/01/19</td>
<td>Review for effective date 06/01/19. Administrative changes made to the Summary, Description of Item or Service, Definitions, Applicable Coding, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections. Revised criteria in the Medical Policy Statement and Limitations sections.</td>
<td>06/01/19</td>
<td>Version 18</td>
<td>05/15/19: MPCTAC</td>
</tr>
<tr>
<td>11/01/19</td>
<td>Review for effective date 02/01/20. Criteria revised in the Limitations section. Administrative changes made to the References section.</td>
<td>02/01/20</td>
<td>Version 19</td>
<td>11/20/19: MPCTAC</td>
</tr>
<tr>
<td>02/01/20</td>
<td>Review for effective date 03/01/20. Updated the References section.</td>
<td>03/01/20</td>
<td>Version 20</td>
<td>02/19/20: MPCTAC</td>
</tr>
<tr>
<td>05/01/20</td>
<td>Review for effective date 06/01/20. Updated References section.</td>
<td>06/01/20</td>
<td>Version 21</td>
<td>05/20/20: MPCTAC</td>
</tr>
<tr>
<td>09/01/20</td>
<td>Review for effective date 10/01/20. Updated the Description of Item or Service, References, and Other Applicable Policies sections. Administrative changes made to the Medical Policy Statement and Limitations sections to clarify existing clinical review criteria.</td>
<td>10/01/20</td>
<td>Version 22</td>
<td>09/16/20: MPCTAC</td>
</tr>
</tbody>
</table>

---

*C Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
**Last Review Date**

08/01/21

**Next Review Date**

05/01/22

**Authorizing Entity**

MPCTAC

**Other Applicable Policies**

Medical Policy - *Experimental and Investigational Treatment*, policy number OCA 3.12
Medical Policy - *Implantable Bone-Conduction (Bone-Anchored) Hearing Aids*, policy number OCA 3.30
Medical Policy - *Medically Necessary*, policy number OCA 3.14
Reimbursement Policy - *Anesthesia*, policy number 4.103
Reimbursement Policy - *Anesthesia*, policy number SCO 4.103
Reimbursement Policy - *Anesthesia*, policy number WS 4.11
Reimbursement Policy - *Bilateral and Multiple Procedure Reductions*, policy number 4.607
Reimbursement Policy - *Bilateral and Multiple Procedure Reductions*, policy number SCO 4.607
Reimbursement Policy - *Early Intervention*, policy number 4.3
Reimbursement Policy - *Early and Periodic Screening, Diagnosis and Treatment (EPSDT)*, policy number WS 4.15
Reimbursement Policy - *General Billing and Coding Guidelines*, policy number 4.31
Reimbursement Policy - *General Billing and Coding Guidelines*, policy number SCO 4.31
Reimbursement Policy - *General Billing and Coding Guidelines*, policy number WS 4.17
Reimbursement Policy - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number 4.108
Reimbursement Policy - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy SCO 4.108
Reimbursement Policy - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number WS 4.18
Reimbursement Policy - *Hearing Aid Dispensing and Repairs*, policy number 4.111
Reimbursement Policy - *Hearing Aid Dispensing and Repairs*, policy number SCO 4.111
Reimbursement Policy - *Hearing Aid Services*, policy number WS 4.111
Reimbursement Policy - *Hospital*, policy number WS 4.21
Reimbursement Policy - *Inpatient Hospital*, policy number 4.110
Reimbursement Policy - *Inpatient Hospital*, policy number SCO 4.110
Reimbursement Policy - *Non-Participating Provider*, policy number SCO 4.5
Reimbursement Policy - *Non-Participating Provider*, policy number WS 4.5
Reimbursement Policy - *Non-Reimbursed Codes*, policy number 4.38
Reimbursement Policy - *Non-Reimbursed Codes*, policy number WS 4.38

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
Reimbursement Policy - *Outpatient Hospital*, policy number 4.17
Reimbursement Policy - *Outpatient Hospital*, policy number SCO 4.17
Reimbursement Policy - *Physician and Non-Physician Practitioner Services*, policy number 4.608
Reimbursement Policy - *Physician and Non-Physician Practitioner Services*, policy number SCO 4.608
Reimbursement Policy - *Physician and Non-Physician Practitioner Services*, policy number WS 4.28
Reimbursement Policy - *Professional Bilateral and Multiple Procedure Reductions*, policy number WS 4.24
Reimbursement Policy - *Provider Preventable Conditions and Serious Reportable Events*, policy number 4.610
Reimbursement Policy - *Provider Preventable Conditions and Serious Reportable Events*, policy number SCO 4.610
Reimbursement Policy - *Provider Preventable Conditions and Serious Reportable Events*, policy number WS 4.29

**Reference to Applicable Laws and Regulations**


114.3 CMR 39.00. Code of Massachusetts Regulations. Rehabilitation Center Services, Audiological Services, Restorative Services.


*Cochlear Implants

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
130 CMR 440.00. Code of Massachusetts Regulations. Division of Medical Assistance. Early Intervention Program Services.


MGL ch 118E. Massachusetts General Laws. Division of Medical Assistance.

MGL ch 175 § 47X. Massachusetts General Laws. Insurance. Diagnosis and Treatment of Speech, Hearing, and Language Disorders.

MGL ch 176B § 4EE. Massachusetts General Laws. Massachusetts Hearing Aid Law for Children 21 Years of Age or Younger for Hearing Aids and Related Services (2012).


Cochlear Implants

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
Disclaimer Information:

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

*C Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*