COCHLEAR IMPLANT

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms “experimental” and “investigational” are considered to be interchangeable.

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Cochlear implant is a device for individuals with severe-to-profound hearing loss who only receive limited benefit from amplification with hearing aids. A cochlear implant does not amplify sound, but is a prosthesis that provides direct electrical stimulation to the auditory nerve inside the cochlea, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea. External components include microphone, sound processor and transmitter. Although it does not restore normal hearing, the additional input provided by the implant often improves sound detection and increases speech understanding.

A hybrid cochlear implant, also referred to as electrical acoustic stimulation (EAS), uses a shorter electrode inserted into the basal end of the cochlea to transmit sound information for frequencies above 1500 Hz. The Nucleus® Hybrid™ L24 Cochlear Implant System is a hybrid cochlear implant and hearing aid, with the hearing aid integrated into the external sound processor of the cochlear implant. The available evidence suggests that a hybrid cochlear implant system is associated with improvements in hearing of speech in quiet and noise.

**Definitions:**

**Types of Hearing Loss:**

**Conductive Hearing Loss:**
Occurs when there is a mechanical problem in the external or middle ear and the auditory nerve remains intact. Conductive hearing loss can often be medically or surgically corrected.

**Sensorineural Hearing Loss:**
Occurs when there is damage to the inner ear (cochlea) or to the auditory nerve. This type of hearing loss usually cannot be medically or surgically corrected.

**Mixed Hearing Loss:**
A combination of conductive and sensorineural hearing loss. Damage exists in the external or middle ear and also in the inner ear or auditory nerve.
COCHLEAR IMPLANT (cont.)

Definitions: (cont.)

Degrees of Hearing Loss:

Mild Hearing Loss:
Pure-tone average (PTA) detection threshold 20 to 40 dB

Moderate Hearing Loss:
PTA detection threshold 40 to 60 dB

Severe Hearing Loss:
PTA detection threshold 70 to 90 dB

Profound Hearing Loss:
PTA detection threshold equal to or greater than 90 dB

Auditory Rehabilitation:

Auditory Rehabilitation:
Hearing rehabilitation assessment and intervention for children and adults. Previously referred to as aural rehabilitation.

Evaluation of Auditory Rehabilitation Status:
Fundamental auditory and listening instruction for children who were not able to hear before receiving a cochlear implant, for adults with hearing loss who did not wear hearing aids and for children and adults who lost hearing and regained auditory function either with hearing aids or cochlear implants.

Auditory Rehabilitation Pre-lingual Hearing Loss:
Services performed for individuals who have no prior experience with hearing and are learning to hear through the use of hearing aids or cochlear implants.

Auditory Rehabilitation Post-lingual Hearing Loss:
Rehabilitation of adults who received a cochlear implant after a long period of time without functional hearing to assist in achieving speech understanding and identification of sounds.
COCHLEAR IMPLANT (cont.)

Criteria:

For conventional and digital hearing aids, non-implanted bone conduction hearing aids and non-implanted Bone Anchored Hearing Aid (BAHA®), see BCBSAZ Medical Coverage Guideline #O726, “Conventional and Digital Hearing Aids”.

For semi-implantable and fully implantable middle ear hearing aids, see BCBSAZ Medical Coverage Guideline #O725, “Semi-Implantable and Fully Implantable Middle Ear Hearing Aids”.

For implantable bone-conduction and bone-anchored hearing aids, see BCBSAZ Medical Coverage Guideline #O723, “Implantable Bone-Conduction and Bone-Anchored Hearing Aids”.

COCHLEAR IMPLANT IS CONSIDERED A PROSTHETIC DEVICE. COVERAGE FOR COCHLEAR IMPLANT IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS FOR PROSTHETIC DEVICES.

- Unilateral or bilateral cochlear implant and associated auditory rehabilitation is considered medically necessary for an individual 1 year of age and older with bilateral severe to profound pre-lingual or post-lingual hearing loss who has shown limited benefit from hearing aids.

- Replacement or upgrade of a cochlear implant and/or its external components to a next generation device is considered medically necessary with documentation of ANY of the following:
  1. The currently used component is no longer functional and cannot be repaired
  2. The currently used component is inadequate to the point of interfering with age-appropriate activities of daily living

- Replacement or upgrade of a functioning cochlear implant and/or its external components to a next generation device to achieve aesthetic improvement, such as smaller profile components or a switch from a body-worn, external sound processor to a behind-the-ear model, is considered not medically necessary.

- Programming or reprogramming of a cochlear implant is considered medically necessary.
COCHLEAR IMPLANT (cont.)

Criteria: (cont.)

- 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 for the treatment of bilateral severe to profound high frequency sensorineural hearing loss is considered medically necessary for individuals 18 years and older with documentation of ALL of the following:
  1. Have residual low-frequency hearing sensitivity
  2. Receive limited benefit from appropriately fit bilateral hearing aids
  3. Have ALL of the following hearing thresholds:
     - Low frequency hearing thresholds no poorer than 60 dB hearing level up to and including 500 Hz (averaged over 125, 250, and 500 Hz) in the ear selected for implantation
     - Severe to profound mid-to-high frequency hearing loss (threshold average of 2000, 3000, and 4000 Hz ≥ 75 dB hearing level) in the ear to be implanted
     - 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
     - Aided consonant-nucleus-consonant word recognition score from 10% to 60% in the ear to be implanted in the preoperative aided condition and in the contralateral ear will be equal to or better than that of the ear to be implanted but not more than 80% correct.

- Cochlear implantation for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

These indications include, but are not limited to:

- Unilateral hearing loss with or without tinnitus
COCHLEAR IMPLANT (cont.)

Resources:

Literature reviewed 03/06/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 04/16/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

COCHLEAR IMPLANT

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o algun amigo proyecto está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’é atah nílnígiíí Blue Cross Blue Shield of Arizona haada yit’éegó bina’dílkidgo éí doodago Háida biýú aníyeedígíí t’áadoo le’é yína’dílkidgo beehaz’áanii hólo díí t’áá hazaad’ehíí háká a’dóowolgo bee haz’a doo báaq ílinígóó. Ata’ halne’ígíí kojí bíchí’í” hódílníííí 877-475-4799.

Chinese: 如果您，或是您正在协助的对象，有关于插入项目的名称 Blue Cross Blue Shield of Arizona 方面的问题，您有权免费以您所用的语言得到帮助和讯息。洽询一位翻译人员，请拨电话 在此插入数字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viễn, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص قسم Blue Cross Blue Shield of Arizona الضرورية بلغتك من دون أي تكلفة. للتحدث مع مترجم يصل ب 877-475-4799.
COCHLEAR IMPLANT

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuwan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatang na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makuasa ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 를 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации в вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をお話される場合、877-475-4799までお電話ください。

Farsi:

آگر شما، یا کسی که شما به آن کمک می‌کنید، سوال‌های مورد اطلاعات به زبان خود را به طور رایگان دریافت نماید 877-475-4799.

Assyrian:

Blue Cross Blue Shield of Arizona

Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนอื่นที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ได้รับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่าย โทรสายด่วน โทร 877-475-4799