Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Cochlear Implants

Effective: May 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).

For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

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

Clinical Guideline Coverage Criteria

Cochlear implantation of a U.S. Food and Drug Administration (FDA) approved cochlear implant device may be medically necessary in patients aged nine (9) months and older when **ALL** of the following criteria are met:

1. The Member has been diagnosed with **ONE** of the following:
    a. Bilateral moderate-to-profound sensorineural hearing loss as defined by behavioral audiometric recorded word/sentence testing score (e.g., consonant-nucleus-consonant CNC) of less than or equal to 60% in the best aided binaural condition or Auditory Brainstem Response (ABR) hearing thresholds greater than or equal to 70 dB (decibels) hearing level at frequencies 1000, 2000, and 4000 Hz (Hertz) who have shown limited or no benefit from hearing aids; **or**
    b. Unilateral Hearing Loss (UHL) as defined by an absence of usable hearing in one ear (recorded word/sentence testing score less than or equal to 40% or ABR thresholds greater than or equal to 70 dB at frequencies 1000, 2000, and 4000 Hz); and Normal to near-normal hearing in the contralateral ear or hearing loss that is treatable by hearing aid. This includes Single Sided Deafness (SSD).
2. Inner ear anatomy is expected to support cochlear implantation
3. None of the following contraindications are present:
    a. Absent cochlea or known absent cochlear nerve such as post trauma or post-surgical, etc.
    b. Major cochlear ossification defined as obliteration of both scala tympani and scala vestibuli in two or more turns of the cochlea
    c. Otologic conditions in which surgery is contraindicated, such as

i. Active middle ear or mastoid infection
ii. Tympanic membrane perforation
iii. Any other contraindication

d. Evidence of retro cochlear pathology including but not limited to:
i. Brainstem lesions involving cochlear nucleus
ii. Severe central auditory processing disorder

Codes

The following code(s) associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
69930	Cochlear device implantation, with or without mastoidectomy
L8614	Cochlear device, includes all internal and external components
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement

List of Medically Necessary ICD-10 Codes

References:

1. American Academy of Otolaryngology -- Head and Neck Surgery. Position Statement: Cochlear Implants. November 10, 2020, Originally Published: July 1982,Reviewed August 2025; https://www.entnet.org/resource/position-statement-cochlear-implants/. Accessed March 11 2026.
2. American Speech-Language-Hearing Association (ASHA). Public information. Hearing & balance. Disorders and Disease. Type, Degree, and Configuration of Hearing loss. 2015. Available at: https://www.asha.org/siteassets/ais/ais-type-degree-and-configuration-of-hearing-loss.pdf?srsltid=AfmBOopzrVovOgbpxf0y2WeOJrVaA9aVQs7C43W1w13UY5XxJ7f6h7VO Accessed March 9 2026.
3. American Speech-Language-Hearing Association (ASHA). Public information. Degree of Hearing Loss. Available at: https://www.asha.org/public/hearing/degree-of-hearing-loss/. Accessed February 5, 2025.
4. Bichey BG, Miyamoto RT. Outcomes in bilateral cochlear implantation. Otolaryngol Head Neck Surg. 2008;138(5):655-661.
5. Carlson, Matthew L. "Cochlear Implantation in Adults." The New England journal of medicine vol. 382,16 (2020): 1531-1542. doi:10.1056/NEJMra1904407
6. Cejas I, Barker DH, Petruzzello E, Sarangoulis CM, Quittner AL. Cochlear Implantation and Educational and Quality-of-Life Outcomes in Adolescence. *JAMA Otolaryngol Head Neck Surg.* 2023;149(8):708–715. doi:10.1001/jamaoto.2023.1327
7. Dillon MT, Buss E, Rooth MA, King ER, Deres EJ, Buchman CA, Pillsbury HC,Brown KD. Effect of Cochlear Implantation on Quality of Life in Adults with Unilateral Hearing Loss. Audiol Neurootol. 2017;22(4-5):259-271. doi:10.1159/000484079. Epub 2018 Jan 4. PubMed PMID: 29298446.
8. National Institute for Health and Care Excellence (NICE). Cochlear Implants for Children and Adults With Severe to Profound Deafness [TA566]. 2019; https://www.nice.org.uk/guidance/ta566/. Accessed March 9, 2026.
9. Sladen, Douglas P et al. "Evaluation of a revised indication for determining adult cochlear implant candidacy." The Laryngoscope vol. 127,10 (2017): 2368-2374. doi:10.1002/lary.26513

Approval And Revision History

October 19, 2022: Reviewed by the Medical Policy Approval Committee (MPAC) as a new no PA coverage guideline for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan

Subsequent endorsement date(s) and changes made:

- February 15, 2023: Reviewed by MPAC. Updated criterion 1.b. "Normal to near-normal hearing in the contralateral ear to include the following "hearing loss that is treatable by a hearing aid" effective April 1, 2023
- November 2023: Unify name changed to OneCare effective January 1, 2024
- February 21, 2024: Reviewed by MPAC, renewed without changes effective April 1, 2024

- February 2024: Retroactively effective February 1, 2023, ICD-10 diagnosis code H90.3 (sensorineural hearing loss, bilateral), added as a covered diagnosis when billed alongside the CPT codes within this guideline, effective May 1, 2024
- February 19, 2025: Reviewed by MPAC, Renewed without changes effective April 1, 2025
- March 18, 2026; Reviewed by MPAC, renewed without changes effective May 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.