

# Policy Key: Cochlear Implant

## TriWest Clinical Operations – TRICARE West Region

### SCOPE

This Policy Key provides criteria to use during medical necessity review for Cochlear Implants.

For Active-Duty Service Members (ADSM) and TRICARE Prime Remote (TPR) beneficiaries, reviewers must first apply guidance outlined in TRICARE Operations Manual Chapter 17, Section 3, Supplemental Health Care Program (SHCP). If a service is excluded under ADSM/TPR provisions, no further policy review is required under this or any other Policy Key. <sup>[2]</sup>

### NOT COVERED <sup>[1]</sup>

- Cochlear implantation is contraindicated when preoperative radiographic evidence indicates an underdeveloped internal auditory canal, the absence of cochlear development, or a physical condition which precludes placement of the electrode array or receiver-stimulator (e.g., cochlear ossification that prevents electrode insertion).
- Cochlear implantation is contraindicated when there is a middle ear infection, the cochlear lumen is structurally unsuited to implantation, or there is a lesion in the auditory nerve or acoustic area of the central nervous system.
- A contraindication to surgery and implantation, such as poor anesthetic risk, severe intellectual disability, severe psychiatric disorders, and organic brain syndrome

### COVERAGE CRITERIA <sup>[1]</sup>

- The cochlear implant should be a United States (U.S.) Food and Drug Administration (FDA)-approved device prescribed for the labeling for the specific device.
- Implantation can be simultaneous or sequential.

### Initial Level of Review may approve if **ALL** the following criteria are met:

- Assessment from an audiologist **AND** an otolaryngologist experienced in cochlear implants with documentation indicating the likelihood of success with the device
- Up to date age-appropriate pneumococcal vaccination at least two weeks before the implant
- The beneficiary has the cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation.
  - A post-cochlear implant rehabilitation program is necessary to achieve benefit from the cochlear implant. The rehabilitation program consists of six to 10 sessions that last approximately 2.5 hours each. The rehabilitation program includes development of skills in understanding running speech, recognition of consonants and vowels, and tests of speech perception ability.

- Unilateral cochlear implantation is a covered benefit for adults and children with unilateral hearing loss
- Simultaneous or sequential bilateral cochlear implantation is a covered benefit for:
  - Adults aged 18 or older with bilateral, pre- or post-linguistic, sensorineural, or moderate to profound hearing impairment and documentation of the following criteria:
    - Received limited benefit from appropriately fitted binaural hearing aids
    - Limited benefit from amplification is defined by test scores of 40% correct or less in best-aided listening condition on open-set sentence cognition sentences (e.g., Central Institute for the Deaf [CID] sentences, Hearing in Noise Test [HINT] sentences)
  - Children with bilateral, severe-to-profound sensorineural hearing loss (SNHL), defined as a hearing loss of 61-81 or more decibels.
  - Children with a history of meningitis resulting in bilateral hearing loss.
  - Children with evidence of cochlear ossification on Computerized Tomography (CT) scan or Magnetic Resonance Imaging (MRI).
  - Children with bilateral, slight-to-moderate sensorineural hearing loss (SHNL), defined as hearing loss of 26-60 decibels, who meet both of the following criteria:
    - A three- to six-month hearing aid trial has been undertaken and failed by a child without previous experience with hearing aids.
    - Received limited benefit from appropriately fitted binaural hearing aids
      - Age 4 years or younger
        1. Limited benefit is defined as failure to reach appropriate auditory milestones measured on the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test or
        2. Less than 20% correct on open-set word recognition test (Multisyllabic Lexical Neighborhood Test [MLNT]), in conjunction with appropriate amplification and participation in intensive aural habilitation over a three- to six-month period.
      - Age 5 years or older
        1. Limited benefit is defined as less than 12% correct on the Phonetically Balanced Kindergarten Test or
        2. Less than 30% correct on the HINT for children, the open-set MLNT, or Lexical Neighborhood Text (LNT), depending on the child's cognitive ability and linguistic skills

## Replacement of Cochlear Implant and External Components

- **Initial Level or Review may approve any of the following:**
  - External speech processor device for an approved cochlear implant due to malfunction. (Not to upgrade for appearance or most current device).
  - Replacement of an approved cochlear implant and/or its external components



- when the existing implant or component malfunctions and cannot be repaired or
- when the existing implant is no longer appropriate due to a change in beneficiary's condition.

## DEFINITIONS

Cochlear Implant Device – An electronic instrument, part of which is implanted surgically to stimulate auditory nerve fibers, and part of which is worn or carried by the individual to capture and amplify 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 hearing impaired. <sup>[1]</sup>

## CODES

CPT 69930, 90732, 92601-92604, 92627

HCPCS Level II Codes L8614 - L8624

## REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17 (September 20, 2024), Chapter 4, Section 22.2, Cochlear Implantation, [https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S22\\_2.html](https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S22_2.html)

[2] TRICARE Operations Manual (TOM) 6010.62-M, Chapter 17, Section 3 — Supplemental Health Care Program (SHCP) Contractor Responsibilities, Retrieved 01/02/2026  
<https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-12-19/AsOf/TOT5/C17S3.html>