

Cochlear Implants & Osseointegrated Devices

Policy Number: **M20260826042**

Effective Date: **10/1/2026**

Sponsoring Department: **Health Care Services**

Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
- ✦ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
- ✦ Medicare, if yes, which plan(s): ☒ MAPD; ☒ PDP; ☒ ISNP; ☒ CSNP
- ✦ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
- ☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

This section is intended to list specific LOB products that are excluded from adhering to this policy (due to differences in law/regulations). If not applicable, please indicate N/A.

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To set forth the medical necessity criteria for cochlear implants & osseointegrated devices.

Policy:

Background

A cochlear implant is a prosthetic 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 implants and auditory brainstem implants are devices that replace the function of cochlear structures or auditory nerves and provide electrical energy to auditory nerve fibers and other neural tissue via implanted electrode arrays.

Osseointegrated implants are devices implanted in the skull that replace the function of the middle ear and provide mechanical energy to the cochlea via mechanical transducer.

Degrees of hearing loss refer to the severity of the loss as measured by hearing tests. The following categories are typically used to describe the various degrees of hearing loss according to severity in decibels (dB):

Degree of Hearing Loss	Hearing Threshold
None	0-25 dB
Mild Hearing Loss	26-40 dB
Moderate Hearing Loss	41-55 dB
Severe Hearing Loss	71-90 dB
Profound Hearing Loss	91+ dB

Pure-tone average represents the hearing sensitivity in dB at 500 Hz, 1000 Hz, and 2000 Hz.

Open-set speech recognition is the ability to understand speech without visual clues.

Commercial and Self-Funded: cochlear implants & osseointegrated devices, may be covered utilizing the criteria below.

Medicare Advantage: There is currently a National Coverage Determination (NCD) for cochlear implantation. Please refer to the link listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plan: MediSource, MediSource Connect, Child Health Plus and Essential Plan cover cochlear implants & osseointegrated devices utilizing the Commercial and Self-Funded criteria below.

Indications/Criteria

Unilateral Osseointegrated Devices (Bone Anchored Hearing Aid (BAHA)): A bone anchored hearing aid is considered to be medically necessary when **ALL** of the following criteria have been met:

- Five years of age or older for all surgically implanted devices
- When air conduction hearing aids are contraindicated due to a medical condition such as congenital malformations, tumors or chronic infections
- Patients with conductive or mixed hearing losses, who can benefit from amplification of sound. The pure tone average bone conduction threshold for the indicated ear should be measured at 0.5, 1,2, and 3 KHz (same as 500, 1,000, 2,000 and 3,000 Hz) of better than or equal to **1 or more** of the following:
 - 45 dB HL (BAHA Divino, OBC, BAHA BP100)
 - 55 dB HL (BAHA Intenso, Cochlear Baha 3 Power [BP110])
 - 65 dB HL (BAHA Cordelle II)

Bilateral Osseointegrated Devices (Bone Anchored Hearing Aid (BAHA)): A bone anchored hearing aid is considered to be medically necessary when **ALL** of the following criteria have been met:

- Five years of age or older for all surgically implanted devices
- When air conduction hearing aids are contraindicated due to a medical condition such as congenital malformations, tumors or chronic infections
- Patients with conductive or mixed hearing losses, who can benefit from amplification of sound. The pure tone average bone conduction threshold for the indicated ear should be measured at 0.5, 1,2, and 3 KHz (same as 500, 1,000, 2,000 and 3,000 Hz) of better than or equal to **1 or more** of the following:

- 45 dB HL (BAHA Divino, OBC, BAHA BP100)
- 55 dB HL (BAHA Intenso, Cochlear Baha 3 Power [BP110])
- 65 dB HL (BAHA Cordelle II)
- Bilateral fitting is covered only for patients having a symmetrically conductive or mixed hearing loss
- Symmetric bone conduction threshold is defined as less than **1 or more** of the following:
 - The difference between the left and right sides bone conduction thresholds should be less than 10dB on average measured at 500, 1000, 2000, and 4000Hz, or less than 15dB at individual frequencies (BAHA Divino, BAHA BP100, Ponto Pro)
 - The difference between the left and right sides bone conduction thresholds should be less than 10dB on average measured at 500, 1000, 2000, and 3000Hz, or less than 15dB at individual frequencies (BAHA Cordelle II, BAHA Intenso)

Cochlear Implants: **ALL** of the following must be documented in the customers record and made available upon request:

- Diagnosis of moderate-to-profound sensorineural hearing impairment
- Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system
- No contraindications to surgery
- The device must be used in accordance with Food and Drug Administration (FDA) approved labeling
- Unilateral or bilateral cochlear implants are covered for individuals with bilateral pre-linguistic, peri or post-linguistic sensorineural moderate to profound hearing loss when **1 or more** following criteria are met. Note: The presentation level for speech recognition testing must be at a normal conversational speech level.
 - Adults (age 18+) and **ALL** of the following:
 - Pure tone average of 70dB hearing loss or greater at 500 Hz, 1000 Hz, and 2000 Hz
 - Limited benefit from appropriately fitted binaural hearing aids defined by test scores of 40% correct or less in best aided listening condition on open set sentences recognition in quiet (e.g., Central Institute for the Deaf sentences)
 - Children (12 months to 5 years of age) and **ALL** of the following:
 - Pure tone average of 90 dB hearing loss or greater at 500 Hz, 1000 Hz, and 2000 Hz
 - Limited benefit from appropriately fitted binaural hearing aids, defined by failure to reach auditory related developmental milestones, despite participation in intensive aural habilitation over a three-month period (as age appropriate)
 - Children (5 years 1 month to 17 years 11 months) and **ALL** of the following:
 - Pure tone average of 90 dB hearing loss or greater at 500 Hz, 1000 Hz, and 2000 Hz
 - Limited benefit from appropriately fitted binaural hearing aids, defined by less than 30% correct on open set sentence discrimination on the Multi-Syllabic Lexical Neighborhood Test or Lexical Neighborhood Test (depending on the child's ability/skill), despite participation in intensive aural habilitation over a three- month period

Replacement of an existing cochlear implant and/or component is covered when **ALL** of the following are met:

- The currently used component is no longer functional, cannot be repaired and is not covered under a manufacturer's warranty
- The replacement must not be solely for better technology or improved aesthetics

Exclusions

NOT COVERED for **ANY** of the following:

- Not meeting criteria listed under Indications/Criteria of this policy
- Members with abnormalities of the acoustic nerve or central auditory pathway
- Members who have an active or chronic middle ear infection
- Devices not utilizing multichannel compression signal processing technology
- Upgrading of a traditional cochlear implant system or component (e.g., upgrading processor from body-worn to behind-the-ear, upgrading from single to multi-channel electrodes) of an existing, properly functioning traditional cochlear implant is considered not medically necessary
- A cochlear implant is considered investigational for all indications not listed in this policy

Bone anchored hearing aids that are held against the skull with a softband or headband (L8692) are considered hearing aids rather than prosthetic devices. They are covered up to what is allowed in the members hearing aid benefit or what is available through the members network of participating providers for hearing aids.

Pre-Authorization Required? Yes ☒ No ☐

Definitions

Enter definitions here. Remember to **bold** words throughout Policy section that require definitions. Definitions should be included when: 1) The word may be unclear or may mean something different, in different situations/contexts; 2) The word is not commonly used or known. Please refer to the Policy Writing Toolkit for additional information and direction.

References

Related Policies, Processes and Other Documents

Enter name of all Independent Health policies, processes or other documents that relates or that is referenced within this policy.

Non-Regulatory References

American Speech-Language Hearing Association. Degrees of hearing loss. Available: <https://www.asha.org/public/hearing/degree-of-hearing-loss/>

American Academy of Audiology (AAA). Clinical practice guideline: cochlear implants. July 2019. Accessed July 29, 2026. Available at URL address: <https://www.audiology.org/wp-content/uploads/2021/05/CochlearImplantPracticeGuidelines.pdf>

American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS). Position statement: pediatric cochlear implants. Apr 15, 2020. Accessed July 29, 2026. Available at URL address: <https://www.entnet.org/resource/position-statement-pediatric-cochlear-implantation-candidacy/>

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Ramakrishnan Y, Marley S, Leese D, et al. Bone-anchored hearing aids in children and young adults: the Freeman Hospital experience. J Laryngol Otol. 2011 Feb;125(2):153-7.

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U.S. Food and Drug Administration (FDA). Cochlear implants. Oct 2015. Current as of Feb 9, 2021. Accessed July 29, 2026. Available at URL address: <https://www.fda.gov/medical-devices/implants-and-prosthetics/cochlear-implants>

Wang Y, Fan X, Wang P, et al. Hearing improvement with softband and implanted bone-anchored hearing devices and modified implantation surgery in patients with bilateral microtia-atresia. Int J Pediatr Otorhinolaryngol. 2018 Jan;104:120-125.

Regulatory References

Centers for Medicare and Medicaid Services. CMS Manual System Pub 100-02 Medicare Benefit Policy November 10, 2005. Auditory osseointegrated and auditory brainstem devices. Available: www.cms.gov

Centers for Medicare & Medicaid (2005). NCD for Cochlear Implantation (50.3). Effective Date 07/25/2005. Available: [MCD Search](#)

Centers for Medicare and Medicaid Services. MLN Matters Articles. Available: www.cms.hhs.gov/MLNMattersArticles/

New York State Medicaid Program Hearing Aid/Audiology Services Procedure Codes Hearing Aid Manual Version 2013-1 (04/01/2013) Available: [Provider Manuals](#)

Version Control

Signature / Approval on File? Yes ☒ No ☐

Revision Date	Policy Author / Owner	Notes
10/1/2026	Health Care Services	New Policy
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