

Cochlear Implants (for North Carolina Only)

Policy Number: CSNCT0070.07
Effective Date: June 1, 2026

[Instructions for Use](#)

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Related Policies

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for North Carolina Only\)](#)
- [Hearing Aids and Devices including Wearable, Bone Anchored, and Semi-Implantable \(for North Carolina Only\)](#)

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

Hybrid and Non-Hybrid Cochlear Implants

For clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Physician, 1A-4: Cochlear and Auditory Brainstem Implants](#).

External Parts Replacement and Repair

For clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Auditory Implants External Parts, 13A: Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair](#).

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

CPT Code	Description
69930	Cochlear device implantation, with or without mastoidectomy

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HCPCS Code	Description
*L8614	Cochlear device, includes all internal and external components
L8615	Headset/headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with cochlear implant device, replacement
L8617	Transmitting coil for use with cochlear implant device, replacement
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
*L8627	Cochlear implant, external speech processor, component, replacement
*L8628	Cochlear implant, external controller component, replacement
*V5273	Assistive listening device, for use with cochlear implant

Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

For information on non-hybrid cochlear implants, refer to the following FDA website for Premarket Approvals (use product code MCM): <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm>. (Accessed May 7, 2026)

For information on hybrid cochlear implants, refer to the following FDA website for Premarket Approvals (use product code PGQ): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed May 7, 2026)

References

North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy: 13A, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair. Available at: <https://medicaid.ncdhhs.gov/media/12340/download?attachment>. Accessed May 7, 2026.

[North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Physician: 1A-4, Cochlear and Auditory Brainstem Implants.](#)

North Carolina Medicaid (Division of Health Benefits), Clinical Coverage Policy, Physician, 1A-4, Cochlear and Auditory Brainstem Implants. Available at: <https://medicaid.ncdhhs.gov/1a-4-cochlear-and-auditory-brainstem-implants/download?attachment>. Accessed May 7, 2026.

Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p>Medical Records Documentation Used for Reviews</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested The patient's medical record must contain documentation that fully supports the medical necessity for the requested services This documentation includes but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request

Date	Summary of Changes
	<p data-bbox="337 132 662 165">Supporting Information</p> <ul data-bbox="337 170 1166 228" style="list-style-type: none"> <li data-bbox="337 170 1166 197">• Updated <i>References</i> section to reflect the most current information <li data-bbox="337 201 959 228">• Archived previous policy version CSNCT0070.06

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.