

## For surgeons and implant facilities

The following codes may be reported by both the surgeon and the surgical facility (hospital/ASC).

## CPT® Codes for procedures

<b>69930</b>	Cochlear implant device implantation, with or without mastoidectomy
<b>69949</b>	Unlisted procedure, inner ear (removal of cochlear implant)
<b>69990</b>	Use of operating microscope
<b>92584</b>	Electrocochleography
<b>95867</b>	Needle electromyography; cranial nerve supplied muscles, unilateral
<b>92568</b>	Acoustic reflex testing; threshold

## Magnet removal/replacement

<b>CPT 20670</b>	Removal of implant; superficial, (e.g., buried wire, pin or rod)(separate procedure)
<b>CPT 69799</b>	Unlisted procedure, middle ear
<b>CPT 92700</b>	Unlisted otorhinolaryngological service or procedure
<b>L9900</b>	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "1" code

## Revenue codes

Revenue codes are used only for hospital/ASC claims. Report code when providing device or service:

<b>0278</b>	Medical/Surgical Supplies and Devices-Other Implants	<b>0361</b>	Operating Room Services-Minor Surgery
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## Ambulatory Payment Classification (APC)

<b>5166</b>	Cochlear implant
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## Cochlear implant device

This code is typically only reported by the surgical facility providing the device. Report code when providing device:

<b>L8614</b>	Cochlear device, includes all internal and external components
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Medicare guidance for ASC billing<sup>1</sup>:

Medicare defines cochlear implants as prosthetic devices and guides ASC billing as follows: Prosthetic Devices: Payment for implantable prosthetic devices without OPPS pass-through status is included in the ASC payment for the covered surgical procedure. ASCs may not bill separately for implantable devices without OPPS pass-through status.

## Bilateral billing scenarios

If cochlear implants are implanted bilaterally in the same surgical session, the claim will need to reflect this fact. Payers have differing coverage and coding requirements for bilateral cochlear implant implantation. For example, when billing to Medicare, hospitals can report a single code with modifier 50, but ASCs must report two separate units of the code without the bilateral modifier. The following include some options for bilateral billing. Please check with your payer for specific coverage and coding guidelines.

**Options** Device: L8614, 1 line, 2 units

**Option 1** Procedure: 69930-50, 1 line, 1 unit

**Option 2** Procedure: 69930-LT, 69930-RT, 2 lines, 1 unit per line

**Option 3** Procedure: 69930, 69930-59, 2 lines, 1 unit per line

**Option 4** Procedure: 69930, 1 line, 2 units

## Modifiers

Payers have differing rules on proper use of modifiers. Consult your payers to confirm policies.

Add Modifier when a claim reports the following situations:

<b>22</b>	Increased procedural services	<b>59</b>	Distinct procedure unrelated to primary procedure (e.g. otolaryngologic exam under general anesthesia unrelated to cochlear implant implantation procedure)
<b>50</b>	Bilateral procedure in the same operative session		
<b>51</b>	Multiple procedure codes on the same claim	<b>76</b>	Repeat procedure or service by another physician or other qualified health care professional
<b>52</b>	Reported CPT code is not fully performed or partially reduced		



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1. Medicare Claims Processing Manual; Chapter 14-Ambulatory Surgical Centers; 10.4 Coverage of Services in ASCs That Are Not ASC Facility Services of Covered Ancillary Services: Prosthetic Devices.

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To be sure that you have the most current and applicable information available for your unique circumstances, please consult your own experts and seek your own legal advice regarding your reimbursement and coding needs and the proper implementation of these guidelines. All products should be used according to their labeling. In all cases, services billed must be medically necessary, actually performed, and appropriately documented in the medical record.

The purpose of this document is to provide coding options for cochlear implants however, you should always check your payer for specific coding policies to ensure compliance.

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