### Cochlear<sup>™</sup> Nucleus<sup>®</sup> Profile ABI541 Auditory Brainstem Implant System (ABI)

# **Billing codes**

## For surgeons and implant facilities

## Auditory brainstem implant device

L8614 Cochlear device, includes all internal and external components
L8699 Prosthetic implant; not otherwise specified (Revenue Code 278 - other implant)

# ICD 10 diagnostic codes (hospital and physicians use)

Primary:		Secondary:	
Q85.02	Neurofibromatosis Type II (acoustic neurofibromatosis) OR	H90.3	Sensorineural hearing loss, bilateral
D33.3	Benign neoplasm of cranial nerves		

ICD 10 CM procedure codes (hospital use only)

Primary:			Secondary:	
OOBNOZZ	Z Excision of Acoustic Neuroma Open Approach		<b>00H.EOYZ</b> Insertion of Neurostimulator lead into Cranial Nerve Open Approach	

## Services in the operation room during surgery

Primary:		Secondary:		
Craniectomy for excision of brain	64999	Unlisted procedure, nervous system		
cerebellopontine angle tumor OR	S2235	Implantation of auditory brain stem implant (Medicare does not accept this code, but it may be used for commercial payors)		
Craniectomy, bone flap craniectomy, transtemporal ( <i>mastoid</i> ) for excision of cerebellopontine angle tumor; combined with a middle posterior fossa craniotomy/craniectomy				
	61860-51	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical OR		
Use of operating microscope (list separately in addition to code for primary procedure)	<b>69949-5</b> 1	Unlisted procedure, inner ear		
	Modifier-51 Used to indicate multiple procedures were			
Radiologic examination, skull; less than four views		performed during the same surgery		
	tumor, infratentorial or posterior fossa, cerebellopontine angle tumor OR Craniectomy, bone flap craniectomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with a middle posterior fossa craniotomy/craniectomy Use of operating microscope (list separately in addition to code for primary procedure) Radiologic examination, skull; less than	Craniectomy for excision of brain tumor, infratentorial or posterior fossa, cerebellopontine angle tumor64999S2235S2235ORS2235Craniectomy, bone flap craniectomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with a middle posterior fossa craniotomy/craniectomy61860-51Use of operating microscope (list separately in addition to code for primary procedure)69949-51Radiologic examination, skull; less thanModifier-51		

involved during the same procedure



92584 Electrocochleography

### Facial nerve monitoring

95867 Needle electromyography cranial nerve supplied muscles, unilateral

#### Intraoperative neurophysiology

Continuous intraoperative neurophysiology monitoring; list these codes in addition to primary study procedure code.

95940		
95941		
G0453	Outside operating room, per patient, the operating room (remote or nearby), per patient (attention directed exclusively to one patient) each 15 minutes. Per CMS guidelines must be billed subsequent to physician services	

#### Post-operative programming

92640 Diagnostic analysis with programming of auditory brainstem implant, per hour



#### 800 587 6910 codingsupport@cochlear.com www.cochlear.us/reimbursementhub

\* Providers may find guidance within the CPT Assistant article published in October 2021 Volume 30 Issue 10, where reference to the use of CPT 92584 is shared in relation to NRT services.

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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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