

2007 Coding and Payment Quick Reference for Cochlear Implantation

ICD-9-CM Diagnosis Code Examples¹

Except where noted, 2007 payment amounts are effective through 12/31/2007.

ICD-9	Description
389.10	Sensorineural hearing loss, unspecified
389.18	Sensorineural hearing loss of combined types

Outpatient Hospital

CPT	Description	APC	Status Indicator ²	Medicare Payment ³
Implantation				
69930 ⁴	Cochlear device implantation, with or without mastoidectomy	0259	T	\$25,500
95867	Needle electromyography cranial nerve supplied muscles, unilateral	0218	S	\$73
95920	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)	0216	S	\$167
Post-Implant Care				
92506	Evaluation of speech, language, voice, communication and/or auditory processing	-	A	-
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	-	A	-
92568	Acoustic reflex testing; threshold	0364	X	\$28
92585	Auditory evoked potential for evoked response audiometry and/or testing of the central nervous system; comprehensive	0216	S	\$167
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming	0366	X	\$114
92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming	0366	X	\$114
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	0366	X	\$114
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	0366	X	\$114
92626	Evaluation of auditory rehabilitation status; first hour	0365	X	\$76
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)	-	N	-
92630	Auditory rehabilitation; pre-lingual hearing loss	-	E	-
92633	Auditory rehabilitation; post-lingual hearing loss	-	E	-

HiResolution™ Bionic Ear System and Equipment

HCPCS ⁵	Description	Medicare Payment ³	
		Floor	Ceiling
L8614	Cochlear device/system	\$13,938 ⁶	\$18,584 ⁶
L8615	Headset/Headpiece for use with cochlear implant device, replacement	\$325	\$433
L8616	Microphone for use with cochlear implant device, replacement	\$76	\$101
L8618	Transmitter cable for use with cochlear implant device, replacement	\$19	\$25
L8619	Cochlear implant external speech processor, replacement	\$5,983	\$7,977
L8622	Alkaline battery for use with cochlear implant device, any size replacement, each	\$0.24	\$0.32
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	\$47	\$62
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	\$116	\$155

¹Local Coverage Determination L4554 (Pennsylvania)

²Status Indicators: A= Not paid under OPPS. Paid by fiscal intermediaries under a fee schedule or payment system other than OPPS. E=Not paid under OPPS. N=Payment packaged into payment for other services. S=No multiple procedure discount applies. T=Multiple procedure discount (50%) applies. X=Ancillary Service.

³Medicare reimbursement amounts shown are without geographic adjustment.

⁴Effective January 1, 2005 for Medicare outpatient hospital claims, CPT 69930 requires the use of a device (L8614). The code and charge for the device used in the procedure must be reported. Beginning April 1, 2005 the OPPS Outpatient Code Editor will reject claims for CPT 69930 that lack the required device code.

⁵Part B Local Carrier has jurisdiction for the implantable devices and equipment indicated by above HCPCS codes. Bill to your Part B Local Carrier on CMS-1500 form. Source: Medicare Claims Processing Manual (Pub. 100-4) Chapter 23, Section 60.

⁶This payment range is applicable when item is provided in an ASC.

DISCLAIMER: The information provided in this document is for educational purposes only and is not intended to serve as reimbursement advice. The information is based on stated assumptions and is current as of December 2006. Reimbursement information is subject to change at any time, so you may wish to check with specific payers, or Advanced Bionics at 877-779-0229 or insurance@advancedbionics.com for updated information. It is the responsibility of the provider to determine if the services actually provided are accurately described by any specific code(s) and to report services consistent with specific payer requirements. Advanced Bionics recommends that you consult your reimbursement advisor, legal counsel and/or payer representatives with any questions regarding appropriate coding and reporting of the HiResolution Bionic Ear System. In all cases, services billed must be medically necessary, actually performed as reported and appropriately documented.

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Inpatient Hospital

ICD-9-CM Procedure	Description	DRG	Medicare Payment ⁷
20.98	Implantation or replacement of cochlear prosthetic device, multiple channel	049	\$8,836

Professional Services

Procedure	CPT	Description	Medicare Payment ³	
			Facility	Non-Facility
Implantation	69930	Cochlear device implantation, with or without mastoidectomy	\$1,248	NA
	95867	Needle electromyography cranial nerve supplied muscles, unilateral	\$44 ⁸	\$68
	95920	Intraoperative neurophysical testing, per hour (List separately in addition to code for primary procedure)	\$121 ⁸	\$67
Post Implant Services	92506 ⁹	Evaluation of speech, language, voice, communication and/or auditory processing	\$49	\$135
	92507 ⁹	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$29	\$61
	92568 ⁹	Acoustic reflex testing; threshold	NA	\$14
	92585 ⁹	Auditory evoked potential for evoked response audiometry and/or testing of the central nervous system; comprehensive	\$28 ⁸	\$100
	92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming	NA	\$148
	92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; with subsequent reprogramming	NA	\$102
	92603	Diagnostic analysis of cochlear implant, age 7 years or older; programming	NA	\$94
	92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	NA	\$61
	92626	Evaluation of auditory rehabilitation status; first hour	NA	\$82
	92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)	NA	\$20
	92630 ¹⁰	Auditory rehabilitation; pre-lingual hearing loss	-	-
	92633 ¹⁰	Auditory rehabilitation; post-lingual hearing loss	-	-

Please contact Advanced Bionics if you need additional information:

Cochlear Implant Reimbursement Hotline
877-779-0229
Monday – Friday 5:00 a.m. – 5:00 p.m. Pacific Time
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⁷ Medicare national average base payment amounts effective 10/1/2006 through 9/30/2007. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts.

⁸ Only the professional component (modifier -26) of these services is payable in the facility setting under Medicare. Source: 2007 National Physician Fee Schedule Relative Value File, November 2006.

⁹ A modifier may be applied to these codes when billed with 92601-92604. The potential modifiers are -RT, -LT and -59. Source: National Correct Coding Policy Manual for Part B Carriers, version 12.3.

¹⁰ Medicare has clarified that speech-language pathologists should use 92507 for reporting auditory rehabilitation. Audiologists and speech language pathologists should confirm use of these codes with other payers.

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Facility APC payment levels from Federal Register Vol. 71, No. 226 (November 24, 2006).

Facility DRG payment levels from Federal Register. Vol. 71, No. 160 (October 11, 2006).

Facility and non-facility professional services payment levels from Federal Register. Vol. 71, No. 231 (December 1, 2006) and CMS Transmittal 1131, CR 5448 (December 15, 2006).