

2008 Coding and Payment Quick Reference for Cochlear Implants

Outpatient Hospital

Except where noted, 2008 payment amounts are effective through 12/31/2008.

CPT	Description	APC	Status Indicator ¹	Medicare Payment ²
Implantation				
69930 ³	Cochlear device implantation, with or without mastoidectomy	0259	T	\$25,046
95867	Needle electromyography cranial nerve supplied muscle(s), unilateral	0218	S	\$74
95920	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)	-	N	-
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	\$29
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	0216	S	\$171
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	0366	X	\$112
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	0366	X	\$112
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	0366	X	\$112
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	0366	X	\$112
92626	Evaluation of auditory rehabilitation status; first hour	0365	X	\$80
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)	-	N	-
92630	Auditory rehabilitation; prelingual hearing loss	-	E	-
92633	Auditory rehabilitation; postlingual hearing loss	-	E	-

HiResolution™ Bionic Ear System and Equipment

HCPCS ⁴	Description	Medicare Payment ²	
		Floor	Ceiling
L8614	Cochlear device, includes all internal and external components	\$14,930	\$19,906
L8615	Headset/Headpiece for use with cochlear implant device, replacement	\$348	\$464
L8616	Microphone for use with cochlear implant device, replacement	\$81	\$108
L8618	Transmitter cable for use with cochlear implant device, replacement	\$20	\$27
L8619	Cochlear implant external speech processor, replacement	\$6,408	\$8,544
L8622	Alkaline battery for use with cochlear implant device, any size replacement, each	\$0.26	\$0.34
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	\$50	\$67
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	\$125	\$166

¹ Status Indicators: A= Not paid under OPSS. Paid by fiscal intermediaries/MACs under a fee schedule or payment system other than OPSS. E=Not paid under OPSS or any other Medicare payment system. N=Items and services packaged into APC rates. S=Significant procedure, not discounted when multiple. T=Significant procedure, multiple reduction applies. X=Ancillary Services.

² Medicare reimbursement amounts shown are without geographic adjustment.

³ Effective 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 OPSS Outpatient Code Editor will reject claims for CPT 69930 that lack the required device code.

⁴ Part B Local Carrier has jurisdiction for the implantable devices and equipment indicated by these 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.

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 2007. 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 ⁵
20.98	Implantation or replacement of cochlear prosthetic device, multiple channel	129	\$8,931

Professional Services

Procedure	CPT	Description	Medicare Payment ^{2,6}	
			Facility	Non-Facility
Implantation	69930	Cochlear device implantation, with or without mastoidectomy	\$1,173	NA
	95867	Needle electromyography cranial nerve supplied muscles, unilateral	\$39 ⁷	\$69
	95920	Intraoperative neurophysical testing, per hour (List separately in addition to code for primary procedure)	\$107 ⁷	\$155
	92506 ⁸	Evaluation of speech, language, voice, communication and/or auditory processing	\$43	\$146
	92507 ⁸	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$25	\$63
Post Implant Services	92568 ⁸	Acoustic reflex testing; threshold	\$20	\$20
	92585 ⁸	Auditory evoked potential for evoked response audiometry and/or testing of the central nervous system; comprehensive	\$25 ⁷	\$102
	92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming	\$159	\$167
	92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; with subsequent reprogramming	\$99	\$108
	92603	Diagnostic analysis of cochlear implant, age 7 years or older; programming	\$133	\$142
	92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$78	\$85
	92626 ⁸	Evaluation of auditory rehabilitation status; first hour	NA	\$82
	92627 ⁸	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)	NA	\$20
	92630 ⁹	Auditory rehabilitation; pre-lingual hearing loss	-	-
	92633 ⁹	Auditory rehabilitation; post-lingual hearing loss	-	-

Please contact Advanced Bionics if you need additional information:

Reimbursement Services
 877-779-0229
 Monday – Friday 5:00 a.m. – 5:00 p.m. Pacific Time
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⁵ Medicare national average base payment amounts effective 10/1/2007 through 9/30/2008. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts.

⁶ The Medicare, Medicaid, and SCHIP Extension Act of 2007 created a 0.5% increase to the Physician Fee Schedule conversion factor effective for dates of service from January 1, 2008 through June 30, 2008. Unless Congress acts, a -10.1% update to the Medicare Physician Fee Schedule is scheduled to take effect for dates of service on and after July 1, 2008. Please make sure to check with your local Medicare contractor for the appropriate fees.

⁷ Only the professional component (modifier -26) of these services is payable in the facility setting under Medicare. Source: 2008 National Physician Fee Schedule Relative Value File, November 11, 2007.

⁸ A modifier may be applied to these codes when billed with 92601-92604, if appropriate. Potential modifiers include -RT, -LT and -59. Source: National Correct Coding Policy Manual for Part B Carriers, version 13.3.

⁹ 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. Federal Register, Vol.70, No. 223 (November, 21, 2005)

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Facility APC payment levels from Federal Register, Vol. 72, No. 227 (November 27, 2007).

Facility DRG payment levels from Federal Register, Vol. 72, No. 162 (August 22, 2007).

Facility and non-facility professional services payment levels from Federal Register, Vol. 72, No. 227 (November 27, 2007); Federal Register, Vol. 73, No. 10 (January 15, 2008); and Medicare, Medicaid, and SCHIP Extension Act of 2007 (S. 2499).

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