

Baha® Billing Codes and Supplies

Surgical Implant of the Auditory Osseointegrated System

The codes in this section may be reported by both the surgeon and the surgical facility (ASC/hospital)

Report CPT Code: When performing procedure:

69714	Auditory osseointegrated device implantation with attachment to speech processor, without mastoidectomy
69715	Auditory osseointegrated device implantation with attachment to speech processor, with mastoidectomy
69717	Removal and replacement of existing osseointegrated implant, with attachment to speech processor, without mastoidectomy
69718	Removal and replacement of existing osseointegrated implant, with attachment to speech processor, with mastoidectomy
69399	Other procedures related to auditory osseointegrated device implantation for which no specific codes exist. Example: revision procedure to attach longer abutment <i>Note: this code requires submission of additional documentation with the claim explaining the procedure</i>

Baha System

This code is typically only reported by the surgical facility providing the device

Report Code:	When providing device or service:
L8690	Auditory osseointegrated system, including all internal and external components

Note: some payers incorrectly classify Baha as a hearing aid. In these cases, local policies may require Baha billed with a hearing aid code such as V5060, Hearing aid, monoaural, behind the ear.

Modifiers

Add Modifier:	When a claim reports the following situations:
51	Multiple procedure codes on the same claim
52	Reported CPT code is not fully performed or partially reduced
58	Procedure was staged from earlier surgery within global period (e.g. abutment attached in second surgical procedure)
59	Distinct procedure (e.g. implantation of second "sleeper" implant)

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

Revenue Codes

Revenue codes are used only for hospital/ASC claims

Report Code:	When providing device or service:
0278	Medical/surgical supplies and other implants
0361	Operating room services and minor surgery

Example Facility Billing Scenarios

CODE/Modifier	Concurrent Baha system implantation
69714	Surgical placement of the Baha system implant with abutment attachment
L8690	Baha system components, including implant and sound processor
CODE/Modifier	Two-stage Baha system implantation
69714-52	Stage 1: Surgical placement of the Baha system implant
L8690	Baha system components, including implant and sound processor
69714-52, -58	Stage 2 within 90 days of stage 1: Attachment of abutment
69714-52	Or, Stage 2 more than 90 days after stage 1: Attachment of abutment
CODE/Modifier	Concurrent Baha system implantation with second "sleeper" fixture
69714	Surgical placement of the Baha system implant with abutment attachment
L8690	Baha system components, including implant and sound processor
69714-52, -59	Surgical placement of the Baha "sleeper" implant
L9900	Sleeper implant only

Bilateral Billing Scenarios

If two Bahas 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 Baha 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.

Modifier	Claim Line Item and Code
50 (bilateral)	Line item 1: 69714
LT (left side)	Line item 1: 69714
RT (right side)	Line item 2: 69714
No Modifiers	Line item 1: 69714
No Modifiers	Line item 2: 69714
No Modifiers (bill 2 units)	Line item 1: 69714



Baha® Billing Codes and Supplies

Audiologist/Professional Services

The codes in this section may be reported by audiologists and other licensed clinicians for services related to pre- and post-operative analysis and rehabilitation of Baha patients. This list is not intended to be comprehensive of all services that may be offered to Baha patients.

Report CPT Code: When performing procedure:

92506	Evaluation of speech and/or auditory processing
92550	Tympanometry and reflex threshold measurements
92551	Screening test, pure tone, air only
92552	Pure tone audiometry threshold evaluation via air only
92553	Pure tone audiometry threshold evaluation via air and bone
92555	Speech audiometry reception threshold evaluation
92556	Speech audiometry threshold evaluation with speech recognition test
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 & 92556 combined)
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing; threshold
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92579	Visual reinforcement audiometry (VRA)
92582	Conditioning play audiometry (threshold evaluation in children)
92583	Select picture audiometry threshold evaluation
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system, comprehensive
92586	Electrical brain response recordings to auditory stimulations, and/or testing of the central nervous system; limited
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92626	Evaluation of auditory rehabilitation status; first hour (can be used pre-op or post-op)
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes
92630	Auditory rehabilitation; pre-lingual hearing loss
92633	Auditory rehabilitation; post-lingual hearing loss
92700	Unlisted otorhinolaryngological service or procedure. Example: May be used to cover fitting of sound processor

Medicare Billing Notes

Medicare has a number of rules dictating how certain codes may be billed. Some rules include:

92506, 92507 & 92508	may only be provided by an SLP. Medicare will not pay audiologists for these codes.
92626 & 92627	Payable when billed by an audiologist or an SLP.
92630 & 92633	Not payable by Medicare for any providers. Medicare instructs providers to bill 92507 instead.

Medicare's National Correct Coding Initiative limits certain codes from being billed together, including several audiology codes. Some of these limits are avoidable through use of modifiers while others are strict limitations that cannot be overridden. Check with your payer or a Cochlear Americas reimbursement specialist for assistance clarifying these coding restrictions.

Baha System Supplies & Repairs

Repair and replacement codes in this section may require a DME license when not provided as part of a surgical procedure. Check with your local payer if DME billing requirements are unknown.

Report Code: When providing device or service:

L8691	Replacement Baha external sound processor
L8693	Replacement Baha external abutment
L7500	Repair of Baha device component(s), hourly rate
L7510	Repair of Baha device component(s), repair or replace minor parts
L7520	Repair of Baha device component(s), labor component, per 15 minutes
L9900	Supply, accessory and/or service component of another HCPCS L code
99070	Supplies provided by the physician above those usually included with the office visit or other services rendered

Baha Softband

Report Code: When providing device or service:

L9900	Baha Softband headband (headband only)
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment (Softband with sound processor)

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