

# Cochlear Implant 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 CI patients. This list is not intended to be comprehensive of all services that may be offered to CI 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 (typically used for children age 6-30 months)
92556	Speech audiometry threshold evaluation with speech recognition test (typically used for children age 2 ½ - 6 years)
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 central nervous system; comprehensive (e.g. advanced NRT)
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited (e.g. auto NRT)
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92591	Hearing aid examination and selection; binaural
92700	Unlisted otorhinolaryngological service or procedure
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician (for participation by non-physician health care professional, bill 99368)

For actual code descriptions, please consult a current CPT manual.

## Post-Operative Clinic Services

### Report CPT Code: When performing procedure:

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	Diagnostic analysis of cochlear implant, age 7 years or older; with subsequent reprogramming
92626	Evaluation of auditory rehabilitation status; first hour (can be used pre-op & 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

## 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	are payable when billed by an audiologist or an SLP.
92601-92604	may not be billed by SLPs, but can be billed by physicians and non-physician practitioners who may personally provide the services that are within their scope of practice (such as audiologists).
92630 & 92633	are 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 restrictions.

## Cochlear Implant Parts, Accessories, & Repair

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.

<b>Report Code:</b>	<b>When providing device or service:</b>
L8615	Headset/Headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with the cochlear implant device, replacement
L8617	Transmitting coil for use with the cochlear implant device, replacement

Continued →

# Cochlear Implant Billing Codes and Supplies

## Cochlear™ Implant Parts, Accessories, & Repair (Cont'd)

<b>L8618</b>	Transmitter cable for use with the cochlear implant device, replacement
<b>L8619</b>	Cochlear implant, external speech processor and controller, integrated system, replacement (ESPrin™ 3G, SPrint™, Nucleus® 5)
<b>L8621</b>	Zinc air battery for use with the cochlear implant device, replacement, each
<b>L8622</b>	Alkaline battery for use with the cochlear implant device, any size, replacement, each
<b>L8623</b>	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each (rechargeables)
<b>L8624</b>	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
<b>L8627</b>	Cochlear implant, external speech processor, component, replacement (use for Freedom sound processor)
<b>L8628</b>	Cochlear implant, external controller component, replacement (use for Freedom controller, Nucleus 5 remote)
<b>L8629</b>	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement (Nucleus Freedom™ and ESPrin 3G)
<b>L7368</b>	Lithium ion battery charger
<b>L7500</b>	Repair prosthetic device, hourly rate
<b>L7510</b>	Repair of prosthetic device, repair or replace minor parts
<b>L7520</b>	Repair prosthetic device, labor component, per 15 minutes
<b>L8499</b>	Unlisted procedure for miscellaneous prosthetic services
<b>L9900</b>	Supply, accessory and/or service component of another HCPCS L code (May be used for CI supplies without their own specific codes)

## Modifiers

<b>Add Modifier:</b>	<b>When a claim reports the following situations:</b>
<b>50</b>	Bilateral procedure in the same operative session
<b>51</b>	Multiple procedure codes on the same claim
<b>52</b>	Reported CPT code is not fully performed or partially reduced
<b>59</b>	Distinct procedure unrelated to primary procedure (e.g. otolaryngologic exam under general anesthesia unrelated to CI implantation procedure) <i>Note: payers have differing rules on proper use of modifiers. Consult your payers to confirm policies.</i>

## Cochlear Implant Device

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

<b>Report Code:</b>	<b>When providing device:</b>
<b>L8614</b>	Cochlear device, includes all internal and external components

## Surgical Services Related To CI Implantation

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

<b>Report CPT Code:</b>	<b>When performing procedure:</b>
<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>92585</b>	Auditory evoked potentials for evoked response audiometry and/or testing of central nervous system; comprehensive (e.g. advanced NRT)
<b>92586</b>	Auditory evoked potentials for evoked response audiometry and/or testing of central nervous system; limited (e.g. auto NRT)
<b>95867</b>	Needle electromyography; cranial nerve supplied muscles, unilateral
<b>95920</b>	Intraoperative neurophysiology testing, per hour (add-on code e.g., evoked potential study)

## Revenue Codes

*Revenue codes are used only for hospital/ASC claims*

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

## 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 CI 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.*

<b>Modifier</b>	<b>Claim Line Item and Code</b>
<b>50 (bilateral)</b>	Line item 1: 69930
<b>LT (left side)</b>	Line item 1: 69930
<b>RT (right side)</b>	Line item 2: 69930
<b>No Modifiers</b>	Line item 1: 69930 Line item 2: 69930
<b>No Modifiers (bill 2 units)</b>	Line item 1: 69930

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