


Hospital Outpatient Prospective Payment System (HOPPS)

Under the Medicare HOPPS, hospitals are reimbursed under payment categories called Ambulatory Payment Classifications (APCs). Each APC is designed by Medicare to include payment for all services, implants, and supplies related to a particular procedure. When billing for an implant procedure, the hospital should report a CPT code for the procedure and a HCPCS code for the implantable device, and this combination of codes will trigger reimbursement under a single APC. When multiple procedures are reported on the same date of service, multiple APC payments may be possible, though payment discounting is often applied in these cases. The table below demonstrates coding and reimbursement assignment for Baha and cochlear implant services performed under the HOPPS. To obtain more detail on local Medicare payment rates in your area, please contact your Cochlear reimbursement manager. Contact information by state is listed below.

Code	Payment Based On	APC Description	2010 National Average Payment
69714	APC	Level II Arthroplasty or Implantation with Prosthesis	\$8,005.61
L8690	0425		
69930	APC	Level VII ENT Procedures	\$28,906.14
L8614	0259		

Reimbursement Managers Contact Information

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