**IMPLANT BILLING CODES**

### 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 Cochlear implant patients. This list is not intended to be comprehensive of all services that may be offered to Cochlear implant patients.

**Use these CPT® Codes when performing the following procedures:**

- 92521 Evaluation of speech fluency
- 92522 Evaluation of speech sound production
- 92523 Evaluation of speech sound production with evaluation of language comprehension and expression
- 92524 Behavioral and qualitative analysis of voice and resonance
- 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)
- 92558 Tympanometry (impedance testing)
- 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. NRT)
- 92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited (e.g. NRT)
- 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 complete code descriptions, please consult a current CPT manual.

### Post-Operative Clinic Services

**Use these CPT® Codes when performing the following procedures:**

- 92604 Diagnostic analysis of cochlear implant, age 7 years or older, with subsequent reprogramming
- 92605 Diagnostic analysis of cochlear implant, patient younger than 7 years of age, with subsequently reprogramming
- 92606 Diagnostic analysis of cochlear implant, patient younger than 7 years of age, with subsequent reprogramming
- 92627 Evaluation of auditory rehabilitation status; each additional 15 minutes
- 92630 Auditory rehabilitation; pre-lingual hearing loss
- 92633 Auditory rehabilitation; post-lingual hearing loss
- 92521 Evaluation of speech fluency
- 92522 Evaluation of speech sound production
- 92523 Evaluation of speech sound production with evaluation of language comprehension and expression
- 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)
- 92558 Tympanometry (impedance testing)
- 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. NRT)
- 92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited (e.g. NRT)
- 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 complete code descriptions, please consult a current CPT manual.

### Post-Operative Clinic Services (cont.)

**Use these CPT Codes when performing the following procedures:**

- 92521 Evaluation of speech fluency
- 92522 Evaluation of speech sound production
- 92523 Evaluation of speech sound production with evaluation of language comprehension and expression
- 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)
- 92558 Tympanometry (impedance testing)
- 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. NRT)
- 92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited (e.g. NRT)
- 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 complete code descriptions, please consult a current CPT manual.

### Medicare Billing Notes

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

- **92507 & 92508** May only be provided by an SLP. Medicare will not pay audiologists for these codes
- **92521** Evaluation of speech fluency
- **92522** Evaluation of speech sound production
- **92523** Evaluation of speech sound production with evaluation of language comprehension and expression
- **92524** Behavioral and qualitative analysis of voice and resonance
- **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.

### Intraoperative Neurophysiology

**Add on Codes: Continuous intraoperative neurophysiology monitoring:**

- **95940** In the operating room, one on one monitoring, each 15 minutes
- **95941** From outside the operating room, remote or nearby, or for monitoring of more than one case while in the operating room, per hour.
- **G0453** Outside operating room, per patient, the operating room (remote or nearby), per patient (attention directed exclusively to one patient) each 15 minutes. Per cms guidelines must be billed subsequent to physician services.

List these codes in addition to primary study procedure code. (i.e. 92585)
Billing Tips and FAQs

1. **Deletion of 95920.** New code billable by Medicare HCPCS code G0453 (Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)). This code may be billed only for undivided attention by the monitoring physician to a single beneficiary. Multiple units may be billed to account for cumulative time spent. Medicare will not pay for CPT code 95941.

2. **Magnet removal.** Explant of the magnet may be billed using CPT code 20670, if removal and replacement take place the 22 modifier and description of the services may be necessary for payment review.

3. **Timed code tip.** A timed code is billed only if face-to-face time spent in an evaluation is at least 51% of the time designated in the code’s descriptor.

4. **CPT codes 92601-92604,** when billing this code range, if bilateral analysis, fitting, and adjustments of bilateral cochlear implants, CMS recommends that a -22 modifier (unusual procedural service) be added to the applicable code. Necessary documentation should be outlined to show what differentiates a singular cochlear implant fitting/remapping from a bilateral fitting/remapping. Some other payors may require other modifiers such as RT and LT to indicate services rendered.

5. **Deletion of 92506.** Replacement codes are 92521, 92522, 92523, and 92524.

Modifiers

**Add Modifier when a claim reports the following situations:**

- **50** Bilateral procedure in the same operative session
- **51** Multiple procedure codes on the same claim
- **52** Reported CPT code is not fully performed or partially reduced
- **59** Distinct procedure unrelated to primary procedure (e.g. otolaryngologic exam under general anesthesia unrelated to Cochlear implant implantation procedure)

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

Cochlear Implant Device

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

**Report Code when providing device:**

- **L8614** Cochlear device, includes all internal and external components

For the latest information, visit [www.Cochlear.com](http://www.Cochlear.com) and click on Reimbursement Support, then Coding and Billing Support or call the Cochlear Coding Support Hotline 1 800 587 6910

www.Cochlear.com/US

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**Surgical Services Related To Cochlear Implant Implantation**

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

**Use these CPT Codes when performing the following procedures:**

- **69930** Cochlear implant device implantation, with or without mastoectomy
- **69949** Unlisted procedure, inner ear (removal of cochlear implant)
- **69990** Use of operating microscope
- **92584** Electrocochleography
- **92585** Auditory evoked potentials for evoked response audiometry and/or testing of central nervous system; comprehensive (e.g. NRT)
- **92586** Auditory evoked potentials for evoked response audiometry and/or testing of central nervous system; limited (e.g. NRT)
- **95867** Needle electromyography; cranial nerve supplied muscles, unilateral

**Note:** The American Medical Association’s Current Procedural Terminology (CPT®) does not limit CPT codes to any particular specialty. However, the CPT® introductory language and AMA coding guidance is clear that in order to bill these codes (+95940, +95941, or G0453) the service must be performed by a monitoring professional who is SOLELY DEDICATED to performing the intraoperative neurophysiologic monitoring and is available to intervene at all times during the service as necessary. The monitoring professional may not provide any other clinical activities during the same period of time. In the event the monitoring is performed by the surgeon or anesthesiologist, the professional services are INCLUDED in the primary service code(s) and SHOULD NOT BE REPORTED SEPARATELY.

**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

**Ambulatory Payment Classification (APC)**

- **0259** Cochlear implant

**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 Cochlear implant 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.

**Add Modifier with Claim Line Item and Code**

- **50 (bilateral)** Line item 1: 69930
  - **LT** (left side) Line item 1: 69930
  - **RT** (right side) Line item 2: 69930
- **No Modifiers** Line item 1: 69930
  - Line item 2: 69930
- **No Modifiers (bill 2 units)** Line item 1: 69930

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