CPT Billing Codes

Cochlear Implants (Surgeons and Implant Facilities)

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 for the following procedures:

- **69930** Cochlear implant device implantation, with
  or without mastoidectomy
- **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
- **92586** Auditory evoked potentials for evoked response
  audiometry and/or testing of central nervous
  system, limited
- **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:

- **0278** Medical/surgical supplies and other implants
- **0361** Operating room services and minor surgery

Ambulatory Payment Classification (APC)

- **5166** Cochlear implant

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

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.

Options

- **Device**: L8614, 1 line, 2 units
- **Procedure**: 69930-50, 1 line, 1 unit
- **Procedure**: 69930-LT, 69930-RT, 2 lines, 1 unit per line
- **Procedure**: 69930, 69930-59, 2 lines, 1 unit per line
- **Procedure**: 69930, 1 line, 2 units

Modifiers

Add Modifier when a claim reports the following situations:

- **22** Increased procedural services
- **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)
- **76** Repeat procedure or service by another physician or
  other qualified health care professional

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

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may encounter. To be sure that you have the most current and applicable information
available for your unique circumstances, please consult your own experts and seek your own
legal advice regarding your reimbursement and coding needs and the proper implementation
of these guidelines. All products should be used according to their labeling. In all cases,
services billed must be medically necessary, actually performed, and appropriately
documented in the medical record.

The purpose of this document is to provide coding options for
Cochlear Implants however, you should always check your payer for specific coding policies to ensure compliance.

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