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 neuropsychologic 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)**
- **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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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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