Surgical Implant of the
Auditory Osseointegrated System (AOI)
The codes in this section may be reported by both the surgeon and the surgical facility (ASC/hospital).

Code: When performing procedure:
69714 Auditory osseointegrated device implantation with attachment to sound processor, without mastoidectomy
69715 Auditory osseointegrated device implantation with attachment to sound processor, with mastoidectomy
69717 Removal and replacement of existing osseointegrated implant, with attachment to sound processor, without mastoidectomy
69718 Removal and replacement of existing osseointegrated implant, with attachment to sound processor, with mastoidectomy

Auditory Osseointegrated Systems
Typically only reported by the surgical facility providing the device.

Code: When providing device or service:
L8690 Auditory osseointegrated system, including all internal and external components

Note: Some payers incorrectly classify the AOI system as a hearing aid. In these cases, local policies may require the AOI system be billed with a hearing aid code such as V5060, Hearing aid, monaural, behind the ear.

Modifiers
Add: When a claim reports the following situations:
51 Multiple procedure codes on the same claim
52 Reported CPT code is not fully performed or partially reduced
58 Procedure was staged from earlier surgery within global period (e.g. abutment attached in second surgical procedure)
59 Distinct procedure (e.g. implantation of second “sleeper” implant)
76 Repeat procedure or service by same physician or other qualified health care professional

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

Revenue Codes
Revenue codes are used only for hospital/ASC claims.

Code: When providing device or service:
0278 Medical/surgical supplies and other implants
0360 Operating room services – general

Example Facility Billing Scenarios

<table>
<thead>
<tr>
<th>Code/Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>69714, 52</td>
<td>Concurrent AOI system implant</td>
</tr>
<tr>
<td>L8690</td>
<td>Surgical placement of the Baha System Implant with abutment attachment</td>
</tr>
<tr>
<td>69714-52, -59</td>
<td>Surgical placement of the AOI “sleeper” implant</td>
</tr>
<tr>
<td>L9900</td>
<td>Sleeper implant only</td>
</tr>
</tbody>
</table>

Ambulatory Payment Classification (APC)
5115 Auditory Osseointegrated Implant Systems

Auditory Osseointegrated Implant Abutment Change
There is no specific procedure code for an abutment revision, so in many cases it is reported within other procedures performed at that time. For instance, soft tissue reduction might be reported with one of the following codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15839</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area</td>
</tr>
<tr>
<td>11042</td>
<td>Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less</td>
</tr>
<tr>
<td>69399</td>
<td>Unlisted procedure, external ear</td>
</tr>
</tbody>
</table>

Note: This code requires submission of additional documentation with the claim explaining the procedure.

L8693 Auditory osseointegrated device abutment, any length, replacement only

For the latest information, visit www.Cochlear.com/US/Professionals and click on Resources-Reimbursement Solutions-Coding and Billing Support for Professionals/Facilities or call the Cochlear Coding Support Hotline 1 800 587 6910
Medicare has a number of rules dictating how certain codes may be billed. Some rules include:

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
92556 Speech audiometry threshold evaluation with speech recognition test
92557 Comprehensive audiometry threshold evaluation and speech recognition (92555 & 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 the central nervous system, comprehensive
92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92626 Evaluation of auditory rehabilitation status; first hour (can be used pre-op or 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
92626 Payable when billed by an audiologist or an SLP
92627 Medicare instructs providers to bill 92507 instead
92630 Not payable by Medicare for any providers.
92633 Medicare instructs providers to bill 92507 instead

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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 local payer if DME billing requirements are unknown.