

Cochlear™ Auditory Osseointegrated Implant Systems

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
	<i>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.</i>

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)

For Medicare claims use

XE Separate Encounter: Service That Is Distinct Because It Occurred During A Separate Encounter

XS Separate Structure: Service That Is Distinct Because It Was Performed On A Separate Organ/Structure

XP Separate Practitioner: Service That Is Distinct Because It Was Performed By A Different Practitioner

XU Unusual Non-Overlapping Svc: Use Of A Service That Is Distinct Because It Does Not Overlap usual components of the main service

Note: Payers 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
0361	Operating room services and minor surgery
0274	Prosthetic/orthotic devices (e.g. AOI abutments) under the revenue codes section

Example Facility Billing Scenarios

Code/Modifier	Concurrent AOI system implant
69714	Surgical placement of the Baha System Implant with abutment attachment
L8690	Auditory osseointegrated system, including all internal and external components
Code/Modifier	Two-Stage AOI system Implantation
69714-52	Stage 1: Surgical placement of the Baha System Implant
L8690	Auditory osseointegrated system, including all internal and external components
69714-52, -58	Stage 2 within 90 days of stage 1: Attachment of abutment
69714-52	Or, Stage 2 more than 90 days after stage 1: Attachment of abutment
Code/Modifier	Concurrent AOI Implantation with second "sleeper" fixture
69714	Surgical placement of the Baha System Implant with abutment attachment
L8690	Auditory Osseointegrated system, including all internal and external components
69714-52, -59	Surgical placement of the AOI "sleeper" implant
L9900	Sleeper implant only

Ambulatory Payment Classification (APC)

0425	Auditory Osseointegrated Implant Systems
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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:

15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less <i>If no other related procedures are performed, the abutment change can be reported with an unlisted code such as:</i>
69399	Unlisted procedure, external ear Note: This code requires submission of additional documentation with the claim explaining the procedure.
L8693	Auditory osseointegrated device abutment, any length, replacement only



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

Code:	When performing procedure:
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 (92553 & 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

Post Operative Services

Code:	When performing procedure:
92700	Unlisted otorhinolaryngological service or procedure <i>Example: May be used to cover fitting of sound processor. Some payors may accept codes such as V5060 or V5011 for fitting and adjustment of sound processor.</i>
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes

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Medicare Billing Notes

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

- 92507** May only be provided by an SLP. Medicare will
 - & 92508** not pay audiologists for these codes
 - 92626** Payable when billed by an audiologist or an SLP
 - & 92627**
 - 92630** Not payable by Medicare for any providers.
 - & 92633** 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 coding restrictions.

Auditory Osseointegrated Implant System Supplies & Repairs

Repair and replacement codes in this section may require a DME license when not provided as part of a surgical procedure. Check with your local payer if DME billing requirements are unknown.

Code:	When providing device or service:
L8691	Auditory osseointegrated device, external sound processor, replacement
L8693	Auditory osseointegrated device abutment, any length, replacement only
L9900	Supply, accessory and/or service component of another HCPCS L code

Baha Softband

Code:	When providing device or service:
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment (Softband with sound processor) Baha Softband System
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code (replacement headband only)

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



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