

# 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 or service:

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

## Ambulatory Payment Classification (APC)

5166	Cochlear implant
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## 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
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## 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
Option 1 Procedure:	69930-50, 1 line, 1 unit
Option 2 Procedure:	69930-LT, 69930-RT, 2 lines, 1 unit per line
Option 3 Procedure:	69930, 69930-59, 2 lines, 1 unit per line
Option 4 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.