

Cochlear Auditory Osseointegrated Implant Systems

Surgical Implantation of the Auditory Osseointegrated Implant Systems (AOI)

The codes in this section may be reported by both the surgeon and the surgical facility (ASC/hospital).

Code: When performing procedure:

69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy

69715 with mastoidectomy

69717 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy

69718 with mastoidectomy

69799 Unlisted procedure, middle ear

Auditory Osseointegrated Implant 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

L8699 Prosthetic implant, not otherwise specified.

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.

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

If no other related procedures are performed, the abutment change can be reported with an unlisted code such as:

69799 Unlisted procedure, middle ear

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

L8693 Auditory osseointegrated device abutment, any length, replacement only

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

Surgical Implantation of the Auditory Osseointegrated Implant Systems (AOI)

To appropriately identify the service performed, please refer to the section "Surgical Implantation of the Auditory Osseointegrated Implant Systems" on the left and adjust 697XX accordingly.

Code/Modifier AOI systems implant

697xx 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

697xx-52 Stage 1: Surgical placement of the Baha System Implant

L8690 Auditory osseointegrated system, including all internal and external components

697xx-52, -58 Stage 2 within 90 days of stage 1:

Attachment of abutment

697xx-52 Or, Stage 2 more than 90 days after stage 1:

Attachment of abutment

Code/Modifier AOI Implantation with second "sleeper" fixture

697xx Surgical placement of the Baha System Implant with abutment attachment

L8690 Auditory osseointegrated system, including all internal and external components

697xx-52, -59 Surgical placement of the AOI "sleeper" implant

L9900 Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "1" code

Modifiers

Add: When a claim reports the following situations:

51 Multiple procedures

52 Reduced services

58 Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period

59 Distinct Procedural Service

76 Repeat procedure or service by same physician or other qualified health care professional

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

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 function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); 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. There is no assigned code for the Baha fitting. The miscellaneous code listed is only a suggestion.</i>
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes

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

Auditory Osseointegrated Implant Systems 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, excludes transducer/actuator, replacement only, each [†]
L8693	Auditory osseointegrated device abutment, any length, replacement only
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each [†]
L9900	Supply, accessory and/or service component of another HCPCS L code

Baha Softband and Baha SoundArc

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 or SoundArc with sound processor) Baha Softband System or Baha SoundArc System
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code (replacement headband only)

[†]Changes to the 2020 HCPCS code set unbundle the two components of an auditory osseointegrated implant external sound processor into two codes, one for the sound processor and one for the actuator/transducer, requiring both codes to be billed when reporting replacement of a complete external sound processor system. The two codes may also be used independently when reporting only one component of a sound processor system (e.g. report only L8694 to report replacement of the actuator component of a Baha® 5 SuperPower).

CPT and CPT material are copyrights of American Medical Association (AMA): CPT copyright 2020 American Medical Association, all rights reserved. CPT is a registered trademark of the American Medical Association. The information provided in this document is provided as guidelines only to address the unique nature of implantable hearing solutions technology. This information does not constitute reimbursement or legal advice. Cochlear Americas makes no representation or warranty regarding this information or its completeness, accuracy, fitness for any purpose, timeliness, or that following these guidelines will result in any form of coverage or reimbursement from any insurance company or federal health care program payer. The information presented herein is subject to change at any time. This information cannot and does not contemplate all situations that a health care professional 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 Auditory Osseointegrated Implant Systems however, you should always check your payer for specific coding policies to ensure compliance.

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.

www.Cochlear.com/US

©Cochlear Limited 2020. All rights reserved. Hear now. And always and other trademarks and registered trademarks are the property of Cochlear Limited or Cochlear Bone Anchored Solutions AB. The names of actual companies and products mentioned herein may be the trademarks of their respective owners.



CAM-HE-014_G ISS17 MAR20

Hear now. And always



Cochlear®