

# 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).

<b>Code:</b>	<b>When performing procedure:</b>
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.

<b>Code:</b>	<b>When providing device or service:</b>
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

<b>Add:</b>	<b>When a claim reports the following situations:</b>
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: 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.

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

## Example Facility Billing Scenarios

<b>Code/Modifier</b>	<b>Concurrent AOI system implant</b>
69714	Surgical placement of the Baha System Implant with abutment attachment
L8690	Auditory osseointegrated system, including all internal and external components
<b>Code/Modifier</b>	<b>Two-Stage AOI system Implantation</b>
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

<b>Code/Modifier</b>	<b>Concurrent AOI Implantation with second "sleeper" fixture</b>
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)

5115	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 <i>Note: This code requires submission of additional documentation with the claim explaining the procedure.</i>
L8693	Auditory osseointegrated device abutment, any length, replacement only

## 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 ( <i>impedance testing</i> )
92568	Acoustic reflex testing; threshold
92570	Acoustic immittance testing, includes tympanometry ( <i>impedance testing</i> ), acoustic reflex threshold testing, and acoustic reflex decay testing
92579	Visual reinforcement audiometry (VRA)
92582	Conditioning play audiometry ( <i>threshold evaluation in children</i> )
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. There is no assigned code for the Baha fitting. The miscellaneous code listed is only a suggestion.</i>
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; 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 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, excludes transducer/actuator, replacement only, each <sup>†</sup>
L8693	Auditory osseointegrated device abutment, any length, replacement only
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each <sup>†</sup>
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 ( <i>Softband or SoundArc with sound processor</i> ) Baha Softband System or Baha SoundArc System
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code ( <i>replacement headband only</i> )

<sup>†</sup>Changes to the 2018 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).

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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.

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](http://www.Cochlear.com/US)

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