

2024 Cochlear Implant Coding Quick Reference Guide



The following are potential codes that may be reported for services and devices associated with cochlear implants.

		2024 Medicare National Medicare Payment				
		Clinicians ³			Hospital ⁴	
CPT® Code ^{1,2}	Description	Status Code	Facility Based	Office Based	Status Indicator	APC Payment
Pre-Procedure Coding						
*92521	Evaluation of speech fluency (eg, stuttering, cluttering)	A	NA	\$132.82	A	NA
*92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	A	NA	\$111.18	A	NA
*92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	A	NA	\$227.69	A	NA
*92524	Behavioral and qualitative analysis of voice and resonance	A	NA	\$109.52	A	NA
*92550	Tympanometry and reflex threshold measurements	A	NA	\$21.64	Q1	\$148.83
92551	Screening test, pure tone, air only	N	NA	\$12.65	E1	NA
*92552	Pure tone audiometry (threshold); air only	A	NA	\$37.95	Q1	\$121.71
*92553	Pure tone audiometry (threshold); air and bone	A	NA	\$45.94	Q1	\$148.83
*92555	Speech audiometry threshold	A	NA	\$28.96	Q1	\$58.28
*92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	A	\$32.88	\$36.28	Q1	\$148.83
*92567	Tympanometry (impedance testing)	A	\$10.65	\$16.31	Q1	\$38.21
*92568	Acoustic reflex testing, threshold	A	\$14.65	\$14.98	Q1	\$38.21
*92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	A	\$28.63	\$31.96	Q1	\$148.83
92579	Visual reinforcement audiometry (VRA)	A	\$36.28	\$43.94	Q1	\$148.83
92582	Conditioning play audiometry	A	NA	\$86.55	Q1	\$148.83
92583	Select picture audiometry	A	NA	\$56.92	Q1	\$58.28
92584	Electrocochleography	A	NA	\$110.51	S	\$148.83
*92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 6-3 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	A	NA	\$21.30	S	\$299.06
*92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	A	NA	\$32.95	S	\$299.06
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	N	NA	\$26.96	E1	NA
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	A	NA	\$82.55	S	\$299.06
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	A	NA	\$111.85	S	\$299.06
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	A	NA	\$82.89	S	\$299.06
92700	Unlisted otorhinolaryngological service or procedure	C	Carrier Priced	Carrier Priced	Q1	\$28.37
*92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status	A	\$73.23	\$85.88	Q1	\$148.83
*92627+	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	A	\$17.31	\$20.31	N	Packaged
Q3014 ⁵	Telehealth originating site facility fee	X	\$29.96	\$29.96	A	\$29.96

2024 Cochlear Implant Coding Quick Reference Guide



2024 Medicare National Medicare Payment						
		Clinicians ³			Hospital ⁴	
CPT®/HCPCS Code ^{1,2}	Description	Status Code	Facility Based	Office Based	Status Indicator	APC Payment
Pre-Procedure Coding						
69930	Cochlear device implantation, with or without mastoidectomy	A	\$1,216.99	NA	J1	\$31,951.40
95940+	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	A	\$31.62	NA	N	Packaged
95941+	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	I	NA	NA	N	Packaged
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure) FOR MEDICARE USE ONLY	A	\$31.62	NA	N	Packaged
69949	Unlisted procedure, inner ear	C	Contractor Priced	Contractor Priced	T	\$232.73
Post-Procedure Coding						
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	A	\$76.23	NA	A	NA
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	A	\$24.30	NA	A	NA
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	A	\$120.50	\$157.45	S	\$148.83
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	A	\$67.91	\$99.20	S	\$148.83
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	A	\$117.17	\$148.13	S	\$148.83
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	A	\$64.91	\$89.21	S	\$148.83
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	A	\$73.23	\$85.88	Q1	\$148.83
92627+	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	A	\$17.31	\$20.31	N	Packaged
92630	Auditory rehabilitation; prelingual hearing loss	I	NA	NA	E1	NA
92633	Auditory rehabilitation; postlingual hearing loss	I	NA	NA	E1	NA
92700	Unlisted otorhinolaryngological service or procedure	C	Contractor Priced	Contractor Priced	Q1	\$28.37
Q3014 ⁵	Telehealth originating site facility fee	X	\$29.96	\$29.96	A	\$29.96

PFS Status Codes

A	Active code
C	Contractors price the code
I	Not valid for Medicare purposes
N	Non-covered services
X	Statutory exclusion. (For Medicare Telehealth Services, see Medicare Claims Processing Manual, Chapter 12, Section 190.)

OPPS Status Indicators (SI)

A	Not paid under OPPS. Paid by MACs under a fee schedule or payment system other than OPPS.
E1	Not paid by Medicare when submitted on outpatient claims (any outpatient bill type).
J1	Hospital Part B Services Paid Through a Comprehensive APC
N	Items and Services Packaged into APC Rates
Q1	STV-Packaged Codes. Paid under OPPS; Addendum B displays APC assignments when services are separately payable.
S	Procedure or Service, Not Discounted When Multiple
T	Procedure or Service, Multiple Procedure Reduction Applies

*Telehealth reimbursement of audiology and speech-language pathology services has been extended through December 31, 2024 via the Consolidated Appropriations Act of 2023 (CCA). The extension applies to all previously reimbursed services (CPT codes) on the Medicare List of Approved Telehealth Services. For details on coding for remote cochlear implant programming and reprogramming services, including the appropriate use of Place of Service codes and CPT code modifiers for different patient and provider locations, please see the Remote Programming Telehealth Coding & Billing Guide, available at <https://www.advancedbionics.com/reimbursement>.

2024 Cochlear Implant Coding Quick Reference Guide



Advanced Bionics Devices and Equipment

HCPCS Code	Description	Medicare 2024 DME Payment ⁶	
		DME Floor	DME Ceiling
L8614	Cochlear device/system includes all internal and external components	\$20,370.59	\$27,160.79
L8615	Headset/headpiece for use with cochlear implant device, replacement	\$475.11	\$633.48
L8616	Microphone for use with cochlear implant device, replacement	\$110.66	\$147.55
L8617	Transmitting coil for use with cochlear implant device, replacement	\$96.66	\$128.88
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	\$27.62	\$36.82
L8619	Cochlear implant external speech processor and controller, integrated system, replacement	\$8,743.85	\$11,658.47
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	\$0.66	\$0.87
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	\$0.34	\$0.45
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	\$68.14	\$90.86
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	\$169.87	\$226.50
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	\$198.95	\$265.27
L8627	Cochlear implant, external speech processor, component, replacement	\$7,425.82	\$9,901.10
L8628	Cochlear implant, external controller component, replacement	\$1,318.02	\$1,757.37
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	\$188.62	\$251.49
V 5273	Assistive listening device, for use with cochlear implant	NA	NA

References

1. American Medical Association. 2024 Current Procedural Terminology (CPT®), Professional Edition. CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
2. Centers for Medicare & Medicaid Services. Medicare List of Approved Telehealth Services. <https://www.cms.gov/medicare/coverage/telehealth/list-services>. Accessed September 9, 2024.
3. Centers for Medicare & Medicaid Services. Payment Policies Under the Physician Fee Schedule for CY 2024 (Final rule). 88 Fed. Reg. 220, November 16, 2023. <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu24c>. Physician Practice Expense Relative Value Unit (PPRVU) file, July 2024 Release. Accessed September 9, 2024.
4. Centers for Medicare & Medicaid Services. Hospital Outpatient Prospective Payment System for CY 2024 (Final Rule and Change Notice). 88 Fed. Reg. 224, November 22, 2023 and 89 Fed. Reg. 28, February 9, 2024. Addendum B, July 2024 update. <https://www.cms.gov/medicare/medicare-fee-service-payment/hospitaloutpatientpps/addendum-and-addendum-b-updates/july-2024-0> Accessed September 9, 2024.
5. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Chapter 12, Section 190, Medicare Payment for Telehealth Services. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>. Accessed September 9, 2024.
6. Centers for Medicare & Medicaid Services. 2024 Durable Medical Equipment, Prosthetics, Orthotics & U Supplies (DMEPOS) Fee Schedule Public Use File (PUF). <https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme24-c>. Accessed September 9, 2024.

Add-on Codes +

DISCLAIMER: The information presented in this reimbursement guide is intended for informational purposes only, and nothing herein is advice, legal advice or a recommendation of any kind, and it should not be considered as such. The coding and coverage information in this reimbursement guide was obtained from third party sources and is subject to change without notice, including as a result of changes in reimbursement laws, regulations, rules, and policies. Reimbursement guide content is informational only, general in nature, and does not cover all situations or all payers' rules or policies, and is not intended to apply to any particular situation. The service and the product must be reasonable and necessary for the care of the patient to support reimbursement. Providers should report the procedure and related codes that most accurately describe the patient's medical condition, procedures performed, and the products used. The information presented in this reimbursement guide represents no promise or guarantee from Advanced Bionics regarding coverage or payment for products or procedures by Medicare or other payers. Providers should check Medicare bulletins, manuals, program memoranda, and Medicare guidelines to ensure compliance with Medicare requirements. Inquiries can be directed to the hospital's Medicare Part A fiscal intermediary, the physician's Medicare Part B carrier, the applicable Medicare administrative contractor, or to appropriate payers. Additionally, the information provided in this reimbursement guide should not be misconstrued as advertising or promotion. Advanced Bionics neither promotes nor advocates off-label use of any Advanced Bionics products. Please consult the literature supplied with Advanced Bionics products to determine intended use.