
Surgery: Auditory System

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This section contains information to assist providers in billing for surgical procedures related to auditory procedures.

Cochlear Implantation (CI)

Cochlear implantation (CI) is reimbursable for recipients who meet specific criteria for medical necessity.

Implantation Criteria

CI candidates must meet all of the following criteria:

- Diagnosis of bilateral sensorineural deafness, established by audiologic and medical evaluation
- If the patient is a child, the child must be 18 months through 20 years of age
- Post-lingual deafness (if patient is 21 years or older)
- For post-lingual candidates, a score of less than 30 percent on an open-set sentence recognition test (tape-recorded speech comprehension) under best aided conditions
- An accessible cochlear lumen structurally suited to implantation, with no lesions in the auditory nerve and acoustic areas of the central nervous system, as demonstrated by a CT scan or other appropriate radiologic evaluation
- No infection or other active disease of the middle ear
- No contraindications to anesthesia/surgery
- Cognitive ability to use auditory clues
- Motivation of candidate, and/or commitment of family/care-giver(s), to undergo a program of prosthetic fitting, training and long-term rehabilitation
- Realistic expectations of candidate, and/or family/care-giver(s), for post-implant educational/vocational rehabilitation, as appropriate
- Reasonable anticipation by treating providers that CI will confer awareness of speech at conversational levels

Authorization Requirements

Treatment Authorization Request (TAR) approvals are required for many of the services rendered by the various providers involved in the CI program. CI authorization (including authorization for the implant device and for physician services) for adults may be given by the San Francisco or the Los Angeles Medi-Cal field offices. Pediatric authorization (for recipients under 21 years of age) may be given by the California Children's Services program.

Note: CI in the contralateral ear (that is, a second implant) is not a benefit.

Bill for Cochlear Implantation (CI) "By Report"

Physician services (surgeon) are billed using CPT® code 69930 (cochlear device implantation, with or without mastoidectomy) "By Report."

HCPCS codes L8614 and L8619

When billing for a CI device/system (HCPCS code L8614) or replacement CI external speech processor and controller, integrated system (code L8619), facilities must use their outpatient provider number and the outpatient claim format (*UB-04*) using facility type code "14." Reimbursement for the device or the external speech processor will be made at invoice price unless a price was previously negotiated. Providers must attach a copy of the invoice for the CI device to the claim.

Note: For invoice requirements, refer to the "Surgical Implantable Device Reimbursement" subsection in the *Surgery* section in the appropriate Part 2 manual.

Post-Implantation Rehabilitation Services: Billing Instructions

Claims for procedures necessary to achieve optimal benefit from CI must be submitted under the "Unlisted By-Report" HCPCS procedure codes for audiology (X4535), speech therapy (X4320) or "Unlisted EPSDT Service" (Z5999). For continued authorization of post-implant aural rehabilitation language and speech therapy services, a treatment plan should be submitted for review or case management at approximately six-month intervals.

Note: A facility providing an allied health service is required to bill using a TAR Control Number separate from that used for physician services.

Cochlear Implant Minor Repairs, Replacement Batteries and Accessories

Audiology providers currently reimbursed for HCPCS “L” codes used for minor repairs (code L7510) or cochlear implant replacement parts and batteries, codes L8615 thru L8619, L8623, L8624 and L8625 for cochlear implants may also be reimbursed for codes L8621, L8622 and L9900 (orthotic and prosthetic supply, accessory, and/or service component of another HCPCS “L” code). Claims submitted by specific audiology providers require a manufacturer invoice for payment. Code L7510 requires documentation in either the *Remarks* field (Box 19)/*Reserved for Local* field (Box 8) that the repair is “not a limb prosthesis repair” on as a separate report, when necessary.

Note: Claims submitted by DME providers require a catalog page.

Cochlear Implant Supplies

The following HCPCS codes for cochlear implant replacement supplies require authorization from the San Francisco or Los Angeles Medi-Cal field office:

«**Table of HCPCS Codes and Descriptions for Cochlear Implant Supplies**»

HCPCS Code	Description
L8615	Headset/headpiece for use with cochlear implant device, replacement
L8616	Microphone for use with cochlear implant device, replacement
L8617	Transmitting coil for use with cochlear implant device, replacement
L8618	Transmitter cable for use with cochlear implant or auditory osseointegrated device, replacement
L8619	Cochlear implant external speech processor and controller, integrated system, replacement
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each

«Table of HCPCS Codes and Descriptions for Cochlear Implant Supplies (continued)»

HCPCS Code	Description
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each
L8627	Cochlear implant; external speech processor, component, replacement
L8628	Cochlear implant; external controller component, replacement
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another L Code. (Specifically cochlear implant accessories such as ear hooks, ear bands, harnesses and magnets.)

In addition, the following guidelines apply when billing the following HCPCS codes:

- Codes L8627 and L8628 may not be billed in conjunction with code L8619 and a TAR is required.
- Code L8629 may not be billed in conjunction with codes L8617 or L8618 and a TAR is required.

For a comprehensive and updated list of non-reimbursable components, providers should refer to the CPT and HCPCS code books, and the National Correct Coding Initiative (NCCI) when billing.

Cochlear Implant Frequency Restriction

The following HCPCS codes for cochlear implant replacement supplies have the following frequency restrictions:

HCPCS Code	Frequency Restriction
L8615	2 per year
L8616	2 per year
L8617	2 per year
L8618	8 per year
L8619	1 every 5 years
L8621	900 batteries per year
L8622	900 batteries per year
L8623	4 per year
L8624	4 per year
L8625	1 per year

In addition, the following guidelines apply when billing for the above-mentioned HCPCS codes:

- Supplies needed beyond these limits may be authorized by a *Treatment Authorization Request/Service Authorization Request (TAR/SAR)*.
- Frequency limitations are based on one unilateral cochlear implantation.
- Frequency will be controlled by the TAR/SAR.
- Modifiers LT or RT are required when billing for HCPCS code L8625.

«Nasopharyngoscopy

CPT code 69705 (nasopharyngoscopy, surgical, with dilation of eustachian tube [i.e. balloon dilation]; unilateral) and CPT code 69706 (Nasopharyngoscopy, surgical, with dilation of eustachian tube [i.e. balloon dilation]; bilateral) are now reimbursable.»

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.