

DRAFT Translation for Review  
By 3M for CMS

[illegible]

NCD:	50.3	
NCD Title:	Cochlear Implantation	
IOM:	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf#page=7">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf#page=7</a>	
MCD:	<a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=245&amp;ncdver=2&amp;bc=">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=245&amp;ncdver=2&amp;bc=</a>	
ICD-9	ICD-9 Px Description	ICD-10 PCS
N/A	None provided in NCD and/or related documents	
		09HD05Z
		09HD06Z
		09HD35Z
		09HD36Z
		09HD45Z
		09HD46Z
		09HE05Z
		09HE06Z
		09HE35Z
		09HE36Z
		09HE45Z
		09HE46Z
		F00Z19Z
		F00Z29Z
		F00Z59Z
		F0BZ01Z
		F0BZ02Z
		F0BZ09Z
		F0BZ0KZ
		F0BZ0PZ
		F0BZ0YZ
		F13Z09Z
		F13ZP9Z
		F14Z01Z
		F14Z02Z
		F14Z03Z
		F14Z04Z
		F14Z05Z
		F14Z07Z
		F14Z09Z
		F14Z0KZ
		F14Z0LZ
		F14Z0PZ
		F14Z0YZ
		F14Z0ZZ

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<a href="#">AgAAgAAAAA&amp;</a>
<b>ICD-10 PCS Description</b>
<b>Insertion Only</b>
Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Open Approach
Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Open Approach
Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach
Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach
Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach
Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach
Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Open Approach
Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Open Approach
Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach
Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach
Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach
Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach
<b>Other Related Cochlear Codes ***not all inclusive</b>
Speech Threshold Assessment using Cochlear Implant Equipment
Speech/Word Recognition Assessment using Cochlear Implant Equipment
Synthetic Sentence Identification Assessment using Cochlear Implant Equipment
Cochlear Implant Rehabilitation Treatment using Audiometer
Cochlear Implant Rehabilitation Treatment using Sound Field / Booth
Cochlear Implant Rehabilitation Treatment using Cochlear Implant Equipment
Cochlear Implant Rehabilitation Treatment using Audiovisual Equipment
Cochlear Implant Rehabilitation Treatment using Computer
Cochlear Implant Rehabilitation Treatment using Other Equipment
Hearing Screening Assessment using Cochlear Implant Equipment
Aural Rehabilitation Status Assessment using Cochlear Implant Equipment
Cochlear Implant Assessment using Audiometer
Cochlear Implant Assessment using Sound Field / Booth
Cochlear Implant Assessment using Tympanometer
Cochlear Implant Assessment using Electroacoustic Immitance / Acoustic Reflex Equipment
Cochlear Implant Assessment using Hearing Aid Selection / Fitting / Test Equipment
Cochlear Implant Assessment using Electrophysiologic Equipment
Cochlear Implant Assessment using Cochlear Implant Equipment
Cochlear Implant Assessment using Audiovisual Equipment
Cochlear Implant Assessment using Assistive Listening Equipment
Cochlear Implant Assessment using Computer
Cochlear Implant Assessment using Other Equipment
Cochlear Implant Assessment
<b>This dx code list/translation was approved by CMS/Coverage. It may or may not be a complete list of covered indications/dx codes for this NCD policy. As this policy indicates, individual A/B MACs within their jurisdictions have the discretion to cover additional indications/dx codes they deem reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act.</b>

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Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	All other indications for cochlear implantation not otherwise indicated as nationally covered or non-covered above remain at local contractor discretion.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part A	<p>A/MACs shall accept claims for cochlear implantation devices and services for beneficiaries with moderate-to-profound hearing loss in patients with hearing test scores <math>\leq</math> 40%.</p> <p>A/MACs shall pay claims with the TOBs noted for cochlear implantation services.</p>	<p>92521 92522 92523 92524 92507 92601 92602 92603 92604 L7510 L8614 L8619</p>	N/A	<p>11X 12X (except surgical procedures) 13X 85X</p>	N/A	N/A	N/A	15.20	50	N386
Part A	<p>A/MACs shall accept claims for cochlear implantation devices/services for beneficiaries with moderate-to-profound hearing loss in patients with hearing test scores <math>\leq</math> 40%.</p> <p>A/MACs shall pay claims with the TOBs noted for cochlear implantation services.</p>	<p>69930 **see ICD-10 procedures tab</p>	N/A	<p>11X 12X (except surgical procedures) 13X 85X</p>	N/A	N/A	N/A	15.20	50	N386
Part A	<p><b>For IP Part B &amp; OP bills:</b></p> <ul style="list-style-type: none"> <li>For patients in an approved clinical trial with hearing test scores &gt; 40% to <math>\leq</math> 60% hearing, the -Q0 modifier must be reported with the cochlear implantation device and all other related costs or;</li> <li>For patients in an approved clinical trial under the clinical trial policy with hearing test scores &gt; 60% hearing, the -Q1 modifier must be billed for routine costs and not the device itself.</li> </ul> <p>A/MACs shall pay claims with the TOBs noted for cochlear implantation services.</p> <p>(-QR/-QV modifiers expired 12/31/07; Replaced by-Q0/-Q1 respectively).</p>	<p>69930 L7510 L8614 L8619</p>	N/A	<p>11X 12X (except 69930) 13X 85X</p>	N/A	-Q0 -Q1	N/A	15.20	50	N386
Part A	<p>A/MACs shall pay for any covered dx audiology/therapy services related to cochlear implantation. <b>The -Q0/-Q1 modifier does not need to be applied to these services (92601-92604, 92507 &amp; 92521-92524).</b></p> <p>A/MACs shall pay claims with the TOBs noted for cochlear implantation service.</p>	<p>92507 92521 92522 92523 92524</p>		<p>11X 12X (except surgical procedures) 13X 85X</p>	N/A	N/A	15	15.20	50	N386

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Part A		69930 92507 92601 92602 92603 92604  <b>For IP billing:</b> A/MACs shall instruct providers to report dx code <b>V70.7</b> (Examination of participant in clinical trial) along with the appropriate principal dx code for patients in a clinical trial.  A/MACs shall pay claims with the TOBs <b>noted</b> for cochlear implantation services.	92521 92522 92523 92524 L7510 L8614 L8619		11X 12X (except surgical procedures) 13X 85X	N/A	N/A	N/A	15.20	50	N386
	Part A	A/MACs shall pay for any covered dx audiology/therapy services related to cochlear implantation. <b>The -Q0/-Q1 modifier does not need to be applied to these services (92601-92604, 92507, &amp; 92521-92524).</b>  A/MACs shall pay claims with the TOBs noted for cochlear implantation services.	92601 92602 92603 92604 92507 92521 92522 92523 92524	N/A	11X 12X (except for surgical procedure) 13X 85X	N/A	N/A	N/A	15.20	50	N386



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Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	All other indications for cochlear implantation not otherwise indicated as nationally covered or non-covered above remain at local contractor discretion.	N/A	N/A	N/A	N/A	N/A	N/A	15.20	N/A	N386
Part B	B/MACs shall accept claims for cochlear implantation devices and services for beneficiaries with moderate-to-profound hearing loss in patients with hearing test scores <u>≤ 40%</u> .	92521 92522 92523 92524 69930 92507 92601 92602 92603 92604 L7510 L8614 L8619	N/A	N/A	N/A	N/A	N/A	15.20	50	N386
Part B	<b>For IP Part B and OP bills:</b> • For patients in an approved clinical trial with hearing test scores > 40% to ≤ 60% hearing, the -Q0 modifier must be reported with the cochlear implantation device and all other related costs or; • For patients in an approved clinical trial under the clinical trial policy with hearing test scores > <u>60% hearing</u> , the -Q1 modifier must be billed <u>for routine costs and not the device itself</u> .  (-QR/-QV modifiers expired 12/31/07; Replaced by -Q0/-Q1 respectively).	69930 L7510 L8614 L8619	N/A	N/A	N/A	Q0 Q1	N/A	15.20	50	N386
Part B	B/MACs shall accept claims for evaluation and therapeutic services related to cochlear implantation. NOTE: <b>Modifiers -Q0/-Q1 do not need to be applied to these services (92601– 92604, 92521-92524 or any applicable audiology codes).</b>	92601 92602 92603 92604 92521 92522 92523 92524	N/A	N/A	N/A	N/A	N/A	15.20	50	N386
Part B	B/MACs shall accept claims for evaluation and therapeutic services related to cochlear implantation. NOTE: <b>Modifiers -Q0/-Q1 do not need to be applied to these services (92601– 92604 or any applicable audiology codes).</b>	92507	N/A	N/A	N/A	N/A	15	15.20	50	N386
Revision History Date	Revision History Explanation	Reason(s) for Change								

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12/16/14	Removed Expired code L7500 (exp 12/31/11): Removed TOB 83X after POC review pointed out that it was invalid in 2/13.	Removed expired items							
2/4/14	Removed Expired CPT 92506; Removed MSN, CARC and RARC combination codes leaving only those evident in related NCD documents	Expired CPT; Invalid CARC combinations							
9/24/14	Expired CPT 92506 1/1/14 replacements 92521, 92522, 92523 & 92524 added to A & B.	Update							