

December 19, 2016
Announcement 1282

Attention Provider Type 10: Codes for Surgical Implant Services

Update to Web Announcement 929: Effective with dates of service on or after December 19, 2016, provider type 10 (Outpatient Surgery, Hospital Based) is no longer required to obtain a letter of agreement (LOA) from the Division of Health Care Financing and Policy (DHCFP) for Bone-Anchored Hearing Aid (BAHA), Cochlear, Vagus Nerve Stimulator (VNS), and Baclofen Pump surgical implant services. Claims for these implant services will no longer be processed manually. PT 10 must continue to obtain a prior authorization (PA) from Hewlett Packard Enterprise for the services.

The Current Procedural Terminology (CPT) codes for the affected surgical implant services are listed in the following table:

Service	CPT code	Description
Cochlear	69930	Cochlear Device Implantation, with or without mastoidectomy
BAHA	69714	BAHA Device Implantation: without mastoidectomy
	69715	BAHA Device Implantation: with mastoidectomy
BAHA	69717	Replacement (including removal of existing device): without mastoidectomy
	69718	with mastoidectomy
VNS	61885	Insert cranial nerve neurostimulator; connect to single electrode array
	61886	Insert cranial nerve neurostimulator; connect to 2 or more arrays
	64568	Incision for implantation of cranial nerve neurostimulator electrode array and pulse generator
Baclofen Pump	62361	Implant spine infusion pump (nonprogrammable pump)
	62362	Implant spine infusion pump (programmable pump)