



Please see [Web Announcement 929](#) for Updated Information

January 16, 2013
Announcement 557

All-Inclusive ASC Facility Rates Established for BAHA and Cochlear Implants

Nevada Medicaid has established all-inclusive Ambulatory Surgical Centers (ASC) facility rates for Bone-Anchored Hearing Aid (BAHA) and Cochlear surgical implants billed by provider type 46. The established all-inclusive rates are based on the CPT surgery code(s) and include the HCPCS device and associated ASC payment groups for the CPT surgical procedure(s).

The following table displays the facility-bundled codes and the established rates. In order for claims with these codes to adjudicate correctly, bill the appropriate CPT code in CMS-1500 Field 24D (Procedures, Services or Supplies CPT/HCPCS Modifier) and the authorized dollar amount in Field 24F (\$ Charges). 24D and 24F are required fields. Bill all other services rendered on the same day in conjunction with the surgical code on single lines in Field 24D and zero dollars in Field 24F due to the all-inclusive rate.

CPT code	Description	All-inclusive facility rate
69930	Cochlear Device Implantation, with or without mastoidectomy	\$19,426.50
69714 69715	<u>BAHA Device Implantation:</u> without mastoidectomy with mastoidectomy	\$8,324.50
69717 69718	<u>Replacement (including removal of existing device):</u> without mastoidectomy with mastoidectomy	

The ASC facility is required to obtain prior authorization and a letter of agreement (LOA) for the above-listed CPT procedure codes. The authorization will include the all-inclusive facility rate (surgical CPT/ASC and HCPCS device). The facility is required to attach a copy of the appropriate LOA to their claim.

The physician/surgeon (provider type 20) is required to obtain a separate prior authorization for the CPT surgical procedure code.

For complete Cochlear Implant and BAHA System Implant policy, review [Medicaid Services Manual \(MSM\) Chapter 2000, Audiology Services](#).