

Attention Provider Type 10: Please see [Web Announcement 1282](#) for updated requirements regarding the letter of agreement (LOA).



June 12, 2015 (Updated December 19, 2016)

Announcement 929

Attention Provider Types 10 and 46: Update Regarding the All-Inclusive Reimbursement for BAHA, Cochlear, VNS, and Baclofen Pump

Please disregard Web Announcements 399 and 557. This web announcement contains updated information.

Nevada Medicaid has established an all-inclusive reimbursement rate for provider types (PT) 10 (Outpatient Surgery-Hospital Based) and 46 (Free-Standing Ambulatory Surgical Centers) for the Bone-Anchored Hearing Aid (BAHA), Cochlear, Vagus Nerve Stimulator (VNS), and Baclofen Pump surgical implant services. The established all-inclusive facility reimbursement rate includes the Healthcare Common Procedure Coding System (HCPCS) device, and all associated services for the Ambulatory Surgical Centers (ASC) payment group for the Current Procedural Terminology (CPT) surgical procedure.

To receive the all-inclusive reimbursement rate for the surgical implant procedures listed below, the facility is required to obtain a prior authorization (PA) from Medicaid's QIO-like vendor (HP Enterprise Services), and for PT 10 only, a letter of agreement (LOA) from the Division of Health Care Financing and Policy (DHCFP). The PA will identify the CPT code authorized. The LOA will be issued by DHCFP, and will identify the following: provider name and National Provider Identifier (NPI); recipient name and Medicaid identification number; and the established all-inclusive facility reimbursement rate for the procedure. Medicaid will not provide an LOA until/unless a PA has been issued to the facility by HP Enterprise Services.

In order for service claims to adjudicate and reimburse correctly, follow the instructions below according to the type of facility:

- PT 10 must bill using the UB-04 claim form, with the appropriate CPT code in Field 44.
- PT 46 must bill using the CMS-1500 claim form, using the appropriate CPT code in the required Field 24D (Procedures, Services, or Supplies CPT/HCPCS Modifier) and the corresponding dollar amount from the table below, in the required Field 24F (\$ Charges). Bill all other services rendered on the same day in conjunction with the surgical code on single lines in Field 24D and zero dollar amount in Field 24F due to the all-inclusive rate.

The following table displays the CPT code and the established all-inclusive facility reimbursement rate for PTs 10 and 46:

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

VNS	61885	Insert cranial nerve neurostimulator; connect to single electrode array	\$19,884.00
	61886	Insert cranial nerve neurostimulator; connect to 2 or more arrays	\$25,551.00
	64568	Incision for implantation of cranial nerve neurostimulator electrode array and pulse generator	\$25,551.00
Baclofen Pump	62361	Implant spine infusion pump (nonprogrammable pump)	\$6,515.00
	62362	Implant spine infusion pump (programmable pump)	\$10,603.00

The above listed services are not reimbursed to PT 12.

Reference Medicaid Services Manual (MSM) Chapter 200, Section 203.5, and Chapter 600, Section 603.10 Physician Services In Outpatient Setting, for Cochlear Implant, BAHA System Implant, VNS and Baclofen Pump policy related to PTs 10 and 46.

For complete Cochlear and BAHA System Implant policy, refer to the Medicaid Services Manual (MSM) Chapter 2000, Coverage and Limitations, and Chapter 600, Section 600.10 Physician Services In Outpatient Setting.

The physician/surgeon (PT 20) is required to obtain a separate PA for the CPT surgical procedure code.