

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



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Web Announcement 399

All-Inclusive Facility Rates Established for Cochlear, BAHA, Baclofen and VNS Surgical Implants

Nevada Medicaid has established all-inclusive facility rates for certain surgical implants billed by provider type 12 (Outpatient, Hospital). The established all-inclusive rates include the HCPCS device and associated ambulatory surgical centers (ASC) payment groups for the CPT surgical procedures.

The following table displays the affected facility-bundled codes and the established rates. In order for claims with these codes to adjudicate correctly, bill the following HCPCS codes in UB-04 Field 44 (HCPCS/Rate/HIPPS Code). Bill all other services rendered on the same day in conjunction with these devices in Field 48 (Non-Covered Charges) due to the all-inclusive rate.

| HCPCS code | Description | All-inclusive facility rate |
|-------------|--|-----------------------------|
| L8614 | Cochlear Device | \$19,426.50 |
| L8690 | Bone-Anchored Hearing Aid (BAHA) Device | \$8,324.50 |
| L8685/L8687 | Vagus Nerve Stimulator (VNS) Rechargeable Device | \$18,452.94 |
| L8686/L8688 | VNS Nonrechargeable Device | \$18,452.94 |
| E0782 | Baclofen Nonprogrammable Device | \$6,515.00 |
| E0783 | Baclofen Programmable Device | \$10,603.00 |

The facility is required to obtain prior authorization for the above-listed HCPCS procedures.

The physician/surgeon is required to obtain prior authorization for the surgical procedure(s).

For complete policy coverage and limitations for these surgical implants/devices, please review [Medicaid Services Manual \(MSM\)](#) Chapter 2000 for Cochlear Implant and BAHA System Implant and MSM Chapter 600 for Intrathecal Baclofen Therapy and the Vagus Nerve Stimulator.