

2010 Physician Coding and Payment Quick Reference for Spinal Cord Stimulation

GuidePoint
Simplifying Reimbursement

Neuromodulation

Important: Congress approves Medicare payment patch which rescinds a 21.3% reduction in physician payment rates and provides a 2.2% increase in physician payment rates until November 30, 2010.¹ The Medicare National Average Payment rates below reflect this update appropriately.

Reimbursement Coding and Medicare Payment Guide: This information pertains to the Centers for Medicare and Medicaid Services' (CMS) 2010 coding and national payment rates for the professional component of spinal cord stimulator (SCS) procedures and the common coding scenarios for those procedures performed in the office setting.

CPT ² / HCPCS ³ Code	Description	Global Surgery Period	Medicare National Average Payment ^{4,5}
63650	Percutaneous implantation of neurostimulator electrode array; epidural (each)	10	\$ 402
63655	Laminectomy for implantation of neurostimulator electrodes, plate/ paddle(s), epidural	90	\$ 820
63661 ^{6,7}	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	\$ 546 (Non-Facility) \$ 305 (Facility)
63662 ⁶	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	\$ 702
63663 ^{6,7}	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	\$ 810 (Non-Facility) \$ 472 (Facility)
63664 ⁶	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	\$731
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	10	\$ 382
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	\$ 345
95972	Electronic analysis of implanted neurostimulator pulse generator system; complex spinal cord, with intraoperative or subsequent programming, first hour	XXX	\$ 104 (Non-Facility) \$ 78 (Facility)
95973	Electronic analysis of implanted neurostimulator pulse generator system; complex spinal cord, with intraoperative or subsequent programming, each additional 30 minutes after first hour	ZZZ	\$ 58 (Non-Facility) \$ 47 (Facility)
L8680 ⁸	Implantable neurostimulator electrode, each	NA	\$ 377 (Floor) \$ 502 (Ceiling)
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code	NA	Part B Contracted Price

¹ On June 25, 2010, Congress passed a 6 month extension to rescind the scheduled 21.3% reduction in Medicare physician payment rates. This extension provides a 2.2% update in the conversion factor from June 1, 2010 to November 30, 2010. National Average Medicare physician payment rates calculated using a 2010 conversion factor of \$36.8729.

Expiration date for MD rates: 30 NOV 2010 Subject to Change.

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³ In the physician office setting, the Medicare Part B Contractor has jurisdiction for this implantable prosthetic device. (CMS Transmittal 803, CR 4363, March 24, 2006)

⁴ 2010 Medicare base reimbursement amounts are shown without geographic adjustment.

⁵ Medicare payment range reflects the "floor" and "ceiling" rates established for these codes. Refer to: <http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/> for appropriate payment by state.

⁶ AMA created four new CPT codes specific to removal and revision of both the percutaneous and laminectomy leads. The new 2010 CPT codes (63661-63664) are more specific; replacing CPT 63660.

⁷ Do not report 63661 or 63663 when removing or replacing a temporary percutaneously placed array for an external generator (AMA_CPT 2010 coding book; pg 311).

⁸ On December 18, 2009, CMS issued a 2010 HCPCS Correction clarifying that the long code descriptor for L8680 will remain unchanged from the CY 2009 descriptor (see www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp).

2010 Physician Coding Scenarios for Spinal Cord Stimulation

Important: The following are coding scenarios for commonly performed Spinal Cord Stimulator (SCS) procedures. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Trial: Single or Dual Lead in Facility (POS: 22, 24)

Code	Modifier	Units	Comments
63650		1	
63650	51 ¹	1	If dual lead procedure
95972		1	Use if performed
95973			Units determined by programming time

Trial: Single or Dual Lead in Physician Office (POS: 11)

Code	Modifier	Units	Comments
63650		1	
63650	51	1	If dual lead procedure
95972		1	Use if performed
95973			Units determined by programming time
L8680		8 / 16	Use 16 units for dual lead procedure
L9900		1	Patient trial kit

Implant: IPG and Percutaneous Lead(s) (POS: 22, 24)

Code	Modifier	Units	Comments
63650	58 ²	1	Use if staged
63650	58, 51	1	Use if staged; if dual lead procedure
63685	58	1	Use if staged
95972		1	Use if performed
95973			Units determined by programming time

Implant: IPG and Laminectomy Lead (POS: 22, 24)

Code	Modifier	Units	Comments
63655	58	1	Use if staged
63685	58	1	Use if staged
95972		1	Use if performed
95973			Units determined by programming time

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Phone: (866) 287-0778 Monday – Friday
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Fax: (877) 835-2520

www.controlyourpain.com/reimbursement

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¹ Modifier 51: Indicates multiple procedures. (Please verify with payer.)

² Modifier 58: Indicates that it is a staged or related service by same physician during the post-operative period (use within global period).

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Information included herein is current as of June 25, 2010, but is subject to change without notice.