

GuidePoint

Simplifying Reimbursement

Neuromodulation

Reimbursement Coding and Medicare Payment Guide: The information represents the FY2012 Medicare coding and base payment rates for spinal cord stimulator (SCS) procedures performed in the inpatient hospital. The inpatient system utilizes the medical severity diagnosis related groups (MS-DRGs) to align resources associated with the patient's diagnosis. The most common MS-DRGs resulting from the below inpatient SCS scenarios may include but are not limited to the following:

Implantation of SCS Lead(s) and Dual Array Rechargeable Pulse Generator:

ICD-9-CM ¹	Description
03.93	Implantation or replacement of spinal neurostimulator lead(s)
86.98	Insertion or replacement of multiple array (two or more) rechargeable neurostimulator pulse generator

MS-DRG ^{2,3,5}	Description	Base Payment ⁴
029	Spinal Procedures with CC or Spinal Neurostimulator	\$ 15,941
490	Back and Neck Procedures Except Spinal Fusion with CC/MCC or Disc Device/ Neurostimulator	\$ 10,129

Implantation of SCS Lead(s):

ICD-9-CM ¹	Description
03.93	Implantation or replacement of spinal neurostimulator lead(s)

MS-DRG ^{2,3}	Description	Base Payment ⁴
028	Spinal Procedures with MCC	\$ 31,803
029	Spinal Procedures with CC or Spinal Neurostimulator	\$ 15,941
030	Spinal Procedures without CC/MCC	\$ 9,530

Implantation of Dual Array Rechargeable Pulse Generator:

ICD-9-CM ¹	Description
86.98	Insertion or replacement of multiple array (two or more) rechargeable neurostimulator pulse generator

MS-DRG ^{2,3}	Description	Base Payment ⁴
040	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$ 22,711
041	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$ 12,262
042	Peripheral/Cranial Nerve and Other Nervous System Procedures without CC/ MCC	\$ 9,822

Medicare National Coverage Determination (NCD)⁶

In the case of spinal cord stimulation, Medicare has a longstanding National Coverage Determination (NCD) for electrical nerve stimulators (160.7) that includes specific criteria for coverage, which are as follows:

- a) The implantation of the stimulator is used only as a late resort (if not a last resort) for patients with chronic intractable pain;
- b) With respect to item (a), other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory, or are judged to be unsuitable or contraindicated for the given patient;
- c) Patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation);
- d) All the facilities, equipment, and professional and support personnel required for the proper diagnosis, treatment training, and follow up of the patient (including that required to satisfy item c) must be available; and
- e) Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

Medicare Local Coverage Determination (LCD)⁷

In addition to NCD criteria, some Medicare contractors may require additional SCS coverage criteria called local coverage determinations (LCD). Please check with your local contractor. In absence of an LCD, Medicare contractors will follow the NCD. Please note that LCD jurisdiction is subject to change.

- **Cigna Government Services (states: ID, KY, OH) www.cgsmedicare.com**
- **Palmetto GBA (states: NC, SC, VA, WV) www.palmettogba.com**
- **Pinnacle Business Solutions, Inc (states: LA, AR, MI) www.pinnaclemedicare.com**
- **Trailblazer Health Enterprises, LLC (states: CO, TX, OK, NM) www.trailblazerhealth.com**

Boston Scientific Corporation - Neuromodulation

Pain Management Reimbursement Hotline

Phone: (866) 287-0778 Monday – Friday

Fax: (877) 835-2520

www.controlyourpain.com/reimbursement

References:

¹ Hospital ICD-9-CM 2012, Volumes 1,2,& 3. Ingenix, Salt Lake City, Utah.

² Medicare Severity-Diagnosis Related Groups.

³ Most common MS-DRGs for SCS procedures based on Medicare claims data. Boston Scientific does not promote the use of its products outside FDA-approved label.

⁴ Medicare National average base MS-DRG payment amounts (for urban areas) as of October 1, 2011 based on most common diagnosis(es) for SCS. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.

⁵ MS-DRG 029 or 490 are appropriate when 03.93 + 86.98 are reported in combination for a full system implant but principal diagnosis may dictate alternative MS-DRG assignment.

⁶ Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7, Benefit Category: Prosthetic Devices

NCD Link: http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=160.7&ncd_version=1&basket=ncd%3A160%2E7%3A1%3AElectrical+Nerve+Stimulators

⁷ List of local Medicare contractors is not an exhaustive list. **LCD Link:** <http://www.cms.gov/mcd/indexes.asp?clickon=index> (Search: Spinal Cord Stimulators).

CC= Complications or Comorbid Conditions MCC= Major Complications or Comorbid Conditions

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Information included herein is correct as of October 1, 2011, but is subject to change without notice. Effective October 1, 2011- September 30, 2012.