

GuidePoint

Simplifying Reimbursement

Neuromodulation

Reimbursement Coding and Medicare Payment Guide: This information pertains to the Centers for Medicare and Medicaid Services' (CMS) 2012 coding and national payment rates for spinal cord stimulator (SCS) procedures performed in the Ambulatory Surgery Center (ASC). Medicare reimbursement for the ASC is bundled into the Ambulatory Payment Classification (APC) where payment covers both the procedural and device components. Below are the 2012 Medicare National Average payment rates for SCS procedures.

CPT Code ¹	Description	APC ²	Status Indicator ³	Medicare National Average Payment ⁴
63650	Percutaneous implantation of neurostimulator electrode array, epidural	0040	J8	\$ 3,620
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	0061	J8	\$ 5,275
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	0687	G2	\$ 845
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	0687	G2	\$ 845
63663 ⁵	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	0040	J8	\$ 3,620
63664 ⁵	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	0040	J8	\$ 3,620
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	0039	J8	\$ 14,260
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	0688	A2	\$ 1,249

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² CMS 42 CFR Parts 410, 411, 412, 416, 419, 489, and 495 [CMS-1525-FC]

³ ASC Status indicators:

J8: Device-intensive procedure; paid at adjusted rate, not subject to multiple reduction rule.

G2: Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

A2: Surgical procedure on ASC list in CY 2007; payment based on OPPS relative weight, subject to multiple reduction rule.

⁴ 2012 Medicare National Average payment rates, unadjusted for wage.

⁵ In 2012 Final Medicare OPPS and ASC Rule, CMS moved CPT 63663 and 63664 from APC 0687 to 0040 to better recognize cost of lead(s) during lead replacement procedure. Nomenclature for APC 0040 modified to Level I Implantation/Revision/Replacement of Neurostimulator Electrodes.

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.

- Cigna Government Services <http://www.cignagovernmentservices.com>
- Palmetto GBA <http://www.palmettogba.com/medicare>
- Pinnacle Business Solutions, Inc. <http://www.pinnaclemedicare.com>
- Trailblazer Health Enterprises, LLC. <http://www.trailblazerhealth.com>

CPT and HCPCS II Device Code Associations For Non-Medicare Payers^{8,9}

CPT	HCPCS	Descriptor
63650, 63655	L8680	Implantable neurostimulator electrode, each
63685	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
NA	L8699	Prosthetic implant, not otherwise specified
NA	L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

For replacement programmer and charging system, please see below.

NA	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
NA	L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only

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).

⁸ Medicare device edits link: http://www.cms.gov/HospitalOutpatientPPS/02_device_procedure.asp. Please verify with local payers for specific device coding requirements.

⁹ HCPCS II codes (L-codes) may be used by ASC for billing non-Medicare payers. For Medicare, ASCs do not use C-codes. CMS advises ASCs to bundle procedure and device charges. Refer to MLN Article # SE0742 page 8-10.

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Information included herein is current as of January 4, 2012, but is subject to change without notice. Rates for services are effective January 01, 2012.