

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 in the outpatient hospital. In the hospital outpatient prospective payment system (OPPS), Medicare bundles the reimbursement for the procedural and device components into an ambulatory payment classification (APC). Below are 2012 Medicare National Average payment rates for SCS procedures.

CPT Code ¹	Description	APC ²	Status Indicator ^{3,4}	Medicare National Average Payment ⁵
63650	Percutaneous implantation of neurostimulator electrode array, epidural	0040	S	\$ 4,460
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	0061	S	\$ 6,212
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	0687	T	\$ 1,465
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	0687	T	\$ 1,465
63663 ⁶	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	0040	S	\$ 4,460
63664 ⁶	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	0040	S	\$ 4,460
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	0039	S	\$ 15,163
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	0688	T	\$ 2,166

See back page for important changes to codes specific for Neurostimulators, Analysis-Programming.

Medicare National Coverage Determination (NCD)⁷ and Local Coverage Determination (LCD)⁸

Medicare has a long-standing NCD (160.7) for Electrical Nerve Stimulators (e.g., SCS). In addition to the NCD criteria, some Medicare contractors may require additional SCS coverage criteria through local coverage determinations (LCD). Please check with your local contractor. In the 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/>

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

³ S= Significant procedure, not subject to multiple reduction rule.

⁴ T= Significant procedure, multiple surgical reduction applies.

⁵ 2012 Medicare National Average payment rates, unadjusted for wage.

⁶ In 2012 Medicare Final OPPS Rule, CMS moved CPT 63663 and 63664 from APC 0687 to APC 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.

⁷ Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7.

⁸ 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).

2012 Changes for Neurostimulators, Analysis-Programming: According to the AMA CPT, they have defined simple intraoperative or subsequent programming of neurostimulator pulse generator with code 95971 when there are changes to three or fewer of the following parameters: rate, pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, alternating electrode polarities, dose time, or more than one clinical feature. When changes occur to more than three of the above, this is defined as complex intraoperative or subsequent programming (codes 95972-95973).

CPT Code ¹	Description	APC ²	Status Indicator ^{3,4}	Medicare National Average Payment ⁵
95971	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	0692	S	\$112
95972	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour	0692	S	\$ 112
95973	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	0218	S	\$ 84

CPT and HCPCS II Device Code Associations^{9,10,11}

CPT	HCPCS	Descriptor
63650, 63655	L8680	Implantable neurostimulator electrode, each
	C1778	Lead, neurostimulator (implantable)
63685	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
63663, 63664	C1778	Lead, neurostimulator (implantable) ¹²
NA	C1787	Patient programmer, neurostimulator
NA	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
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

⁹ Medicare device edits link: http://www.cms.gov/HospitalOutpatientPPS/02_device_procedure.asp. Please verify with local payers for specific device coding requirements.

¹⁰ C-codes are required for billing Medicare outpatient procedures with the applicable CPT codes, but are not separately payable by Medicare.

¹¹ HCPCS II codes (L-codes) may be used by hospitals for billing outpatient services to non-Medicare payers.

¹² Reported in circumstances where lead(s) is replaced.

Reimbursement Hotline: (866) 287-0778

www.controlyourpain.com/reimbursement

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