

2012 Physician Coding and Payment Quick Reference Guide (QRG) for Spinal Cord Stimulation



GuidePoint

Simplifying Reimbursement

Neuromodulation

Important: Medicare's 2012 physician rates provided in our guide reflect 2012 National Average Medicare physician rates calculated using a conversion factor of \$34.0376. Congress extended current payment rates through December 31, 2012 with the passage of the "Middle Class Tax Relief and Job Creation Act of 2012 which halted a 27.4% cut to Medicare payments scheduled for March 1, 2012.

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 the professional component of spinal cord stimulator (SCS) procedures.

CPT ¹ / HCPCS ² Code	Description	Global Period	Total RVU ³	Medicare National Average Payment ⁴
63650	Percutaneous implantation of neurostimulator electrode array, epidural	10	12.55	\$ 427
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	90	24.49	\$ 834
63661 ⁵	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	17.67	\$ 601 (Non-Facility)
			9.56	\$ 325 (Facility)
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	23.12	\$ 787
63663 ⁵	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	25.13	\$ 855(Non-Facility)
			13.95	\$ 475 (Facility)
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	23.67	\$ 806
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	10	10.67	\$ 363
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	10.82	\$ 368
L8680 ^{6,7}	Implantable neurostimulator electrode, each	NA	NA	\$ 385 (Floor) \$ 514 (Ceiling)
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	NA	NA	Part B Contracted Price

References:

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² 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).

³ 2012 Total Physician Relative Value Units (RVU). CMS 42 CFR Parts 410, 414, 415, and 495 [CMS-1524-FC and CMS-1436-F]

⁴ 2012 Medicare National Average payment rates, unadjusted for wage. CMS 42 CFR Parts 410, 414, 415, and 495 [CMS-1524-FC and CMS-1436-F]

⁵ Do not report 63661 or 63663 when removing or replacing a temporary percutaneously placed array for an external generator (AMA, CPT 2011 coding book; pg 327).

⁶ 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.

⁷ February 2010 CPT Assistant on Pain Medicine (Volume 20, Issue 2, pg. 9-11) clarifies an "electrode" as: a conductor that allows transmission of electrical impulses (created by the generator and carried by the lead) to be translated into energy in the tissue of the patient. An "array" is defined as a collection of electrodes or contacts that are on the catheter.

Reimbursement Hotline: (866) 287-0778

www.controlyourpain.com/reimbursement

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NM-45907-AC

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 there are changes to more than three of the above, then the AMA CPT defines this as complex intraoperative or subsequent programming identified by codes 95972-95973. Programming is time-bound; for sessions less than 31 minutes, use reduced services modifier –52.⁸

CPT Code ¹	Description	Global Period	Total RVU ³	Medicare National Average Payment ⁴
95971*	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse 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	XXX ⁹	1.69	\$ 58 (Non-Facility)
			1.17	\$ 40 (Facility)
95972*	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse 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	XXX ⁹	3.18	\$ 108 (Non-Facility)
			2.28	\$ 78 (Facility)
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)	ZZZ ¹⁰	1.82	\$ 62 (Non-Facility)
			1.41	\$ 48 (Facility)

* A physician should not bill if the service is performed entirely by, or under the direction of, a manufacturer representative without payer consent. If the service is performed in part by a physician or physician-supervised personnel (in accordance with the Medicare incident to requirements) and in part by a manufacturer representative, the physician should contact the payer and/or a reimbursement consultant before billing the service.

Medicare Coverage Determinations (NCD)^{11,12}

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:

- The implantation of the stimulator is used only as a late resort (if not a last resort) for patients with chronic intractable pain;
- 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;
- 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);
- 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
- Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

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.

<ul style="list-style-type: none"> Cigna Government Services (ID, KY, OH) www.cgsmedicare.com 	<ul style="list-style-type: none"> Palmetto GBA (J11: NC, SC, VA, WV) www.palmettogba.com/medicare
<ul style="list-style-type: none"> Pinnacle Business Solutions, Inc. (LA, AR) www.pinnaclemedicare.com 	<ul style="list-style-type: none"> Trailblazer Health Enterprises, LLC. (CO, TX, OK, NM) www.trailblazerhealth.com

References:

⁸ CPT Changes 2012-*An Insider's View* (pg. 251 on programming).

⁹ XXX: The global concept does not apply.

¹⁰ ZZZ: Code related to another service that is always included in the global period of the other service.

¹¹ 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

¹² List of local Medicare carriers is not an exhaustive list. **LCD Link:** <http://www.cms.gov/mcd/indexes.asp?clickon=index> (Search: Spinal Cord Stimulators). Please go to Medicare contractor specific website to check for most updated state coverage jurisdiction.