2024 Quick Reference Guide – Deep Brain Stimulation

Inpatient/Outpatient Hospital Reimbursement

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national payment rates for Deep Brain Stimulation (DBS) procedures performed in a hospital setting.

Inpatient Procedure Codes[1]	
ICD-10 PCS[1]	**Description**
Implantation of Lead(s) only	
00H00MZ	Insertion of Neurostimulator Lead into Brain, Open Approach
00H03MZ	Insertion of Neurostimulator Lead into Brain, Percutaneous Approach
Implantation of IPG only	
0JH60DZ	Insertion of Multiple Array Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH80MZ	Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH83MZ	Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
Replacement of Lead(s) only	
00P00MZ	Removal of Neurostimulator Lead from Brain, Open Approach
00P03MZ	Removal of Neurostimulator Lead from Brain, Percutaneous Approach
Replacement of IPG only	
0JPT0MZ	Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT3MZ	Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach

Lead only Implant or Replacement

DRG[2]	Description	Relative Weight[3]	National Average Payment[4]
25	Craniotomy and Endovascular Intracranial Procedures W MCC	4.5405	**$30,919**
26	Craniotomy and Endovascular Intracranial Procedures W CC	3.0235	**$20,676**
27	Craniotomy and Endovascular Intracranial Procedures W/O CC/MCC	2.4954	**$17,034**
Whole System Implant			
23	Craniotomy with Major Device Implant/Acute Complex CNS Principal Diagnosis W MCC or Chemo Implant	5.731	**$39,691**
24	Craniotomy with Major Device Implant/Acute Complex CNS Principal Diagnosis W/O MCC	3.9488	**$26,528**
Generator Only Implant or Replacement			
40	Peripheral/Cranial Nerve and Other Nervous System Procedures W MCC	3.7884	**$26,960**
41	Peripheral/Cranial Nerve and Other Nervous System Procedures W CC or Peripheral Neurostimulator	2.3381	**$15,618**
42	Peripheral/Cranial Nerve and Other Nervous System Procedures W/O CC/MCC	1.8497	**$12,181**

See important notes on the uses and limitations of this information on page 3

CY 2024 Medicare Outpatient Prospective Payment System for Deep Brain Stimulation (DBS)

CPT®[5]	Description	Status Indicator[6]	APC[7]	National Average Payment[8]
Pulse Generator Placement				
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	J1	5464	**$20,865**
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	J1	5465	**$29,617**
Revision of Pulse Generators				
61880	Revision or removal of intracranial neurostimulator electrodes	J1	5461	**$3,245**
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	J1	5463	**$12,992**
Programming Codes				
95970	Electronic analysis of implanted neurostimulator pulse generator system, without reprogramming	Q1	5734	**$122**
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, doe lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	S	5742	**$92**
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, doe lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional	N		Packaged

HCPCS Level II Descriptors

HCPCS Code	Descriptor
L8679	Implantable neurostimulator pulse generator, any type
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
C1767	Generator, neurostimulator (implantable), non-rechargeable
C1820	Generator, neurostimulator (implantable), non-high frequency with rechargeable battery and charging system
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
C1787	Patient programmer, neurostimulator
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
L8699	Prosthetic implant, not otherwise specified
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS “L” code

See important notes on the uses and limitations of this information on page 3

Indication for Use: The Boston Scientific Vercise™ PC, Vercise Gevia™, Vercise Genus™ Deep Brain Stimulation Systems are indicated for use in:

-Bilateral stimulation of the subthalamic nucleus (STN) as an adjunctive therapy in reducing some of the symptoms of moderate to advanced levodopa-responsive Parkinson's disease (PD) that are not adequately controlled with medication.

-Bilateral stimulation of the internal globus pallidus (GPi) as an adjunctive therapy in reducing some of the symptoms of advanced levodopa-responsive Parkinson's disease (PD) that are not adequately controlled with medication.

-Unilateral thalamic stimulation of the ventral intermediate nucleus (VIM) is indicated for the suppression of tremor in the upper extremity. The system is intended for use in patients who are diagnosed with essential tremor or parkinsonian tremor not adequately controlled by medications and where the tremor constitutes a significant functional disability.

-The Boston Scientific Vercise Deep Brain Stimulation System is indicated for use in:

-Bilateral stimulation of the subthalamic nucleus (STN) as an adjunctive therapy in reducing some of the symptoms of moderate to advanced levodopa-responsive Parkinson's disease (PD) that are not adequately controlled with medication.

Contraindications, warnings, precautions, side effects: The Boston Scientific Deep Brain Stimulation (DBS) Systems or any of its components, are contraindicated for: Diathermy as either a treatment for a medical condition or as part of a surgical procedure, Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) as the safety of these therapies in patients implanted with the Boston Scientific DBS System has not been established, patients who are unable to operate the system, patients who are poor surgical candidates or who experience unsuccessful test stimulation. Patients implanted with Boston Scientific DBS System without ImageReady™ MRI Technology should not be exposed to Magnetic Resonance Imaging (MRI). Patients implanted with Vercise Gevia or Vercise Genus or Vercise Genus Mixed System with M8 Adapter or Vercise DBS Lead-Only System (before Stimulator is implanted) with ImageReady MRI Technology are Full Body MR Conditional only when exposed to the MRI environment under the specific conditions defined in ImageReady MRI Guidelines for Boston Scientific DBS Systems. Assess patients for the risks of depression and suicide. This assessment should consider both the risk of depression and suicide as well as the potential clinical benefits of DBS therapy. Monitor patients for new or worsening symptoms of depression, suicidal thoughts or behaviors, or changes in mood or impulse control and manage appropriately. Refer to the Instructions for Use provided with the Boston Scientific DBS Systems or BostonScientific.com for potential adverse effects, warnings, and precautions prior to using this product. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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Sequestration Disclaimer: Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2022. (Budget Control Act of 2011)

1. ICD-10 Procedure Coding System (ICD-10-PCS) 2024 Tables and Index https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs
2. Most common MS-DRGs for DBS procedures based on Medicare claims data. Boston Scientific does not promote the use of its products outside FDA approved label.
3. FY 2024 IPPS Final Rule CMS-1785-F FY2024 Weight File, Table 5
4. Medicare National average base MS-DRG payment amounts (for urban areas) as of October 1, 2023 based on most common diagnosesfor DCS. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.
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6. J1: Hospital Part B services paid through a comprehensive
   Q1: Not paid separately when billed with a S,T,V, or X procedure
   S: Procedure or Service, Not Discounted When Multiple
   Q2: Not paid separately when billed with a T procedure (T packaged)
7. 42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1786-FC]
8. 2023 Medicare National Average payment rates, unadjusted for wage. "National Average Payment" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance etc.

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