

FY 2018 Quick Reference Guide – Neuromodulation

Inpatient Hospital Coding and Payment Guide for Spinal Cord Stimulation October 2017-September 2018

Coding and Payment Guide for Medicare Reimbursement: The information below represents FY2018 Medicare coding and base payment rates for Spinal Cord Stimulator (SCS) procedures performed in the inpatient hospital setting. The inpatient system uses Medical Severity Diagnosis Related Groups (MS-DRGs) to align resources associated with the patient's diagnosis. The most common MS-DRGs for SCS procedures are outlined below. This does not represent an exhaustive list of SCS procedures.

ICD-10 Procedure Codes associated with SCS

		ICD-10-PCS ¹	ICD-10-PCS Description
Leads	Paddle	00HU0MZ	Insertion of Neurostimulator Lead into Spinal Canal, Open Approach
	Percutaneous	00HU3MZ	Insertion of Neurostimulator Lead into Spinal Canal, Percutaneous Approach
IPG	Non-Rechargeable	0JH70DZ	Insertion of Multiple Array Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach
	Rechargeable	0JH70EZ	Insertion of Multiple Array Rechargeable Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach

MS-DRGs associated with SCS²

Implantation of SCS System – Lead(s) and Multi-Array Pulse Generator

MS-DRG	Description	Base Payment ³
029	Spinal Procedures with CC or Spinal Neurostimulator	\$19,735
518	Back and Neck Procedures Except Spinal Fusion with MCC or Disc Device/Neurostimulator	\$17,437

Implantation of SCS Lead(s)

MS-DRG	Description	Base Payment
028	Spinal Procedures with MCC	\$33,507
029	Spinal Procedures with CC or Spinal Neurostimulator	\$19,753
030	Spinal Procedures without CC/MCC	\$12,859

Implantation of Multi-Array Pulse Generator

MS-DRG	Description	Base Payment
040	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$22,960
041	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$14,051
042	Peripheral/Cranial Nerve and Other Nervous System Procedures without CC/MCC	\$11,511

Medicare National Coverage Determinations⁴

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 followup 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.

Medicare Local Coverage Determination⁵

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.

Palmetto GBA (NC, SC, VA, WV)	LCD #L34556
Novitas JH (AR, CO, LA, MS, NM, OK, TX)	LCD #L35450
Novitas JL (DC, DE, MD, NJ, PA)	LCD #L35450
Noridian JE (CA, NV, HI)	LCD #L35136
First Coast (FL, Puerto Rico, Virgin Islands)	LCD #L36035
Noridian JF (AK, AZ, ID, MT, WY, ND, OR, SD, UT, and WA)	LCD #L36204

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1. 2018 Final Code Set Reference
2. 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.
3. Medicare National average base MS-DRG payment amounts (for urban areas) as of October 1, 2017 based on most common diagnoses for SCS. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.
4. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7, Benefit Category: Prosthetic Devices.
5. The list of Local Medicare contractors above is not an exhaustive list. To identify contractors and their websites in your state refer to: <https://www.cms.gov/medicare-coverage-database/indexes/lcd-state-index.aspx?bc=AgAAAAAAAAA>

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