



2018 Quick Reference Guide - Neuromodulation

Physician Reimbursement

CY 2018 Medicare Physician Payments for Deep Brain Stimulation (DBS)

Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical size (a.g., thalamus, jobus pallidus, subthalamic nucleus, periventricular, periaqueductal gray) without use of intraoperative microelectrode recording; first array 81864 Each additional array (List separately in addition to primary procedure) 7 Twist drill, burr hole, craniotomy, or craniectomy with stareotactic implantation of neurostimulator electrode array in subcortical size (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array 81868 Each additional array (List separately in addition to primary procedure) 81868 Each additional array (List separately in addition to primary procedure) 81868 Interest of the process of the periaqueductal gray), with use of intraoperative microelectrode recording; first array 81868 Interest of the process of the periaqueductal gray), with use of intraoperative microelectrode recording; first array 81868 Interest of the process of the periaqueductal gray (List separately in addition to primary procedure) 81868 Interest of the periaqueductal gray (List separately in addition to primary procedure) 81868 Interest of the periaqueductal gray (List separately in addition to primary procedure) 81868 Interest of the periaqueductal gray (List separately in addition to primary procedure) 81869 Interest of the periaqueductal gray (List separately	CPT ^{1,2}	Description	Global Period	Total RVU ³	Non-Facility National Average Payment⁴	Facility National Average Payment ⁴	
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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, 2018. (Budget Control Act of 2011)

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- Multiple procedure reduction rules apply for procedures (excluding programming codes). Quantity of devices used in each procedure
 must be specified for appropriate payment. Payment rates provided are Medicare national average rates for each specified procedure
 with quantity = 1.
- Department of Health and Human Services. Centers for Medicare and Medicaid Services. RVU17B released January 6, 2018 CMS
 National Physician Fee Schedule Relative Value File. The 2017 National Average Medicare physician payment rates have been
 calculated using a revised 2018 conversion factor of \$35.99 which reflects changes effective as of calendar year 2018.
- "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.
- XXX: The global concept does not apply to the code.
 ZZZ: Add-on code that you must bill with another service. No post-operative work included.



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