Boston Scientific
Advancing science for life™

GUIDEPOINT
Reimbursement Resources

2018 Quick Reference Guide – Neuromodulation

Physician Reimbursement

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

CPT[1,2]	Description	Global Period	Total RVU[3]	Non-Facility National Average Payment[4]	Facility National Average Payment[4]
Lead and IPG Implantation Codes					
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray) without use of intraoperative microelectrode recording; first array	90	43.89 (Facility)	N/A	$1,580
61864	Each additional array (List separately in addition to primary procedure)	N/A	8.37 (Facility)	N/A	$301
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	90	66.69 (Facility)	N/A	$2,401
61868	Each additional array (List separately in addition to primary procedure)	N/A	14.73 (Facility)	N/A	$530
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	90	24.58 (Facility)	N/A	$885
Revision of Lead and Pulse Generators					
61880	Revision or removal of intracranial neurostimulator electrodes	90	16.55 (Facility)	N/A	$596
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	10	11.58 (Facility)	N/A	$417
Micro Electrical Recording					
95961-26	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance by physician or other qualified health care professional	XXX[5]	4.61 (Facility)	$166	$166
95962-26	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by physician or other qualified health care profesional	ZZZ[5]	4.95 (Facility)	$178	$178
Neurostimulator Analysis Programming					
95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance, and patient compliance measure- ments); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	XXX[5]	1.97 (Non-Facility) 0.69 (Facility)	$71	$25
95978	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, battery status, electrode selectability and polarity, impedance, and patient compliance measurements), complex deep brain neurostimulator pulse generator/ transmitter, with initial or subsequent programming, first hour	XXX[5]	7.17 (Non-Facility) 5.51 (Facility)	$258	$198
95979	Each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	ZZZ[5]	3.08 (Non-Facility) 2.55 (Facility)	$111	$92

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies.This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Information included herein is current as of November 2016, but is subject to change without notice. Rates for services are effective January 1, 2018.

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)

1. CPT Copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
2. 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.
3. 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.
4. "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.
5. 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.

Boston Scientific

Advancing science for life™

Neuromodulation
25155 Rye Canyon Loop
Valencia, CA 91355
www.bostonscientific.com

NM-455613-AB_JAN2018