

GUIDEPOINT

Reimbursement Resources

2016 Quick Reference Guide – Neuromodulation

Ambulatory Surgical Center 2016

Coding and Payment Guide for Medicare Reimbursement: The following are the 2016 Medicare coding and national payment rates for Spinal Cord Stimulation (SCS) procedures performed in an ambulatory surgical center. 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, 2016.

CPT®.1	Description	APC²	Status Indicator³	National Average Payment⁴
Lead & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J8	\$3,994
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	5463	J8	\$14,797
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	5464	J8	\$21,259
Revision of Lead and Pulse Generators				
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed	5462	J8	\$3,994
63664	Revision including replacement when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5462	J8	\$3,994
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	5461	A2	\$1,224
Removal of Leads and Pulse Generators				
63661	Removal of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed	5431	G2	\$779
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5461	G2	\$1,224
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	5461	A2	\$1,224
Quantities used for each procedure must be specified for appropriate payment. Payment rates provided are Medicare national average payment rates for each specified procedure with quantity 1.				

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2. 42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1613-FC]
3. ASC Status indicators:
J8:Device-intensive procedure; paid at adjusted rate.
G2:Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
A2:Surgical procedure on ASC list in CY 2007; payment based on OPPS relative weight, subject to multiple reduction rule.
4. 2016 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.

Medicare National Coverage Determination (NCD)⁵

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.

Medicare Local Coverage Determinations^{5,6,7}

Medicare has a long-standing NCD (160.7) for Electrical Nerve Stimulators (e.g., SCS). In addition to the NCD criteria, some Medicare contractors may require additional SCS coverage criteria through local coverage determinations (LCD). Please check with your local contractor. In the absence of an LCD, Medicare contractors will follow the NCD.

Palmetto GBA (NC, SC, VA, WV)	http://www.palmettogba.com/medicare	LCD #L32549
Novitas JH (AR, CO, LA, MS, NM, OK, TX, Indian HS, Veterans Affairs)	http://www.novitas-solutions.com/webcenter/portal/MedicareJH	LCD #L34705
Novitas JL (DC, DE, MD, NJ, PA)	http://www.novitas-solutions.com/webcenter/portal/MedicareJL	LCD #L34705
Noridian JE (CA, NV, HI)	https://med.noridianmedicare.com	LCD #L33489
First Coast (FL, Puerto Rico, Virgin Islands)	http://medicare.fcso.com	LCD #L35648

HCPCS Level II Descriptors

HCPCS Code	Descriptor
C-Code	C1778 Lead, neurostimulator (implantable)
	C1897 Lead, neurostimulator test kit (implantable)
	C1767 Generator, neurostimulator (implantable), nonrechargeable
	C1820 Generator, neurostimulator (implantable), non-high frequency with rechargeable battery
	C1787 Patient programmer, neurostimulator
	C1883 Adapter/ extension, pacing lead or neurostimulator lead (implantable)

*The provider is responsible for verifying payer policy as to the appropriate code used for describing each type of implantable pulse generator.

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5. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7, Benefit Category: Prosthetic Devices
6. 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
7. List of local Medicare contractors is not an exhaustive list. LCD Link: <http://www.cms.gov/mcd/indexes.asp?clickon=index> (Search: Spinal Cord Stimulators).

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