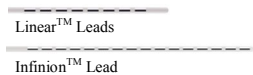


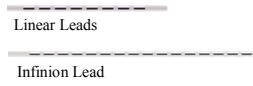


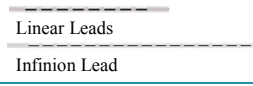




GuidePoint

Simplifying Reimbursement

Neuromodulation

Coding and Payment Guide for Medicare Reimbursement: The following are the 2014 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, 2014.

Devices	CPT ¹	Description	APC ²	Status Indicator ³	National Average Payment ⁴
Lead & Pulse Generator Placement Codes					
	63650	Percutaneous implantation of neurostimulator electrode array, epidural	0040	J8	\$ 3,692
	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	0061	J8	\$ 6,296
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	0039	J8	\$ 16,172
Revision of Lead and Pulse Generators					
	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	0040	J8	\$ 3,692
	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	0040	J8	\$ 3,692
	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	0688	A2	\$ 1,228
Removal of Leads and Pulse Generators					
	63661	Removal of spinal neurostimulator electrode percutaneous array (s), including fluoroscopy, when performed	0687	G2	\$ 945
	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	0687	G2	\$ 945
	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	0688	A2	\$ 1,228

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 405, 410, 412, 419, 475, 476, 486, and 495 [CMS-1601-FC]

³ ASC Status indicators:

J8:Device-intensive procedure; paid at adjusted rate, not subject to multiple reduction rule.

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 2014 Medicare National Average payment rates, unadjusted for wage. "Allowed Amount" 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 Determination (LCD)⁶

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.

- Palmetto GBA (NC, SC) <http://www.palmettogba.com/medicare>
- Novitas JH (AR, CO, LA, MS, NM, OK, TX) <https://www.novitas-solutions.com/policy/jh/I32753-r4.html>
- Noridian JE (CA, HI, NV) <https://med.noridianmedicare.com/>

HCPCS II Device Code Associations For Non-Medicare Payers^{7,8}

HCPCS	Descriptor
L8680	Implantable neurostimulator electrode, each
L8679*	Implantable pulse generator, any type
L8687*	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8699	Prosthetic implant, not otherwise specified
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

For replacement programmer and charging system

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

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

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

NCD Link: http://www.cms.hhs.gov/mcd/viewnacd.asp?nacd_id=160.7&nacd_version=1&basket=nacd%3A160%2E7%3A1%3AElectrical+Nerve+Stimulators

⁶ 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).

⁷ Medicare device edits link: http://www.cms.gov/HospitalOutpatientPPS/02_device_procedure.asp. Please verify with local payers for specific device coding requirements.

⁸ HCPCS II codes (L-codes) may be used by ASC for billing non-Medicare payers. For Medicare, ASCs do not use C-codes. CMS advises ASCs to bundle procedure and device charges. Refer to MLN Article # SE0742 page 8-10.

Indications for Use: The Boston Scientific Neuromodulation Spinal Cord Stimulator (SCS) Systems are indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs, including unilateral or bilateral pain associated with the following: failed back surgery syndrome, intractable low back pain, and leg pain. Contraindications. The SCS systems are contraindicated for patients who are unable to operate the SCS System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical risks, or are pregnant. Caution: Federal (U.S.) law restricts this device to sale by or on the order of a physician.

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