

## 2016 Quick Reference Guide – Neuromodulation

### Outpatient Hospital 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 the outpatient hospital setting. Comprehensive Ambulatory Payment Classification (C-APCs) are effective for services performed in an Outpatient Hospital. A C-APC is a single all-inclusive payment for a primary device dependent service and all adjunct services provided to support the delivery of the primary service. 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 Indicator³,⁴,⁵	National Average Payment⁶
<b>Trial Payment Scenarios</b>				
<b>Single Percutaneous Lead Trial (C-APC)</b>				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	<b>\$5,244</b>
<b>Dual Percutaneous Lead Trial (C-APC)</b>				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	<b>\$5,244</b>
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	Included in C-APC
<b>Single Paddle Lead Trial (C-APC)</b>				
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	5463	J1	<b>\$17,359</b>
<b>System Implant Payment Scenarios</b>				
<b>Single Percutaneous Lead System Implant (C-APC)</b>				
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	5464	J1	<b>\$26,728</b>
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	Included in C-APC
<b>Dual Percutaneous Lead System Implant (C-APC)</b>				
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	5464	J1	<b>\$26,728</b>
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	Included in C-APC
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	Included in C-APC
<b>Single Paddle Lead System Implant (C-APC)</b>				
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	5464	J1	<b>\$26,728</b>
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	5463	J1	Included in C-APC
<b>Revision Codes (Part of C-APC when billed with codes having status indicator J1)</b>				
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed	5462	J1	<b>\$5,244</b>
63664	Revision including replacement when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5462	J1	<b>\$5,244</b>
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	5461	T	<b>\$2,189</b>
<b>Removal Codes (Part of C-APC when billed with codes having status indicator J1)</b>				
63661	Removal of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed	5431	T	<b>\$1,393</b>
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5461	T	<b>\$2,189</b>
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	5461	T	<b>\$2,189</b>

## CPT and HCPCS II Device Code Associations<sup>1,7,8</sup>

CPT <sup>®1</sup>	HCPCS	Descriptor
63650, 63655 63663, 63664	C1778	Lead, neurostimulator (implantable)
63685	C1767	Generator, neurostimulator (implantable), nonrechargeable
	C1820	Generator, neurostimulator (implantable), non-high frequency with rechargeable battery
NA	C1787	Patient programmer, neurostimulator
NA	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)

**Neurostimulator Analysis & Programming:** The AMA CPT has defined simple intraoperative or subsequent programming of neurostimulator pulse generator with code 95971 when there are changes to three or fewer of the following parameters: rate, pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, alternating electrode polarities, dose time, or more than one clinical feature. Complex intraoperative or subsequent programming is defined as changes to more than three of the parameters above (code 95972).<sup>9</sup> Code 95973 has been deleted.<sup>9</sup>

CPT <sup>®1</sup>	Description	APC <sup>2</sup>	Status Indicator <sup>3,4,5</sup>	National Average Payment <sup>6</sup>
95971	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 measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	5742	S	\$106
95972	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 measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	5742	S	\$106

### Medicare Local Coverage Determinations<sup>10,11</sup>

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

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2. 42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1613-FC]
3. N: Items and Services Packaged into APC Rates. Payment is packaged into payment for other services. Therefore, there is no separate APC payment.  
S: Procedure or Service, Not Discounted When Multiple  
T: Procedure or Service, Multiple Procedure Reduction applies
4. J1: Hospital Part B services paid through a comprehensive APC.
5. Q2: T-packaged codes. Paid under OPPS when services are separately payable. Packaged APC payment if billed on the same date of service as HCPCS code assigned status indicator "T". Significant procedure, multiple surgical reduction applies.
6. 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.
7. Medicare device edits link: [http://www.cms.gov/HospitalOutpatientPPS/Q2\\_device\\_procedure.asp](http://www.cms.gov/HospitalOutpatientPPS/Q2_device_procedure.asp). Please verify with local payers for specific device coding requirements.
8. C-codes are required for billing Medicare outpatient procedures with the applicable CPT codes, but are not separately payable by Medicare.
9. AMA\_CPT 2016 coding book; pg 644
10. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7.
11. 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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