

2016 Quick Reference Guide – Neuromodulation

Physician Reimbursement 2016

Coding and Payment Guide for Medicare Reimbursement: The following are the 2016 Medicare coding and national physician payment rates for spinal cord stimulation procedures. 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 6, 2016.

CPT® ^{1,2}	Description	Global Period	Total RVU ³	National Average Payment ⁴
Lead & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	10	37.88	\$1,356 (Non-Facility)
			11.93	\$427 (Facility)
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	90	24.08	\$862
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	10	10.64	\$381
Revision of Lead and Pulse Generators				
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed	10	22.64	\$811 (Non-Facility)
			13.09	\$469 (Facility)
63664	Revision including replacement when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	25.03	\$896
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	10.72	\$384
Removal of Leads and Pulse Generators				
63661	Removal of spinal neurostimulator electrode percutaneous array(s) including fluoroscopy, when performed	10	16.58	\$594 (Non-Facility)
			9.29	\$333 (Facility)
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	24.29	\$870
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	10.72	\$384
Multiple procedure reduction rules apply for the procedures above. 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.				

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 in more than three of the parameters above (code 95972)⁸. Code 95973 has been deleted.⁸

CPT ^{®1,2}	Description	Global Period	Total RVU ³	National Average Payment ⁴
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	XXX ⁵	1.42	\$51 (Non-Facility)
			1.16	\$41 (Facility)
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	XXX ⁵	1.65	\$59 (Non-Facility)
			1.19	\$43 (Facility)

* A physician should not bill if the service is performed entirely by, or under the direction of, a manufacturer representative without payer consent. If the service is performed in part by a physician or physician-supervised personnel (in accordance with the Medicare incident to requirements) and in part by a manufacturer representative, the physician should contact the payer and/or a reimbursement consultant before billing the service.

Medicare Local Coverage Determinations ^{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)	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

To locate the LCDs listed above: Go to: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> SELECT: State and ENTER KEY WORDS: Spinal Cord Stimulation

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2. Multiple procedure reduction rules apply for procedures above (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. RVU16A released January 6, 2016 CMS National Physician Fee Schedule Relative Value File. The 2016 National Average Medicare physician payment rates have been calculated using a revised 2016 conversion factor of \$35.8043 which reflects changes effective as of calendar year 2016.
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.
6. 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
7. List of local Medicare carriers is not an exhaustive list. LCD Link (Search: Spinal Cord Stimulators). Please go to the appropriate Medicare contractor specific website to find the most updated state coverage jurisdiction.
8. AMA_CPT 2016 code book, pg 644.

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