

2018 Quick Reference Guide – Neuromodulation

Ambulatory Surgical Center 2018

Coding and Payment Guide for Medicare Reimbursement: The following are the 2018 Medicare coding and national payment rates for Spinal Cord Stimulation (SCS) procedures performed in an ambulatory surgical center.

CPT®.1	Description	Multiple Surgery Discounting 2	Status Indicator3	National Average Payment4
Lead & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	J8	\$4,595
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	N	J8	\$15,006
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	N	J8	\$22,892
Revision of Lead and Pulse Generators				
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	N	G2	\$3,101
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	N	J8	\$12,915
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	N	A2	\$1,500
Removal of Leads and Pulse Generators				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	N	G2	\$786
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	N	G2	\$1,500
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	N	A2	\$1,500
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. In the case that multiple procedures are billed and coded, payment is typically made at 100% of the rate for the first procedure, and 50% of the rate for the second and all succeeding procedures. Such procedures subject to this discounting are marked "Y". However, procedure marked "N" are not subject to discounting, and are paid at 100% in full, regardless of whether they are submitted with other procedures.
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. 2018 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 #L34556
Novitas JH (AR, CO, LA, MS, NM, OK, TX)	http://www.novitas-solutions.com/webcenter/portal/MedicareJH	LCD #L35450
Novitas JL (DC, DE, MD, NJ, PA)	http://www.novitas-solutions.com/webcenter/portal/MedicareJL	LCD #L35450
Noridian JE (CA, NV, HI)	https://med.noridianmedicare.com/web/jeb/policies	LCD #L35136
First Coast (FL, Puerto Rico, Virgin Islands)	http://medicare.fcso.com	LCD #L36035
Noridian JF (AK, AZ, ID, MT, WY, ND, OR, SD, UT, and WA)	https://med.noridianmedicare.com/web/jfb/policies	LCD #L36204

HCPCS Level II Descriptors

HCPCS Code	Descriptor
C1778	Lead, neurostimulator (implantable)
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
C1767	Generator, neurostimulator (implantable), nonrechargeable
C1787	Patient programmer, neurostimulator
C1883	Adapter/ extension, pacing lead or neurostimulator lead (implantable)
L8679*	Implantable neurostimulator pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
L8699	Prosthetic implant, not otherwise specified
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

* In 2014 a new HCPCS level II code was established: L8679 - "Implantable neurostimulator pulse generator, any type". However, L8687 - "Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension" may still be an active code on the fee schedule for some payers.

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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)

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).

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

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NM-45910-AO_JAN2018