

## 2019 Quick Reference Guide – Deep Brain Stimulation Inpatient/Outpatient Hospital Reimbursement

### CY 2019 Medicare Inpatient Prospective Payment System for Deep Brain Stimulation (DBS)

Inpatient Procedure Codes <sup>1</sup>	
ICD-10 PC <sup>1</sup>	Description
<b>Implantation of Lead(s) only</b>	
00H00MZ	Insertion of Neurostimulator Lead into Brain, Open Approach
00H03MZ	Insertion of Neurostimulator Lead into Brain, Percutaneous Approach
<b>Implantation of IPG only</b>	
0JH60DZ	Insertion of Multiple Array Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach
0JH80MZ	Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
0JH83MZ	Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
<b>Replacement of Lead(s) only</b>	
00P00MZ	Removal of Neurostimulator Lead from Brain, Open Approach
00P03MZ	Removal of Neurostimulator Lead from Brain, Percutaneous Approach
<b>Replacement of IPG only</b>	
0JPT0MZ	Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Open Approach
0JPT3MZ	Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach

### Lead only Implant or Replacement

DRG <sup>2</sup>	Description	Relative Weight <sup>3</sup>	National Average Payment <sup>4</sup>
25	Craniotomy and Endovascular Intracranial Procedures W MCC	4.2775	\$26,132
26	Craniotomy and Endovascular Intracranial Procedures W CC	3.0157	\$18,424
27	Craniotomy and Endovascular Intracranial Procedures W/O CC/MCC	2.4057	\$14,697
<b>Whole System Implant</b>			
23	Craniotomy with Major Device Implant/Acute Complex CNS Principal Diagnosis W MCC or Chemo Implant	5.4601	\$33,357
24	Craniotomy with Major Device Implant/Acute Complex CNS Principal Diagnosis W/O MCC	3.9194	\$23,945
<b>Generator Only Implant or Replacement</b>			
40	Peripheral/Cranial Nerve and Other Nervous System Procedures W MCC	3.9282	\$23,998
41	Peripheral/Cranial Nerve and Other Nervous System Procedures W CC or Peripheral Neurostimulator	2.3584	\$14,408
42	Peripheral/Cranial Nerve and Other Nervous System Procedures W/O CC/MCC	1.8715	\$11,433

## CY 2019 Medicare Outpatient Prospective Payment System for Deep Brain Stimulation (DBS)

CPT® <sup>5</sup>	Description	Status Indicator <sup>6</sup>	APC <sup>7</sup>	National Average Payment <sup>8</sup>
<b>Pulse Generator Placement</b>				
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	J1	5464	\$27,698
<b>Revision of Pulse Generators</b>				
61880	Revision or removal of intracranial neurostimulator electrodes	Q2	5461	\$2,880
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	J1	5462	\$5,980
<b>Programming Codes</b>				
95970	Electronic analysis of implanted neurostimulator pulse generator system, without reprogramming	Q1	5734	\$106
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, doe lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	S	5741	\$37

<b>HCPSC Level II Descriptors</b>	
HCPSC Code	Descriptor
L8679	Implantable neurostimulator pulse generator, any type
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
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
C1767	Generator, neurostimulator (implantable), non-rechargeable
C1820	Generator, neurostimulator (implantable), non-high frequency with rechargeable battery and charging system
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
C1787	Patient programmer, neurostimulator
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 HCPSC "L" code

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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, 2019. (Budget Control Act of 2011)

1. ICD-10 Procedure Coding System (ICD-10-PCS) 2019 Tables and Index <https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html>
2. Most common MS-DRGs for SCS procedures based on Medicare claims data. Boston Scientific does not promote the use of its products outside FDA approved label.
3. FY 2019 IPPS Final Rule CMS-1694-P FY2017 Weight File, Table 5
4. Medicare National average base MS-DRG payment amounts (for urban areas) as of October 1, 2018 based on most common diagnoses for SCS. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.
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6. J1: Hospital Part B services paid through a comprehensive APC  
Q1: Not paid separately when billed with a S,T,V, or X procedure  
Q2: Not paid separately when billed with a T procedure (T packaged)
7. 42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1613-FC]
8. 2019 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.

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