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2019 Quick Reference Guide – Deep Brain Stimulation

Physician Reimbursement

CY 2019 Medicare Physician Payments for Deep Brain Stimulation (DBS)

CPT[1,2]	Description	Global Period	Total RVU[3]	Non-Facility National Average Payment[4]	Facility National Average Payment[4]
Lead and IPG Implantation Codes					
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray) without use of intraoperative microelectrode recording; first array	90	43.98 (Facility)	N/A	$1,585
61864	Each additional array (List separately in addition to primary procedure)	N/A	8.36 (Facility)	N/A	$301
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	90	66.88 (Facility)	N/A	$2,410
61868	Each additional array (List separately in addition to primary procedure)	N/A	14.73 (Facility)	N/A	$531
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	90	24.77 (Facility)	N/A	$893
Revision of Lead and Pulse Generators					
61880	Revision or removal of intracranial neurostimulator electrodes	90	16.68 (Facility)	N/A	$601
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	10	11.57 (Facility)	N/A	$417
Micro Electrical Recording					
95961-26	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance by physician or other qualified health care professional	XXX[5]	4.64 (Facility)	$167	$167
95962-26	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by physician or other qualified health care profesional	ZZZ[5]	4.95 (Facility)	$178	$178
Neurostimulator Analysis Programming					
95970	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 measure- ments); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	XXX[5]	0.54 (Non-Facility) 0.53 (Facility)	$19	$19
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	XXX[5]	1.46 (Non-Facility) 1.44 (Facility)	$52	$53
95984	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, each additional 15 minutes face-to-face time with physician or other qualified health care professional	ZZZ[5]	1.27 (Non-Facility) 1.26 (Facility)	$46	$45

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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)

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2. Multiple procedure reduction rules apply for procedures (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. RVU18B released January 6, 2019 CMS National Physician Fee Schedule Relative Value File. The 2019 National Average Medicare physician payment rates have been calculated using a revised 2019 conversion factor of 36.0391which reflects changes effective as of calendar year 2019.
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.
   ZZZ: Add-on code that you must bill with another service. No post-operative work included.

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

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