2014 Coding and Payment Update for SCS Office Trials

Boston Scientific

GuidePoint Simplifying Reimbursement

Neuromodulation

On November 27th, the Centers for Medicare & Medicaid Services (CMS) released the 2014 Final Rules for the Physician Fee Schedule; payment rates will become effective January 1st, 2014.

Coding and Payment Policy Changes for Spinal Cord Stimulation (SCS) Trials in the Physician Office Setting:

For 2014, CMS has included non-facility practice expense relative value units (site of service differential payment) for CPT[1] code 63650 *Percutaneous implantation of neurostimulator electrode array, epidural* when performed in the office setting. The 2014 Medicare National Average Payment Rate[2] for CPT code 63650 is shown below.

Because of the uncertainty regarding the projected 2014 Sustainable Growth Rate reduction, Medicare's 2014 national average payment rates in this document are calculated using two different conversion factors (CF): a) the 2013 CF of 34.023 and b) the 2014 CF of 35.6446 used by CMS to adjust for budget neutrality. Rates are subject to change and do not reflect the projected 2014 Sustainable Growth Rate reduction of 20.1% that would occur unless Congress intervenes.

CPT code 63650	Percutaneous implantation of neurostimulator electrode array, epidural	Non-Facility Setting (e.g. Office Setting) --- Facility Setting (e.g. Outpatient Hospital, ASC)	$1,282 - $1,343 --- $406 - $425

These rates are national averages and do not reflect any geographical payment rate difference. Multiple procedure reduction rules apply.

The payment for trial lead(s) are now included in the non-facility practice expense relative value unit. It is expected that L8680 *Implantable neurostimulator electrode, each* will no longer be paid separately by Medicare. More information on L8680 and this payment policy will be released by Medicare later this year.

The multiple procedure payment reduction will apply to CPT code 63650. Payments for additional quantities of CPT code 63650 will be reduced by 50% thus a dual lead trial in the office setting will be paid $1,922-$2,014.

Device	CPT[1]/ HCPCS	Description	Total RVU	National Average Payment
Linear™ Lead Infinion™ Lead	63650	Percutaneous implantation of neurostimulator electrode array, epidural	11.93 37.67	$406 - $425 (Facility) $1,282 - $1,343 (Non-Facility)

Why did CMS implement this change?

Medicare carriers flagged L8680 *Implantable neurostimulator electrode, each* as a potential overpayment concern. Medicare worked with the American Medical Association and physician societies to develop appropriate office based payment rates based on the cost of the trial lead and the office practice expenses when the procedure is performed in the office.

How should I code a percutaneous lead trial?

CPT code 63650 should still be used to code for a percutaneous lead trial. The only change expected for 2014 is that L8680 would no longer be billable in the office for Medicare as the non-facility practice expenses (e.g. lead, supplies, and equipment costs) are already included in the procedure payment. For more guidance on coding for SCS procedures, please refer to the Precision Spectra™ Spinal Cord Stimulation System Frequently Asked Questions which may be accessed through http://hcp.controlyourpain.com/support_for_physicians/reimbursement.html

Does the Multiple Procedure Payment Reduction Rule still apply to the 2nd, 3rd and 4th leads if applicable?

Yes, the Multiple Procedure Payment Reduction Rule applies to CPT code 63650. Per this rule, up to 4 additional units may be paid at 50% of the Medicare allowable provided medical necessity is substantiated. MUE (Medically unlikely Edit) limits of 2 units also still apply to CTP 63650.

Will Non-Medicare payers still utilize L8680?

The changes outlined in the physician final rule apply to procedures performed on Medicare beneficiaries in the office setting. Boston Scientific encourages physicians to contact their non-Medicare payers for guidance on appropriate coding and payment information for SCS trials.

When will this change take effect?

This change will take effect January 1, 2014.

Will there be a comment period for this Final Rule?

Yes, comments for this interim final rule are accepted until January 27, 2014. Instructions on how to submit comments are listed on www.regulations.gov , follow the instructions for "submitting a comment."

Where can I get more information on this policy change?

The full text to this Final Rule may be accessed through http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html .

[2] CMS-1600-FC

Indications for Use: The Precision Spectra™ Spinal Cord Stimulator System (Precision Spectra System) is indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs, including unilateral or bilateral pain associated with the following: failed back surgery syndrome, intractable low back pain, and leg pain. Contraindications, warnings, precautions, side effects. The Precision Spectra System is contraindicated for patients who: are unable to operate the Precision Spectra System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical risks, or are pregnant. Refer to the Instructions for Use provided with the Precision Spectra System or ControlYourPain.com for potential adverse effects, warnings, and precautions prior to using this product. Caution: Federal (U.S.) law restricts this device to sale by or on the order of a physician. **Disclaimer**: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Information included herein is current as of December 2, 2013 but is subject to change without notice. Rates for services are effective January 01, 2014.