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DEEP BRAIN STIMULATION 2025 REIMBURSEMENT GUIDE

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This reimbursement guide summarizes coding recommendations for deep brain stimulation. Health care practitioners and facility staff are responsible for accurately billing services actually performed for each individual patient. As well, providing medically necessary care independent of reimbursement values. Unadjusted national average Medicare allowable rates are provided for illustrative purposes. Users of this guide are encouraged to review local rates and billing requirements with local public and private payers.

INCLUDED IN THIS GUIDE:

Under each section in this guide are CPT codes and Medicare National Average Payments for Physicians, Hospital Outpatient , Hospital Inpatient, and Medical Necessity Documentation Requirements for Essential Tremor and Parkinson's Disease.

1. Deep Brain Stimulation Physician Reimbursement 2025
2. Deep Brain Stimulation Inpatient/Outpatient Hospital Reimbursement 2025
3. DBS Medical Necessity Documentation Requirements for Essential Tremor and Parkinson's Disease

DEEP BRAIN STIMULATION PHYSICIAN REIMBURSEMENT 2025

2025 Coding and Payment Guide for Medicare Reimbursement: The following illustrates professional coding for DBS-related procedures with unadjusted national average Medicare allowable rates for calendar year 2025.

CPT[1,2]	DESCRIPTION	GLOBAL PERIOD	WORK RVUS[3]	TOTAL RVUS[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	20.71	46.23 (Facility)	N/A	$1,495
61864	Each additional array (List separately in addition to primary procedure)	ZZZ[5]	4.49	8.53 (Facility)	N/A	$276
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	33.03	69.67 (Facility)	N/A	$2,254
61868	Each additional array (List separately in addition to primary procedure)	ZZZ[5]	7.91	15.03 (Facility)	N/A	$486
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	90	6.05	16.31 (Facility)	N/A	$528
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	90	9.93	27.2 (Facility)	N/A	$880
Revision of Lead and Pulse Generators						
61880	Revision or removal of intracranial neurostimulator electrodes	90	6.95	18.17 (Facility)	N/A	$588
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	10	5.23	12.21 (Facility)	N/A	$395

CPT[1,2]	DESCRIPTION	GLOBAL PERIOD	WORK RVUS[3]	TOTAL RVUS[3]	NON-FACILITY NATIONAL AVERAGE PAYMENT[4]	FACILITY NATIONAL AVERAGE PAYMENT[4]
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]	2.97	4.74 (Facility)	$153	$153
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 professional (List separately in addition to primary procedure)	ZZZ[5]	3.21	5.10 (Facility)	$165	$165
Neurostimulator Analysis Programming						
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	XXX[5]	0.35	0.56 (Non-Facility) 0.55 (Facility)	$18	$18
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, dose 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]	0.91	1.48 (Non-Facility) 1.45 (Facility)	$48	$47
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, dose 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 healthcare professional	ZZZ[5]	0.80	1.29 (Non-Facility) 1.28 (Facility)	$42	$41

DEEP BRAIN STIMULATION INPATIENT/OUTPATIENT HOSPITAL REIMBURSEMENT 2025

2025 Coding and Payment Guide for Medicare Reimbursement: The following are the 2025 Medicare coding and national payment rates for Deep Brain Stimulation (DBS) procedures performed in a hospital setting.

INPATIENT PROCEDURE CODES[6]	
ICD-10 PCS[6]	DESCRIPTION
Implantation of Lead(s) only	
00H00MZ	Insertion of Neurostimulator Lead into Brain, Open Approach
00H03MZ	Insertion of Neurostimulator Lead into Brain, Percutaneous Approach
Implantation of IPG only	
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
Replacement of Lead(s) only	
00P00MZ	Removal of Neurostimulator Lead from Brain, Open Approach
00P03MZ	Removal of Neurostimulator Lead from Brain, Percutaneous Approach
Replacement of IPG only	
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[7]	DESCRIPTION	RELATIVE WEIGHT[8]	NATIONAL AVERAGE PAYMENT[9]
25	Craniotomy and Endovascular Intracranial Procedures W MCC	4.4723	$31,917
26	Craniotomy and Endovascular Intracranial Procedures W CC	3.0586	$21,828
27	Craniotomy and Endovascular Intracranial Procedures W/O CC/MCC	2.4678	$17,612
Whole System Implant			
23	Craniotomy with Major Device Implant/Acute Complex CNS Principal Diagnosis W MCC or Chemo Implant	5.7051	$40,715
24	Craniotomy with Major Device Implant/Acute Complex CNS Principal Diagnosis W/O MCC	3.8017	$27,131
Generator Only Implant or Replacement			
40	Peripheral/Cranial Nerve and Other Nervous System Procedures W MCC	3.7721	$26,920
41	Peripheral/Cranial Nerve and Other Nervous System Procedures W CC or Peripheral Neurostimulator	2.2582	$16,116
42	Peripheral/Cranial Nerve and Other Nervous System Procedures W/O CC/MCC	1.7576	$12,543

CY 2025 MEDICARE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM FOR DEEP BRAIN STIMULATION (DBS)

CPT®[1]	DESCRIPTION	STATUS INDICATOR[10]	APC[11]	NATIONAL AVERAGE PAYMENT[9]
Pulse Generator Placement				
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	J1	5464	$21,444
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	J1	5465	$30,474
Revision of Pulse Generators				
61880	Revision or removal of intracranial neurostimulator electrodes	J1	5461	$3,439
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	J1	5463	$12,470

CPT[®1]	DESCRIPTION	STATUS INDICATOR[10]	APC[11]	NATIONAL AVERAGE PAYMENT[9]
Programming Codes				
95970	Electronic analysis of implanted neurostimulator pulse generator system, without reprogramming	S	5734	$129
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	5742	$92
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	N	N/A	Packaged

HCPCS LEVEL II DESCRIPTORS	
HCPCS 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 HCPCS "L" code

DBS MEDICAL NECESSITY DOCUMENTATION REQUIREMENTS FOR ESSENTIAL TREMOR AND PARKINSON'S DISEASE

THALAMIC VIM DBS

SUMMARY CAPTION	CONDITION
Diagnosis of ET	Based on postural or kinetic tremors of hand(s) without other neurologic signs.
Diagnosis of Idiopathic PD	Presence of at least 2 cardinal PD features (tremor, rigidity, or bradykinesia) which is of tremor dominant form.
Disabling Tremor	Tremor of at least 3 or 4 on the Fahn-Taloso-Marin clinical tremor rating scale (or equivalent scale) in the extremity intended for treatment.
Medical Management	Limitation in daily activity despite optimal medical management
Operative Procedure	Willingness and ability to cooperate during conscious operative procedure.
Post-Operative Follow-Up	Ability to participate in post-surgical evaluations, adjustment of medication and stimulator settings.
Limitations (Not Reasonable and Necessary)	Contradictions I. Non-idiopathic Parkinson's or Parkinson's plus syndromes II. Cognitive impairment, dementia or depression that would interfere or worsen from a DBS implant. III. Psychosis, alcohol, or other drug abuse IV. Structural lesions such basal ganglionic stroke, tumor vascular malformation as the cause of the movement disorder V. Previous Movement Disorder surgery within the basal ganglia VI. Significant co-morbidities that would contraindicate surgery or stimulation.

STN OR GPI DBS

SUMMARY CAPTION	CONDITION
Diagnosis of PD	Based on the presence of at least 2 cardinal PD features (tremor, rigidity, or bradykinesia)
Rating Scales/Stage	Advanced idiopathic PD as determined using Hoehn and Yahr stage or Unified Parkinson's Disease Rating Scale (UPDRS) part III motor subscale. A minimal score of 30 points on the motor portion of the United Parkinson's Disease Rating Scale (UPDRS) when the member has been off medication for about 12 hours (scores on this scale range from 0 to 108; higher values indicate greater severity of symptoms)
Medical Management	Optimal Medical Management L-Dopa responsive with clearly defined "on" periods.
Optimal Medical Management	Persistent disabling Parkinson's symptoms or drug side effects (dyskinesias, motor fluctuations or disabling "off" periods despite optimal management
Operative Procedure	Willingness and ability to cooperate during conscious operative procedure.
Post-Operative Follow-Up	Ability to participate in post-surgical evaluations, adjustment of medication and stimulator settings.
Limitations (Not Reasonable and Necessary)	Contradictions I. Non-idiopathic Parkinson's or Parkinson's plus syndromes II. Cognitive impairment, dementia or depression that would interfere or worsen from a DBS implant. III. Psychosis, alcohol, or other drug abuse IV. Structural lesions such basal ganglionic stroke, tumor vascular malformation as the cause of the movement disorder V. Previous Movement Disorder surgery within the basal ganglia VI. Significant co-morbidities that would contraindicate surgery or stimulation

https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=279
https://www.aetna.com/cpb/medical/data/200_299/0208.html

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2. Multiple Procedure reduction rules apply for procedures (excluding programming codes). Quality 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. The 2025 National Average Medicare physician payment rates have been calculated using revised 2025 conversion factor of &{Conversion_Factor} which reflects changes effective as of calendar year 2025.
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.
6. ICD-10 Procedure Coding System (ICD-10-PCS) 2025 Tables and Index https://www.cms.gov/medicare/coding-billing/icd-10-codes#CodeFiles.
7. Most common MS-DRGs for DBS procedures based on Medicare claims data. Boston Scientific does not promote the use of its products outside FDA approved label.
8. FY 2025 IPPS Final Rule CMS-1785-F FY2025 Weight File, Table 5
9. Medicare National average base MS-DRG payment amounts (for urban areas) as of October 1, 2024 based on most common diagnoses for DCS. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.
10. J1: Hospital Part B services paid through a comprehensive Q1: Not paid separately when billed with a S,T,V, or X procedureS: Procedure or Service, Not Discounted When MultipleQ2: Not paid separately when billed with a T procedure (T packaged)
11. 42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1786- FC]

Indication for Use: The Boston Scientific Vercise™ PC, Vercise Gevia™, Vercise Genus™ Deep Brain Stimulation Systems are indicated for use in:

-Bilateral stimulation of the subthalamic nucleus (STN) as an adjunctive therapy in reducing some of the symptoms of moderate to advanced levodopa-responsive Parkinson's disease (PD) that are not adequately controlled with medication.

-Bilateral stimulation of the internal globus pallidus (GPi) as an adjunctive therapy in reducing some of the symptoms of advanced levodopa-responsive Parkinson's disease (PD) that are not adequately controlled with medication.

-Unilateral thalamic stimulation of the ventral intermediate nucleus (VIM) is indicated for the suppression of tremor in the upper extremity. The system is intended for use in patients who are diagnosed with essential tremor or parkinsonian tremor not adequately controlled by medications and where the tremor constitutes a significant functional disability.

-Bilateral stimulation of the ventral intermediate nucleus (VIM) of the thalamus for the suppression of disabling upper extremity tremor in adult essential tremor patients whose tremor is not adequately controlled by medications and where the tremor constitutes a significant functional disability.

The Boston Scientific Vercise Deep Brain Stimulation System is indicated for use in:

-Bilateral stimulation of the subthalamic nucleus (STN) as an adjunctive therapy in reducing some of the symptoms of moderate to advanced levodopa-responsive Parkinson's disease (PD) that are not adequately controlled with medication.

Contraindications, warnings, precautions, side effects: The Boston Scientific Deep Brain Stimulation (DBS) Systems or any of its components, are contraindicated for: Diathermy as either a treatment for a medical condition or as part of a surgical procedure, Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) as the safety of these therapies in patients implanted with the Boston Scientific DBS System has not been established, patients who are unable to operate the system, patients who are poor surgical candidates or who experience unsuccessful test stimulation. Patients implanted with Boston Scientific DBS System without ImageReady™ MRI Technology should not be exposed to Magnetic Resonance Imaging (MRI). Patients implanted with Vercise Gevia or Vercise Genus or Vercise Genus Mixed System with M8 Adapter or Vercise DBS Lead-Only System (before Stimulator is implanted) with ImageReady MRI Technology are Full Body MR Conditional only when exposed to the MRI environment under the specific conditions defined in ImageReady MRI Guidelines for Boston Scientific DBS Systems. Assess patients for the risks of depression and suicide. This assessment should consider both the risk of depression and suicide as well as the potential clinical benefits of DBS therapy. Monitor patients for new or worsening symptoms of depression, suicidal thoughts or behaviors, or changes in mood or impulse control and manage appropriately. Refer to the Instructions for Use provided with the Boston Scientific DBS Systems or BostonScientific.com for potential adverse effects, warnings, and precautions prior to using this product. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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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, 2022. (Budget Control Act of 2011)

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