

2020 Quick Reference Guide – Neuromodulation

Physician Reimbursement 2020

Coding and Payment Guide for Medicare Reimbursement: The following are the 2020 Medicare coding and national physician payment rates for spinal cord stimulation procedures.

CPT® ^{1,2}	Description	Global Period	Total RVU ³	National Average Payment ⁴
Lead & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	10	45.98	\$1,955 <i>(Non-Facility)</i>
			11.82	\$431 <i>(Facility)</i>
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	90	24.10	\$867
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	10	10.40	\$374
Revision of Lead and Pulse Generators				
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	23.44	\$880 <i>(Non-Facility)</i>
			12.95	\$469 <i>(Facility)</i>
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	25.29	\$913
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	10.73	\$386
Removal of Leads and Pulse Generators				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	17.51	\$661 <i>(Non-Facility)</i>
			9.32	\$337 <i>(Facility)</i>
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	24.40	\$877
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	10.73	\$386

Neurostimulator Analysis & Programming: The AMA CPT has defined simple intraoperative or subsequent programming of neurostimulator pulse generator with code 95971 when there are changes to three or fewer of the following parameters: rate, pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, alternating electrode polarities, dose time, or more than one clinical feature. Complex intraoperative or subsequent programming is defined as changes in more than three of the parameters above (code 95972)⁶.

CPT ^{®1,2}	Description	Global Period	Total RVU ³	National Average Payment ⁴
95971*	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 simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	XXX ⁵	1.44	\$52 (Non-Facility)
			1.17	\$42 (Facility)
95972*	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 complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	XXX ⁵	1.62	\$58 (Non-Facility)
			1.19	\$43 (Facility)

* A physician should not bill if the service is performed entirely by, or under the direction of, a manufacturer representative without payer consent. If the service is performed in part by a physician or physician-supervised personnel (in accordance with the Medicare incident to requirements) and in part by a manufacturer representative, the physician should contact the payer and/or a reimbursement consultant before billing the service.

Medicare Local Coverage Determinations^{7,8}

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

To locate the LCDs listed above: Go to: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> SELECT: State and ENTER KEY WORDS: Spinal Cord Stimulation

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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, 2020. (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. RVU20B released January 6, 2020 CMS National Physician Fee Schedule Relative Value File. The 2020 National Average Medicare physician payment rates have been calculated using a revised 2020 conversion factor of \$36.0896 which 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.
6. AMA_CPT 2019 Code Book.
7. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7, Benefit Category: Prosthetic Devices NCD Link
8. 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).

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