

2021 Quick Reference Guide – Deep Brain Stimulation Inpatient/Outpatient Hospital Reimbursement

CY 2021 Medicare Inpatient Prospective Payment System for Deep Brain Stimulation (DBS)

Inpatient Procedure Codes¹

ICD-10 PC¹ 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 ²	Description	Relative Weight ³	National Average Payment ⁴
25	Craniotomy and Endovascular Intracranial Procedures W MCC	4.4989	\$29,009
26	Craniotomy and Endovascular Intracranial Procedures W CC	3.0638	\$19,756
27	Craniotomy and Endovascular Intracranial Procedures W/O CC/MCC	2.5246	\$16,279
Whole System Implant			
23	Craniotomy with Major Device Implant/Acute Complex CNS Principal Diagnosis W MCC or Chemo Implant	5.6710	\$35,567
24	Craniotomy with Major Device Implant/Acute Complex CNS Principal Diagnosis W/O MCC	3.9548	\$25,501
Generator Only Implant or Replacement			
40	Peripheral/Cranial Nerve and Other Nervous System Procedures W MCC	3.9567	\$25,513
41	Peripheral/Cranial Nerve and Other Nervous System Procedures W CC or Peripheral Neurostimulator	2.3595	\$15,214
42	Peripheral/Cranial Nerve and Other Nervous System Procedures W/O CC/MCC	1.8949	\$12,219

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

CPT ⁶⁵	Description	Status Indicator ⁶	APC ⁷	National Average Payment ⁸
Pulse Generator Placement				
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	\$29,445
Revision of Pulse Generators				
61880	Revision or removal of intracranial neurostimulator electrodes	Q2	5461	\$3,275
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	J1	5463	\$11,236
Programming Codes				
95970	Electronic analysis of implanted neurostimulator pulse generator system, without reprogramming	Q1	5734	\$112
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	\$100

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

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 November 2020, but is subject to change without notice. Rates for services are effective January 1, 2021.

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, 2021. (Budget Control Act of 2011)

1. ICD-10 Procedure Coding System (ICD-10-PCS) 2020 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 2020 IPPS Final Rule CMS-1736-F FY2021 Weight File, Table 5
4. Medicare National average base MS-DRG payment amounts (for urban areas) as of October 1, 2020 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.
5. CPT Copyright 2020 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
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
S: Procedure or Service, Not Discounted When Multiple
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. 2020 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.

Boston Scientific
Advancing science for life™

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

©2021 Boston Scientific Corporation or its affiliates. All rights reserved.

NM-455612-AE