

2021 Quick Reference Guide – Neuromodulation

Outpatient Hospital 2021

Coding and Payment Guide for Medicare Reimbursement: The following are the 2021 Medicare coding and national payment rates for Spinal Cord Stimulation (SCS) procedures performed in the outpatient hospital setting. Comprehensive Ambulatory Payment Classification (C-APCs) are effective for services performed in an Outpatient Hospital. A C-APC is a single all-inclusive payment for a primary device dependent service and all adjunct services provided to support the delivery of the primary service.

CPT® ¹	Description	APC ²	Status Indicator ³	National Average Payment ⁴
Trial Payment Scenarios				
Single Percutaneous Lead Trial (C-APC)				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	\$6,161
Dual Percutaneous Lead Trial (C-APC)				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	\$6,161
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	Included in C-APC
Single Paddle Lead Trial (C-APC)				
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	5464	J1	\$20,480
System Implant Payment Scenarios				
Single Percutaneous Lead System Implant (C-APC)				
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	5465	J1	\$29,445
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	Included in C-APC
Dual Percutaneous Lead System Implant (C-APC)				
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	5465	J1	\$29,445
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	Included in C-APC
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	Included in C-APC
Single Paddle Lead System Implant (C-APC)				
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	5465	J1	\$29,445
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	5464	J1	Included in C-APC
Revision Codes (Part of C-APC when billed with codes having status indicator J1)				
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	5462	J1	\$6,161
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5463	J1	\$11,236
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	5461	Q2	\$3,275
Removal Codes (Part of C-APC when billed with codes having status indicator J1)				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	5431	Q2	\$1,754
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5461	Q2	\$3,275
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	5461	Q2	\$3,275

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 to more than three of the parameters above (code 95972).⁷

CPT ^{®1}	Description	APC ²	Status Indicator 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	5742	S	\$100
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	5742	S	\$100

HCPCS Level II Descriptors^{1,5,6}

HCPCS Code	Descriptor
C1778	Lead, neurostimulator (implantable)
C1897	Lead, neurostimulator test kit (implantable)
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
C1767	Generator, neurostimulator (implantable), nonrechargeable
C1787	Patient programmer, neurostimulator
C1883	Adapter/ extension, pacing lead or neurostimulator lead (implantable)
L8679*	Implantable neurostimulator pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
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

* In 2014 a new HCPCS level II code was established: L8679 - "Implantable neurostimulator pulse generator, any type". However, L8687 - "Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension" may still be an active code on the fee schedule for some payers.

Medicare Local Coverage Determinations^{8,9}

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 (AL, GA, TN, SC, VA, WV, NC)	http://www.palmettogba.com/medicare	LCD L37632 LCA #A56876
Novitas JH (AR, CO, LA, MS, NM, OK, TX)	http://www.novitas-solutions.com/webcenter/portal/MedicareJH	LCD #L35450 LCA #A57023
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 LCA A57791
First Coast (FL, Puerto Rico, Virgin Islands)	http://medicare.fcso.com	LCD #L36035 LCA A57791
Noridian JF (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY)	https://med.noridianmedicare.com/web/jfb/policies	LCD #L36204 LCA A57791

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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, 2021. (Budget Control Act of 2011)

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- 42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1736-FC]
- S: Procedure or Service, Not Discounted When Multiple;
J1: Hospital Part B services paid through a comprehensive APC.
Q2: Not paid separately when billed with a T procedure (T packaged)
- 2021 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.
- Medicare device edits link: http://www.cms.gov/HospitalOutpatientPPS/O2_device_procedure.asp. Please verify with local payers for specific device coding requirements.
- C-codes are required for billing Medicare outpatient procedures with the applicable CPT codes, but are not separately payable by Medicare.
- AMA_CPT 2020 coding book; Neurostimulators, Analysis-Programming
- Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7.
- List of local Medicare contractors is not an exhaustive list. LCD Link: <http://www.cms.gov/mod/indexes.asp?clickon=index> (Search: Spinal Cord Stimulators).

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