

2014 Physician Coding and Payment Guide for Spinal Cord Stimulation

Boston
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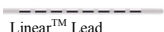
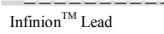



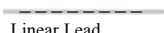
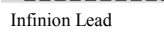




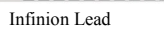



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GuidePoint

Simplifying Reimbursement

Neuromodulation

Coding and Payment Guide for Medicare Reimbursement: The following are the 2014 Medicare coding and national physician payment rates for spinal cord stimulation procedures. 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, 2014.

Device	CPT ^{1,2} / HCPCS	Description	Global Period	Total RVU ³	National Average Payment ⁴
Lead & Pulse Generator Placement Codes					
 Linear™ Lead	63650	Percutaneous implantation of neurostimulator electrode array, epidural	10	37.67	\$ 1,349 (Non-Facility)
 Infinion™ Lead				11.93	\$ 427 (Facility)
 Artisan™ Lead	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	90	23.65	\$ 847
 Precision™ Plus	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	10	10.42	\$ 373
 Precision™ Spectra					
Revision of Lead and Pulse Generators					
 Linear Lead	63663 ⁵	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	22.65	\$ 811 (Non-Facility)
 Infinion Lead				13.24	\$ 474 (Facility)
 Artisan Lead	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	22.88	\$ 820
 Precision Plus	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	10.53	\$ 377
 Precision Spectra					
Removal of Leads and Pulse Generators					
 Linear Lead	63661 ⁵	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	16.31	\$ 584 (Non-Facility)
 Infinion Lead				9.20	\$ 330 (Facility)
 Artisan Lead	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	22.10	\$ 792
 Precision Plus	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	10.53	\$ 377
 Precision Spectra					

Multiple procedure reduction rules apply for all procedures above. 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.

http://hcp.controlyourpain.com/support_for_physicians/

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 (codes 95972-95973). Complex programming is time-bound; for sessions less than 31 minutes, use reduced services modifier -52.⁶

CPT ^{1,2} / HCPCS	Description	Global Period	Total RVU ³	National Average Payment ⁴
95971*	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	XXX ⁷	1.70	\$ 61 (Non-Facility)
			1.16	\$ 42 (Facility)
95972*	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour	XXX ⁷	3.07	\$ 110 (Non-Facility)
			2.22	\$ 80 (Facility)
95973*	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	ZZZ ⁸	1.78	\$ 64 (Non-Facility)
			1.39	\$ 50 (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 Coverage Determinations^{9,10}

In the case of spinal cord stimulation, Medicare has a longstanding National Coverage Determination (NCD) for electrical nerve stimulators (160.7) that includes specific criteria for coverage. In addition to NCD criteria, some Medicare contractors may require additional SCS coverage criteria called local coverage determinations (LCD). There are currently three Medicare contractors that stipulate coverage criteria in addition to the NCD. These are, Noridian JE (CA, HI, NV), Novitas JH (AR, CO, LA, MS, NM, OK, TX), and Palmetto GBA (NC, SC, VA, WV).

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² Multiple procedure reduction rules apply for all procedures above. 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. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule 42 CFR Parts 405, 410, 411, 414, 423, and 425 [CMS-1600-FC] Total Physician Relative Value Units (RVU). December 27, 2013 revised release, RVU14A file. <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU14A.html?DLPage=1&DLSort=0&DLSortDir=descending>. The 2014 National Average Medicare physician payment rates have been calculated using a 2014 conversion factor of \$35.8228 which reflects the 0.5 percent update for January 1, 2014 through March 31, 2014, as adopted by section 101 of the *Pathway for SGR Reform Act of 2013*. Rates subject to change.

⁴ "Allowed Amount" 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 Do not report 63661 or 63663 when removing or replacing a temporary percutaneously placed array for an external generator (AMA_CPT 2011 coding book; pg 327).

⁶ CPT Changes 2012-*An Insider's View* (pg. 251 on programming).

⁷ XXX: The global concept does not apply to the code.

⁸ ZZZ: Code related to another service that is always included in the global period of the other service.

⁹ 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: http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=160.7&ncd_version=1&basket=ncd%3A160%2E7%3A1%3AElectrical+Nerve+Stimulators

¹⁰ List of local Medicare carriers is not an exhaustive list. **LCD Link:** <http://www.cms.gov/mcd/indexes.asp?clickon=index> (Search: Spinal Cord Stimulators). Please go to Medicare contractor specific website to check for most updated state coverage jurisdiction.

Indications for Use: The Boston Scientific Neuromodulation Spinal Cord Stimulator (SCS) Systems are 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. The SCS systems are contraindicated for patients who are unable to operate the SCS System, have failed trial simulation by failing to receive effective pain relief, are poor surgical risks, or are pregnant. Caution: Federal (U.S.) law restricts this device to sale by or on the order of a physician.

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