ABBOTT CODING GUIDE

DEEP BRAIN STIMULATION (DBS)

Effective January 1, 2019
DEEP BRAIN STIMULATION

Effective January 1, 2019

Introduction

The Deep Brain Stimulation (DBS) Coding Guide is intended to provide reference general reference information for reimbursement when used consistently with the product's labeling. This guide includes information regarding coverage, coding and reimbursement.

Disclaimer

This document and the information contained herein is for general information purposes only and is not intended and does not constitute legal, reimbursement, coding, business or other advice. Furthermore, it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by Abbott regarding levels of reimbursement, payment or charge, or that reimbursement or other payment will be received. Similarly, nothing in this document should be viewed as instructions for selecting any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. Also note that the information presented herein represents only one of many potential scenarios, based on the assumptions, variables and data presented. In addition, the customer should note that laws, regulations, coverage and coding policies are complex and updated frequently. Therefore, the customer should check with their local carriers or intermediaries often and should consult with legal counsel or a financial, coding or reimbursement specialist for any coding, reimbursement or billing questions or related issues. This information is for reference purposes only. It is not provided or authorized for marketing use.
# CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

Physician\(^1\)

<table>
<thead>
<tr>
<th>CPT(^2) CODE</th>
<th>DESCRIPTION</th>
<th>WORK RVU</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DIAGNOSTIC SERVICES</td>
<td></td>
<td>FACILITY</td>
</tr>
<tr>
<td>70450-26</td>
<td>Computed tomography, head or brain; without contrast material</td>
<td>0.85</td>
<td>$44</td>
</tr>
<tr>
<td>70551-26</td>
<td>Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material</td>
<td>1.48</td>
<td>$76</td>
</tr>
<tr>
<td>76376-26</td>
<td>3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation</td>
<td>0.20</td>
<td>$10</td>
</tr>
<tr>
<td>76377-26</td>
<td>3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality with image post processing under concurrent supervision; requiring image post processing on an independent workstation</td>
<td>0.79</td>
<td>$41</td>
</tr>
<tr>
<td></td>
<td>LEAD PROCEDURES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61863</td>
<td>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</td>
<td>20.71</td>
<td>$1,585</td>
</tr>
</tbody>
</table>

It is incumbent upon the physician to determine which, if any modifiers should be used first.

Effective Dates: January 1, 2019 - December 31, 2019
# Coding and Reimbursement for Deep Brain Stimulation

**Physician**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Work RVU</th>
<th>Facility Rate</th>
<th>Non-Facility Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>61864</td>
<td>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; each additional array (List separately in addition to primary procedure)</td>
<td>4.49</td>
<td>$301</td>
<td>NA</td>
</tr>
<tr>
<td>61867</td>
<td>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), with use of intraoperative microelectrode recording; first array</td>
<td>33.03</td>
<td>$2,410</td>
<td>NA</td>
</tr>
<tr>
<td>61868</td>
<td>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), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)</td>
<td>7.91</td>
<td>$531</td>
<td>NA</td>
</tr>
<tr>
<td>61880</td>
<td>Revision or removal of intracranial neurostimulator electrodes</td>
<td>6.95</td>
<td>$601</td>
<td>NA</td>
</tr>
</tbody>
</table>

## Intraoperative Stimulation with Microelectrode Recording

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Work RVU</th>
<th>Facility Rate</th>
<th>Non-Facility Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>95961-26</td>
<td>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 attendance by a physician or other qualified health care professional</td>
<td>2.97</td>
<td>$167</td>
<td>$167</td>
</tr>
</tbody>
</table>

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Effective Dates: January 1, 2019 - December 31, 2019
# CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

## Physician

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
<th>WORK RVU</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>95962-26</td>
<td>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 a physician or other qualified health care professional (List separately in addition to code for primary procedure)</td>
<td>3.21</td>
<td>$178</td>
</tr>
</tbody>
</table>

### IMPLANTABLE PULSE GENERATOR (IPG) PROCEDURES

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
<th>WORK RVU</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>61885</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array</td>
<td>6.05</td>
<td>$540</td>
</tr>
<tr>
<td>61886</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays</td>
<td>9.93</td>
<td>$885</td>
</tr>
<tr>
<td>61888</td>
<td>Revision or removal of cranial neurostimulator pulse generator or receiver</td>
<td>5.23</td>
<td>$417</td>
</tr>
</tbody>
</table>

### IMPLANTABLE PULSE GENERATOR (IPG) ANALYSIS AND PROGRAMMING

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
<th>WORK RVU</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>95970*</td>
<td>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</td>
<td>0.35</td>
<td>$19</td>
</tr>
</tbody>
</table>

*A physician or an auxiliary person employed by and under the direct supervision of that physician may provide, with or without the support of the manufacturer’s representative, analysis and programming of a patient’s medical product or device “incident to” the physician’s other services performed in the office setting. A patient or his payer should not be billed for analysis or programming service performed at the direction of the physician by a manufacturer’s representative. Contact your MAC or other payer for any questions regarding coverage, coding and payment.

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References & Brief Summary

Effective Dates: January 1, 2019 - December 31, 2019
**CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION**

**Physician**

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
<th>WORK RVU</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em><em>IMPLANTABLE PULSE GENERATOR (IPG) ANALYSIS AND PROGRAMMING</em> (CONTINUED)</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>0.91</td>
<td>$52 $53</td>
</tr>
<tr>
<td>95983*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 health care professional (List separately in addition to code for primary procedure)</td>
<td>0.80</td>
<td>$45 $46</td>
</tr>
<tr>
<td>95984*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Note that Medicare’s Medically Unlikely Edits allow 11 units for code 95984 on the same date of service, but only 1 unit for code 95983. Denials for units in excess of the MUE values may be appealed.

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**Effective Dates:** January 1, 2019 - December 31, 2019

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**References & Brief Summary**
# Coding and Reimbursement for Deep Brain Stimulation

## Hospital Outpatient

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Status Indicator</th>
<th>APC</th>
<th>National Medicare Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>70450</td>
<td>Computed tomography, head or brain; without contrast material</td>
<td>Q3</td>
<td>5522</td>
<td>$113</td>
</tr>
<tr>
<td>70551</td>
<td>Magnetic resonance (e.g., proton) imaging, brain (including brain stem);</td>
<td>Q3</td>
<td>5523</td>
<td>$231</td>
</tr>
<tr>
<td></td>
<td>without contrast material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76376</td>
<td>3-D rendering with interpretation and reporting of computed tomography,</td>
<td>N</td>
<td>NA</td>
<td>Packaged</td>
</tr>
<tr>
<td></td>
<td>magnetic resonance imaging, ultrasound, or other tomographic modality with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>image post processing under concurrent supervision; not requiring image</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>post processing on an independent workstation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76377</td>
<td>3-D rendering with interpretation and reporting of computed tomography,</td>
<td>N</td>
<td>NA</td>
<td>Packaged</td>
</tr>
<tr>
<td></td>
<td>magnetic resonance imaging, ultrasound, or other tomographic modality with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>image post processing under concurrent supervision; requiring image post</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>processing on an independent workstation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Implantable Pulse Generator (IPG) Procedures, Revision or Replacement

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Status Indicator</th>
<th>APC</th>
<th>National Medicare Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>61885</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or</td>
<td>J1</td>
<td>5463</td>
<td>$18,707</td>
</tr>
<tr>
<td></td>
<td>receiver, direct or inductive coupling; with connection to a single electrode</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>array</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61886</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or</td>
<td>J1</td>
<td>5464</td>
<td>$27,698</td>
</tr>
<tr>
<td></td>
<td>receiver, direct or inductive coupling; with connection to two or more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>electrode arrays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61888</td>
<td>Revision or removal of cranial neurostimulator pulse generator or receiver</td>
<td>J1</td>
<td>5462</td>
<td>$5,980</td>
</tr>
</tbody>
</table>

**Notes:**
- **J1** = Hospital Part B services paid through a comprehensive APC
- **N** = Items and services packaged into APC rates
- **Q3** = Codes subject to payment as part of a composite

Effective Dates: January 1, 2019 - December 31, 2019
CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

Hospital Outpatient

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Status Indicator</th>
<th>APC</th>
<th>National Medicare Rate</th>
</tr>
</thead>
</table>
| LEAD REVISION OR REMOVAL

| 61880    | Revision or removal of intracranial neurostimulator electrode | Q2   | 5461 | $2,880 |

IMPLANTABLE PULSE GENERATOR (IPG) ANALYSIS AND 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 | Q1   | 5734 | $106 |

Q1 = Separately payable unless performed on the same date as a HCPCS codes with a status indicator of “S”, “T”, or another Q1
Q2 = T-packaged codes

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Effective Dates: January 1, 2019 - December 31, 2019
## CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

### Hospital Outpatient

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
<th>STATUS INDICATOR</th>
<th>APC</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>95983*</td>
<td>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</td>
<td>S</td>
<td>5741</td>
<td>$37</td>
</tr>
<tr>
<td>95984*</td>
<td>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 health care professional (List separately in addition to code for primary procedure)</td>
<td>N</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

S = Procedures or service, not discounted when multiple
N = Items and services packaged into APC rates

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Effective Dates: January 1, 2019 - December 31, 2019
# Coding and Reimbursement for Deep Brain Stimulation

## Ambulatory Surgery Center\(^3\) (ASC)

<table>
<thead>
<tr>
<th>CPT(^1) Code</th>
<th>Description</th>
<th>Payment Indicator</th>
<th>Multi-Procedure Discount</th>
<th>National Medicare Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>61885</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array</td>
<td>J8</td>
<td>N</td>
<td>$16,949</td>
</tr>
<tr>
<td>61886</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays</td>
<td>J8</td>
<td>N</td>
<td>$22,650</td>
</tr>
<tr>
<td>61888</td>
<td>Revision or removal of cranial neurostimulator pulse generator or receiver</td>
<td>J8</td>
<td>N</td>
<td>$4,536</td>
</tr>
<tr>
<td>61880</td>
<td>Revision or removal of intracranial neurostimulator electrodes</td>
<td>G2</td>
<td>N</td>
<td>$1,483</td>
</tr>
</tbody>
</table>

J8 = Device intensive procedure; paid at adjusted rate  
G2 = Non-office-based surgical procedure added in CY2008 or later; payment based on OPPS relative payment weight

Effective Dates: January 1, 2019 - December 31, 2019
CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

Hospital Inpatient

<table>
<thead>
<tr>
<th>ICD-10 PCS CODE</th>
<th>DESCRIPTION</th>
<th>TYPICAL MS-DRG ASSIGNMENT</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPLANTATION OF LEAD(S) ONLY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00H00MZ</td>
<td>Insertion of neurostimulator lead into brain, open approach</td>
<td>025 with MCC</td>
<td>$26,133</td>
</tr>
<tr>
<td>00H03MZ</td>
<td>Insertion of neurostimulator lead into brain, percutaneous approach</td>
<td>026 with CC</td>
<td>$18,424</td>
</tr>
<tr>
<td><strong>IMPLANTATION OF IMPLANTABLE PULSE GENERATORS (IPG) ONLY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0JH60BZ</td>
<td>Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach</td>
<td>040 with MCC</td>
<td>$23,999</td>
</tr>
<tr>
<td>0JH60DZ</td>
<td>Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach</td>
<td>041 with CC</td>
<td>$14,409</td>
</tr>
<tr>
<td>0JH80MZ</td>
<td>Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach</td>
<td>042 without CC/MCC</td>
<td>$11,434</td>
</tr>
<tr>
<td>0JH83MZ</td>
<td>Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Effective Dates: October 1, 2018 - September 30, 2019
## CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

### Hospital Inpatient

<table>
<thead>
<tr>
<th>PCS CODE</th>
<th>DESCRIPTION</th>
<th>TYPICAL MS-DRG ASSIGNMENT</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>00H00MZ</td>
<td>Insertion of neurostimulator lead into brain, open approach</td>
<td>025 with MCC</td>
<td>$26,133</td>
</tr>
<tr>
<td>00H03MZ</td>
<td>Insertion of neurostimulator lead into brain, percutaneous approach</td>
<td>026 with CC</td>
<td>$18,424</td>
</tr>
<tr>
<td></td>
<td></td>
<td>027 without CC/MCC</td>
<td>$14,697</td>
</tr>
<tr>
<td>024 without MCC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0JH60BZ</td>
<td>Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach</td>
<td>023 with MCC or chemo implant</td>
<td>$33,358</td>
</tr>
<tr>
<td>0JH60DZ</td>
<td>Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach</td>
<td>024 without MCC</td>
<td>$23,945</td>
</tr>
<tr>
<td>0JH80MZ</td>
<td>Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0JH83MZ</td>
<td>Insertion of stimulator generator into chest subcutaneous tissue and fascia, percutaneous approach</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ICD-10 PCS CODE</th>
<th>DESCRIPTION</th>
<th>TYPICAL MS-DRG ASSIGNMENT</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>00P00MZ</td>
<td>Removal of neurostimulator lead from brain, open approach</td>
<td>025 with MCC</td>
<td>$26,133</td>
</tr>
<tr>
<td>00P03MZ</td>
<td>Removal of neurostimulator lead from brain, percutaneous approach</td>
<td>026 with CC</td>
<td>$18,424</td>
</tr>
<tr>
<td>00H00MZ</td>
<td>Insertion of neurostimulator lead into brain, open approach</td>
<td>027 without CC/MCC</td>
<td>$14,697</td>
</tr>
<tr>
<td>00H03MZ</td>
<td>Insertion of neurostimulator lead into brain, percutaneous approach</td>
<td></td>
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</tr>
</tbody>
</table>

Effective Dates: October 1, 2018 - September 30, 2019
# CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

## Hospital Inpatient

<table>
<thead>
<tr>
<th>ICD-10 PCS CODE</th>
<th>DESCRIPTION</th>
<th>TYPICAL MS-DRG ASSIGNMENT</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REPLACEMENT OF IMPLANTABLE PULSE GENERATOR (IPG) ONLY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHOOSE ONE OF THE FOLLOWING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0JPT0MZ</td>
<td>Removal of stimulator generator from trunk subcutaneous tissue and fascia, open approach</td>
<td>040 with MCC</td>
<td>$23,999</td>
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<tr>
<td>0JPT3MZ</td>
<td>Removal of stimulator generator from trunk subcutaneous tissue and fascia, percutaneous approach</td>
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<tr>
<td><strong>PLUS ONE OF THE FOLLOWING</strong></td>
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<tr>
<td>0JH60BZ</td>
<td>Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach</td>
<td>041 with CC</td>
<td>$14,409</td>
</tr>
<tr>
<td>0JH60DZ</td>
<td>Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach</td>
<td>042 without CC/MCC</td>
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<tr>
<td>0JH80MZ</td>
<td>Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach</td>
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<tr>
<td>0JH83MZ</td>
<td>Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach</td>
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<td></td>
</tr>
<tr>
<td><strong>REMOVAL OF LEAD(S) ONLY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00P00MZ</td>
<td>Removal of neurostimulator lead from brain, open approach</td>
<td>025 with MCC</td>
<td>$26,133</td>
</tr>
<tr>
<td></td>
<td></td>
<td>026 with CC</td>
<td>$18,424</td>
</tr>
<tr>
<td></td>
<td></td>
<td>027 without CC/MCC</td>
<td>$14,697</td>
</tr>
<tr>
<td>00P03MZ</td>
<td>Removal of neurostimulator lead from brain, percutaneous approach</td>
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</tbody>
</table>

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## CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

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<th>TYPICAL MS-DRG ASSIGNMENT</th>
<th>NATIONAL MEDICARE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REMOVAL OF IMPLANTABLE PULSE GENERATOR (IPG) AND LEADS WITHOUT REPLACEMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHOOSE ONE OF THE FOLLOWING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0JPT0MZ</td>
<td>Removal of stimulator generator from trunk subcutaneous tissue and fascia, open approach</td>
<td>025 with MCC</td>
<td>$26,133</td>
</tr>
<tr>
<td>0JPT3MZ</td>
<td>Removal of stimulator generator from trunk subcutaneous tissue and fascia, percutaneous approach</td>
<td>026 with CC</td>
<td>$18,424</td>
</tr>
<tr>
<td>PLUS ONE OF THE FOLLOWING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00P00MZ</td>
<td>Removal of neurostimulator lead from brain, open approach</td>
<td>027 without CC/MCC</td>
<td>$14,697</td>
</tr>
<tr>
<td>00P03MZ</td>
<td>Removal of neurostimulator lead from brain, percutaneous approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LEAD REVISION ONLY</strong></td>
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</tr>
<tr>
<td>00W00MZ</td>
<td>Revision of neurostimulator lead in brain, open approach</td>
<td>025 with MCC</td>
<td>$26,133</td>
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<tr>
<td>00W03MZ</td>
<td>Revision of neurostimulator lead in brain, percutaneous approach</td>
<td>026 with CC</td>
<td>$18,424</td>
</tr>
<tr>
<td></td>
<td></td>
<td>027 without CC/MCC</td>
<td>$14,697</td>
</tr>
</tbody>
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Effective Dates: October 1, 2018 - September 30, 2019
# CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

## HCPCS Device Category C-Codes

<table>
<thead>
<tr>
<th>C-CODE</th>
<th>DESCRIPTION</th>
</tr>
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<tbody>
<tr>
<td>C1767</td>
<td>Generator, neurostimulator (implantable), non-rechargeable</td>
</tr>
<tr>
<td>C1778</td>
<td>Lead, neurostimulator (implantable)</td>
</tr>
<tr>
<td>C1883</td>
<td>Adaptor/extension, pacing lead or neurostimulator lead (implantable)</td>
</tr>
<tr>
<td>C1787</td>
<td>Patient programmer, neurostimulator</td>
</tr>
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</table>

## HCPCS Device Codes and Description

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>LEAD</td>
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<tr>
<td>L8680</td>
<td>Implantable neurostimulator electrode, each</td>
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</table>

<table>
<thead>
<tr>
<th>IMPLANTABLE PULSE GENERATOR (IPG)</th>
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</thead>
<tbody>
<tr>
<td>L8679</td>
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<tr>
<td>L8686</td>
</tr>
<tr>
<td>L8688</td>
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</table>

<table>
<thead>
<tr>
<th>PATIENT PROGRAMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>L8681</td>
</tr>
</tbody>
</table>

Effective Dates: January 1, 2019 - December 31, 2019
CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

ICD-10CM Diagnosis Codes

Diagnosis codes are used by both hospital and physicians to document the indication for the procedure.

<table>
<thead>
<tr>
<th>ICD-10CM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>G20</td>
<td>Parkinson’s Disease</td>
</tr>
<tr>
<td>G25.0</td>
<td>Essential Tremor</td>
</tr>
</tbody>
</table>

This list is a partial list of possible diagnosis codes and it is not meant to be an exhausting list representative of all diagnosis options for the procedure. It is always the responsibility of healthcare providers to choose the most appropriate diagnosis code(s) representative of their patients’ clinical condition.

Additional Notes for Inpatient Coding

MCC – major complications and comorbidities; CC – complications and comorbidities

Approach value 0-Open is defined as “cutting through the skin or mucous membrane and any other body layers necessary to expose the site of the procedure.” Insertion of neurostimulator leads via craniotomy or craniectomy is generally considered to be using an Open approach.

Approach value 3-Percutaneous is defined as “entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to reach the site of the procedure.” Insertion of a neurostimulator lead via burr hole is generally considered to be using a percutaneous approach. See pg 1124 in 2018 ICD-10-PCS Code Tables and Index at https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html

A multiple (channel) array stimulator has two or more ports where two or more leads can be connected. See 2018 ICD-10-PCS Code Tables and Index at https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html

Effective Dates: January 1, 2019 - December 31, 2019
References


2. Hospital Outpatient Prospective Payment-Final Rule with Comment Period and Final CY2019 Payment Rates. CMS-1695-FC: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospital-OutpatientRegulations-and-Notices-Items/CMS-1695-FC.html


