

MOVEMENT DISORDERS

National Medicare Reimbursement Guide

Effective January 1, 2023

TERMS AND CONDITIONS

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It should be noted that there are usually differences between economic modelling actual results. Abbott does not take responsibility for any such discrepancies. There is no guarantee of any potential economic outcome, including payment, cost savings, or procedure volume. Economic outcomes are dependent on many factors and will vary.

Certain Maryland hospitals paid under Maryland Waiver provisions using All Patient Refined Diagnosis Related Group (APR-DRG) are excluded from payment under the Medicare Inpatient Prospective Payment System (IPPS).

Reimbursement Calculators should not be provided at no charge to actively licensed Healthcare Professionals (HCPs) who regularly practice in Vermont.

This information is not to be distributed to third parties.

NEUROMODULATION MEDICARE REIMBURSEMENT GUIDE

Introduction

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at:

<https://www.neuromodulation.abbott/us/en/hcp/provider-resources/reimbursement-guides.html>

Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430 or ptahotline@abbott.com. This content and all supporting documents are available at:

<https://www.neuromodulation.abbott/us/en/hcp/provider-resources/reimbursement-guides.html>

Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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| CPT‡ CODE | DESCRIPTION | WORK RVU | NATIONAL MEDICARE FACILITY RATE | NATIONAL MEDICARE NON-FACILITY RATE |
|----------------------------|--|----------|---------------------------------|-------------------------------------|
| DIAGNOSTIC SERVICES | | | | |
| 70450-26 | Computed tomography, head or brain; without contrast material | 0.85 | \$40 | \$40 |
| 70551-26 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material | 1.48 | \$69 | \$69 |
| 76376-26 | 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 | 0.20 | \$9 | \$9 |
| 76377-26 | ...; requiring image post processing on an independent workstation | 0.79 | \$37 | \$37 |
| LEAD PROCEDURES | | | | |
| 61863 | 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 | 20.71 | \$1,505 | NA |
| 61864 | ...; each additional array (List separately in addition to primary procedure) | 4.49 | \$279 | NA |
| 61867 | 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 | 33.03 | \$2,275 | NA |
| 61868 | ...; each additional array (List separately in addition to primary procedure) | 7.91 | \$493 | NA |
| 61880 | Revision or removal of intracranial neurostimulator electrodes | 6.95 | \$589 | NA |

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

| CPT‡ CODE | DESCRIPTION | WORK RVU | NATIONAL MEDICARE FACILITY RATE | NATIONAL MEDICARE NON-FACILITY RATE |
|---|---|----------|---------------------------------|-------------------------------------|
| INTRAOPERATIVE STIMULATION WITH MICROELECTRODE RECORDING | | | | |
| 95961-26 | 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 | 2.97 | \$155 | \$155 |
| 95962-26 | ...; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | 3.21 | \$166 | \$166 |
| IMPLANTABLE PULSE GENERATOR (IPG) PROCEDURES | | | | |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | 6.05 | \$529 | NA |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays | 9.93 | \$880 | NA |
| 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver | 5.23 | \$399 | NA |

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

| CPT‡ CODE | DESCRIPTION | WORK RVU | NATIONAL MEDICARE FACILITY RATE | NATIONAL MEDICARE NON-FACILITY RATE |
|---------------------------------|--|----------|---------------------------------|-------------------------------------|
| ANALYSIS AND PROGRAMMING | | | | |
| 95970 | 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 or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without programming | 0.35 | \$18 | \$19 |
| 95983 | IPG Programming (first 15 minutes) | 0.91 | \$48 | \$49 |
| 95984* | 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) | 0.80 | \$42 | \$43 |

- *CPT‡ code 95984 may be billed up to 11 times on the same date of service.
- Programming of the device by the physician or other qualified health care professional is included in this service. A physician or other qualified health care professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. A patient or his payer should not be billed for analysis and programming services performed at the discretion of the physician by a manufacturer's representative.
- CPT codes 95970, 95983 and 95984 were added to Medicare's list of telehealth services for the duration of the public health emergency (CMS, Interim Final Rule)

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | MEDICARE FACILITY RATE |
|--|---|-----------------------------------|------------------------|
| IMPLANTATION OF LEAD(S) ONLY | | | |
| 00H00MZ | Insertion of neurostimulator lead into brain, open approach | 025 with MCC | \$31,146 |
| 00H03MZ | Insertion of neurostimulator lead into brain, percutaneous approach | 026 with CC 027 without CC/MCC | \$20,740 \$17,117 |
| IMPLANTATION OF IMPLANTABLE PULSE GENERATORS (IPG) ONLY | | | |
| 0JH60BZ | Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach | 040 with MCC | \$25,987 |
| 0JH60DZ | Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach | 041 with CC | \$16,038 |
| 0JH80MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach | 042 without CC/MCC | \$12,688 |
| 0JH83MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach | | |

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|--|---|---------------------------|---------------------------------|
| IMPLANTATION OF LEAD(S) AND IMPLANTABLE PULSE GENERATOR (IPG) | | | |
| CHOOSE ONE OF THE FOLLOWING | | | |
| 00H00MZ | Insertion of neurostimulator lead into brain, open approach | 025 with MCC | \$31,146 |
| 00H03MZ | Insertion of neurostimulator lead into brain, percutaneous approach | 026 with CC | \$20,740 |
| PLUS ONE OF THE FOLLOWING | | 027 without CC/MCC | \$17,117 |
| 0JH60BZ | Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach | OR | |
| 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 | 023 with MCC | \$39,315 |
| 0JH83MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach | 024 without MCC | \$27,087 |
| REPLACEMENT OF LEAD(S) ONLY | | | |
| CHOOSE ONE OF THE FOLLOWING | | | |
| 00P00MZ | Removal of neurostimulator lead from brain, open approach | 025 with MCC | \$31,146 |
| 00P03MZ | Removal of neurostimulator lead from brain, percutaneous approach | 026 with CC | \$20,740 |
| PLUS ONE OF THE FOLLOWING | | 027 without CC/MCC | \$17,117 |
| 00H00MZ | Insertion of neurostimulator lead into brain, open approach | | |
| 00H03MZ | Insertion of neurostimulator lead into brain, percutaneous approach | | |

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|--|---|---------------------------|---------------------------------|
| REPLACEMENT OF IMPLANTABLE PULSE GENERATOR (IPG) ONLY | | | |
| CHOOSE ONE OF THE FOLLOWING | | | |
| 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 | | |
| PLUS ONE OF THE FOLLOWING | | | |
| 0JH60BZ | Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach | 040 with MCC | \$25,987 |
| 0JH60DZ | Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach | 041 with CC | \$16,038 |
| 0JH80MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach | 042 without CC/MCC | \$12,688 |
| 0JH83MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach | | |

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|--------------------------------|---|-----------------------------------|---------------------------------|
| REMOVAL OF LEAD(S) ONLY | | | |
| 00P00MZ | Removal of neurostimulator lead from brain, open approach | 025 with MCC | \$31,146 |
| 00P03MZ | Removal of neurostimulator lead from brain, percutaneous approach | 026 with CC 027 without CC/MCC | \$20,740 \$17,117 |
| LEAD REVISION ONLY | | | |
| 00W00MZ | Revision of neurostimulator lead in brain, open approach | 025 with MCC | \$31,146 |
| 00W03MZ | Revision of neurostimulator lead in brain, percutaneous approach | 026 with CC 027 without CC/MCC | \$20,740 \$17,117 |

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|---|--|-----------------------------------|---------------------------------|
| REMOVAL OF IMPLANTABLE PULSE GENERATOR (IPG) AND LEAD(S) WITHOUT REPLACEMENT | | | |
| CHOOSE ONE OF THE FOLLOWING | | | |
| 0JPT0MZ | Removal of stimulator generator from trunk subcutaneous tissue and fascia, open approach | 025 with MCC | \$31,146 |
| 0JPT3MZ | Removal of stimulator generator from trunk subcutaneous tissue and fascia, percutaneous approach | 026 with CC 027 without CC/MCC | \$20,740 \$17,117 |
| PLUS ONE OF THE FOLLOWING | | | |
| 00P00MZ | Removal of neurostimulator lead from brain, open approach | | |
| 00P03MZ | Removal of neurostimulator lead from brain, percutaneous approach | | |

| CPT# CODE | DESCRIPTION | STATUS INDICATOR | APC | NATIONAL MEDICARE FACILITY RATE |
|----------------------------|--|------------------|------|---------------------------------|
| DIAGNOSTIC SERVICES | | | | |
| 70450 | Computed tomography, head or brain; without contrast material | Q3 | 5522 | \$107 |
| 70551 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material | Q3 | 5523 | \$234 |
| 76376 | 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 | N | NA | Packaged |
| 76377 | ...; requiring image post processing on an independent workstation | N | NA | Packaged |

- N = Items and services packaged into APC rates
- Q3 = Codes subject to payment as part of a composite

| CPT‡ CODE | DESCRIPTION | STATUS INDICATOR | APC | NATIONAL MEDICARE FACILITY RATE |
|--|--|------------------|------|---------------------------------|
| IMPLANTABLE PULSE GENERATOR (IPG) PROCEDURES, REVISION OR REPLACEMENT | | | | |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | J1 | 5464 | \$21,515 |
| 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 | \$29,358 |
| 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver | J1 | 5463 | \$11,953 |
| LEAD REVISION OR REMOVAL | | | | |
| 61880 | Revision or removal of intracranial neurostimulator electrode | J1 | 5461 | \$3,248 |

- J1 = Hospital Part B services paid through a comprehensive APC

| CPT‡ CODE | DESCRIPTION | STATUS INDICATOR | APC | NATIONAL MEDICARE FACILITY RATE |
|---------------------------------|--|------------------|------|---------------------------------|
| 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 | \$116 |
| 95983 | IPG Programming (first 15 minutes) | S | 5742 | \$100 |
| 95984* | 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) | N | NA | NA |

- *CPT‡ code 95984 may be billed up to 11 times on the same date of service.
- N = Items and services packaged into APC rates
- Q1 = Separately payable unless performed on the same date as a HCPCS codes with a status indicator of "S", "T", or another Q1
- S = Procedures or service, not discounted when multiple
- Programming of the device by the physician or other qualified health care professional is included in this service. A physician or other qualified health care professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. A patient or his payer should not be billed for analysis and programing services performed at the discretion of the physician by a manufacturer's representative.
- CPT codes 95970, 95983 and 95984 were added to Medicare's list of telehealth services for the duration of the public health emergency (CMS, Interim Final Rule)

| CPT‡ CODE | DESCRIPTION | PAYMENT INDICATOR | MULTI-PROCEDURE DISCOUNT | NATIONAL MEDICARE FACILITY RATE |
|---|--|-------------------|--------------------------|---------------------------------|
| IMPLANTABLE PULSE GENERATOR (IPG) PROCEDURES | | | | |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | J8 | N | \$19,686 |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays | J8 | N | \$24,824 |
| 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver | J8 | Y | \$10,489 |
| LEAD REVISION OR REMOVAL | | | | |
| 61880 | Revision or removal of intracranial neurostimulator electrodes | G2 | Y | \$1,816 |

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

Rates effective Jan 1, 2023 - Dec 31, 2023

ADDITIONAL CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

HCPCS Device Category C-Codes

| C-CODE | DESCRIPTION |
|---|--|
| MEDICARE REQUIRED C-CODES FOR OUTPATIENT DBS IMPLANTS- BILLED UNDER REVENUE CODE 0278 | |
| C1767 | Generator, neurostimulator (implantable), non-rechargeable |
| C1778 | Lead, neurostimulator (implantable) |
| C1883 | Adapter/extension, pacing lead or neurostimulator lead (implantable) |
| C1787 | Patient programmer, neurostimulator |

HCPCS Device Category L-Codes

| L-CODE | DESCRIPTION |
|-----------------------------------|---|
| LEAD | |
| L8680 | Implantable neurostimulator electrode, each |
| IMPLANTABLE PULSE GENERATOR (IPG) | |
| L8679 | Implantable neurostimulator pulse generator, any type |
| L8686 | Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension |
| L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension |
| PATIENT PROGRAMMER | |
| L8681 | Patient programmer (external) for use with implantable programmer neurostimulator pulse generator, replacement only |

ADDITIONAL CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

ICM-10 Diagnosis Codes

| ICD-10 | DESCRIPTION |
|--------------------------|---------------------|
| ICD CODES THAT MAY APPLY | |
| G20 | Parkinson's Disease |
| G25.0 | Essential Tremor |

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

REFERENCES

1. FY2023 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: August 2022].
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipp-final-rule-home-page>
2. CY2023 ASC Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].
<https://www.cms.gov/medicare/medicare-fee-service-payment/asc-payment/asc-regulations-and-notices/cms-1772-fc>
3. CY2023 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].
<https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f>
4. CY2023 OPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].
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5. CMS_2023 ICD-10-PCS [cited: August 2022].
<https://www.cms.gov/medicare/icd-10/2023-icd-10-pcs>
6. FY2022 IPPS Final Rule & Correction Notice Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: January 2022].
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipp-final-rule-home-page>

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One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 1 651 756 2000

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