

MOVEMENT DISORDERS

National Medicare Reimbursement Guide

Effective January 1, 2023

TERMS AND CONDITIONS

All content herein may be based upon several sources, included but not limited to primary sources, scientific literature, commercially available data sets, customer supplied information, and external sources.

Estimates shown are for illustrative purposes only. This content is not intended for any other purpose.

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.

Disclaimer

This material and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Abbott makes no express or implied warranty or guarantee that the list of codes and narratives in this document is complete or error-free. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of 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. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement, or any related issues. This material reproduces information for reference purposes only. It is not provided or authorized for marketing use.

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	\$41	\$41
70551-26	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	1.48	\$71	\$71
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	\$38	\$38
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	\$1,543	NA
61864	...; each additional array (List separately in addition to primary procedure)	4.49	\$286	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	\$2,332	NA
61868	...; each additional array (List separately in addition to primary procedure)	7.91	\$505	NA
61880	Revision or removal of intracranial neurostimulator electrodes	6.95	\$604	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	\$159	\$159
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	\$170	\$170
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	\$542	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	\$902	NA
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	5.23	\$409	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	\$19	\$19
95983	IPG Programming (first 15 minutes)	0.91	\$49	\$50
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	\$43	\$44

- *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 CY2023 (CMS, CY 2023 PFS Final Rule).
- CMS recommends appending modifier 95 to indicate the service took place via telehealth. (Billing and coding Medicare Fee-for-Service claims) <https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-and-coding-medicare-fee-for-service-claims#:~:text=Append%20modifier%2095%20to%20indicate>

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		
0JH83MZ	Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach		
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 CY2023 (CMS, CY 2023 PFS Final Rule).
- CMS recommends appending modifier 95 to indicate the service took place via telehealth. (Billing and coding Medicare Fee-for-Service claims) <https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-and-coding-medicare-fee-for-service-claims#:~:text=Append%20modifier%2095%20to%20indicate>

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

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-pps-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: January 2023].
<https://www.cms.gov/medicare/medicare-fee-service-payment/physician-fees/schedpfs-federal-regulation-notices/cms-1770-f>
4. CY2023 OPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2022].
<https://www.cms.gov/httpswwwcmsgovmedicare/medicare-fee-service-payment/hospital-outpatient-pps/hospital-outpatient/cms-1772-fc>
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-pps-final-rule-home-page>
7. CMS 2023 ICD-10-CM [cited: March 2023].
<https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>

Information contained herein for DISTRIBUTION in the US ONLY.

Abbott

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

™ Indicates a trademark of the Abbott Group of Companies

‡ Indicates a third party trademark, which is property of its respective owner.

www.neuromodulation.abbott

©2023 Abbott. All rights reserved. MAT-1901175 v14.0

HE&R, approved for non-promotional use only.

Page 17 of 17

