NUVECTRA®

2019 Ambulatory Surgery Center Medicare Reimbursement Guide for Spinal Cord Stimulation

For support, please contact: reimbursement@nuvectramed.com / 1-844-727-7897

Device	Model	CPT[1] L Code[2]	Description	Multiple Procedure Discounting	Payment Indicator[3]	Payment[4]
Percutaneous Leads and Extensions						
8-electrode lead **12-electrode lead** **Extension**	1081 1084 1086 1121 1124 1126 5208 5212	63650	Percutaneous **implantation** of neurostimulator electrode array, epidural.	No	J8	$4,449
		63661	**Removal** of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed. (Do not report 63661 when removing or replacing a temporary percutaneously placed array for an external generator.)	No	G2	$781
		63663	**Revision** including **replacement**, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed. (Do not report 63663 when removing or replacing a temporary percutaneously placed array for an external generator.)(Do not report 63663 in conjunction with 63661, 63662 for the same spinal level.)	No	J8	$4,091
Paddle Leads						
Flexian™ **2x6 Paddle**	3000 3101	63655	Laminectomy for **implantation** of neurostimulator electrodes, plate/paddle, epidural.	No	J8	$15,741
		63662	**Removal** of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed.	No	G2	$1,483
		63664	**Revision** including **replacement**, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed. (Do not report 63664 in conjunction with 63661, 63662 for the same spinal level.)	No	J8	$14,142
Stimulators						
Stimulator (3x8)	2408	63685	**Insertion** or **replacement** of spinal neurostimulator pulse generator or receiver, direct or inductive coupling. (Do not report 63685 in conjunction with 63688 for the same pulse generator or receiver.)	No	J8	$22,580
Stimulator (2x12)	2412	L8679	Implantable neurostimulator pulse generator, any type.			
		63688	**Revision** or **removal** of implanted spinal neurostimulator pulse generator or receiver.	No	A2	$1,483

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Programmers and Chargers						
		L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only. **Check with local carrier on coverage for replacement.**	N/A	N/A	Check with local carrier
Pocket Programmer	4100	L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only. **Check with local carrier on coverage for replacement.**	N/A	N/A	Check with local carrier
Patient Programmmer Charger	4200	95972*	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measures); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming.	N/A	N/A	Check with local carrier
Clinician Programmer	4500					

***This service should only be billed if it is performed by a physician or physician-supervised personnel. A physician should not bill if the service is performed entirely by, or under the direction of, a manufacturer representative without payor consent. Contact local payor with any questions.**

Footnotes.

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(2) HCPCS II codes (L-codes) may be used by ambulatory surgery centers for billing to non-Medicare payers. Check with local carrier.

(3) J8: Device-intensive procedure; paid at adjusted rate.
G2: Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
A2: Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.

(4) Medicare 2019 base rates without geographical adjustments. Actual payment will vary based on the maximum allowances less any applicable deductibles, co-insurance, etc.

Nuvectra provides this reference for information purposes only. This reference does not serve as reimbursement or legal advice, nor is it intended to increase payment by any payor. Nothing in this reference guarantees that the levels of reimbursement, payment or charges are accurate or that reimbursement will be received. The physician or provider is responsible for obtaining reimbursement and for verifying the accuracy and veracity of all claims submitted to third-party payors. Laws, regulations and coverage policies are complex and updated frequently, and therefore physicians and providers should consult their local Medicare Administrative Contractors (MACs), payers or a reimbursement specialist with reimbursement or billing questions.

This document is intended to provide reimbursement assistance only where products have been used according to their FDA-approved or cleared indications. Where reimbursement is being requested in conjunction with use of a product that is inconsistent with, or not expressly granted in, the FDA-approved labeling (which may be found in the clinician's manual, user's guide or directions for use), please consult your billing personnel or the payor for instructions on the proper handling of this type of claim. Some payors may restrict such claims or services. Contact your MAC or other payor for any questions regarding coverage, coding and payment.

Brief Summary: Product Technical Manuals and Information for Prescribers (IFP) must be consulted prior to use of this product.

Indications for Use: The Algovita Spinal Cord Stimulation (SCS) System is indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs, including unilateral or bilateral pain.

Contraindications: Diathermy, patients who are poor surgical candidates.

Warnings/Precautions: Strong electromagnetic interference (eg, electrocautery, RF or microwave ablation) can result in serious patient injury or death, unexpected stimulation, or device malfunction or damage. Rupture or piercing of the neurostimulator may result in severe burns. Under certain conditions, some fully implanted Algovita SCS Systems are magnetic resonance (MR) Conditional. Algovita Trial Stimulation Systems are not MR Conditional. Safety and effectiveness of SCS have not been established for pediatric patients, for use during pregnancy, or for use with nursing patients.

Adverse Events: May include painful stimulation or loss of pain relief, hardware malfunction or migration, allergic response and surgical risks, such as infection, or additional surgery.

For full prescribing information and MRI guidelines, please call Nuvectra at 1.844.727.7897 and/or consult Nuvectra's website at www.nuvectramed.com. Rx Only. 2019.

Nuvectra® Connect | Reimbursement
5830 Granite Parkway, Suite 1100
Plano, Texas 75024
Email: reimbursement@nuvectramed.com
Phone: 1-844-727-7897

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