NUVECTRA®

2019 Hospital Outpatient Medicare Reimbursement Guide for Spinal Cord Stimulation

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

Device	Model	HCPCS[1]	Description	CPT[2]	Description	Status Indicator[3] APC	Payment[4]
Percutaneous Leads and Extensions							
8-electrode lead **12-electrode lead** **Extension**	1081 1084 1086 1121 1124 1126 5208 5212	C1897	Trial lead, neurostimulator (implantable)	63650	Percutaneous **implantation** of neurostimulator electrode array, epidural.	J1 **5462**	$5,980
		C1778	Permanent lead, neurostimulator (implantable)	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.)	Q2 **5431**	$1,631
		C1883	Adaptor/Extension, pacing lead or neurostimulator lead (implantable)	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.)	J1 **5462**	$5,980
Paddle Leads							
Flexian™ **2x6 Paddle**	3000 3101	C1778	Permanent lead, neurostimulator (implantable)	63655	Laminectomy for **implantation** of neurostimulator electrodes, plate/paddle, epidural.	J1 **5463**	$18,707
				63662	**Removal** of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed.	Q2 **5461**	$2,880
				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.)	J1 **5463**	$18,707
Stimulators							
Stimulator (3x8) **Stimulator (2x12)**	2408 2412	C1820	Generator, neurostimulator (implantable), non high-frequency with rechargeable battery and charging system	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.)	J1 **5464**	$27,698
				63688	Revision or removal of implanted neurostimulator pulse generator or receiver	Q2 **5461**	$2,880

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Programmers and Chargers							
Pocket Programmer	4100	C1787	Patient programmer, neurostimulator		N/A		
					N/A		
Patient Programmmer Charger	4200	N/A	N/A	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 measurements);complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/ transmitter, with intraoperative or subsequent programming.	S **5742**	$118
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.

(1) C-codes are required for billing Medicare outpatient procedures with the applicable CPT codes, but are not separately payable by Medicare.

(2) CPT Copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Fee schedules, relative value units, conversion factors and/ or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

(3) J1: Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.

Q2: T-Packaged Codes. Paid under OPPS; Addendum B displays APC assignments when services are separately payable. (1) Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "T." (2) In other circumstances, payment is made through a separate APC payment.

S: Procedure of Service, Not Discounted when Multiple. Paid under OPPS; separate APC payment.

(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.

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