NUVECTRA™

2018 Physician Medicare Reimbursement Guide for Spinal Cord Stimulation

For support, please contact:
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Device	Model	CPT[1]	Description	Global Period	Total RVU	Payment[2]
Percutaneous Leads and Extensions						
8-electrode lead	1081 1084 1086	63650	Percutaneous **implantation** of neurostimulator electrode array, epidural.	10	37.59	$1,353 *Non-Facility*
					11.83	$426 *Facility*
12-electrode lead	1121 1124 1126	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.)	10	16.73	$602 *Non-Facility*
					9.33	$336 *Facility*
Extension	5208 5212	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.)	10	22.49	$810 *Non-Facility*
					12.98	$467 *Facility*
Paddle Leads						
Multi-Midline Paddle	3000	63655	Laminectomy for **implantation** of neurostimulator electrodes, plate/paddle, epidural.	90	Check with local carrier *Non-Facility*	
					24.07	$867 *Facility*
2x6 Paddle	3101	63662	**Removal** of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed.	90	Check with local carrier *Non-Facility*	
					24.33	$876 *Facility*
		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.)	90	Check with local carrier *Non-Facility*	
					25.33	$912 *Facility*
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.)	10	Check with local carrier *Non-Facility*	
					10.47	$377 *Facility*
Stimulator (2x12)	2412	63688	**Revision** or **removal** of implanted spinal neurostimulator pulse generator or receiver.	10	Check with local carrier *Non-Facility*	
					10.76	$387 *Facility*

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Programmers						
Clinician Programmer	4500	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. ***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.**	N/A	1.67	$60 *Non-Facility*
					1.19	$43 *Facility*

Footnotes.

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(2) Medicare 2018 base rates without geographical adjustments. Actual payment will vary based on the maximum allowances less any applicable deductibles, co-insurance, etc.

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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, or MRI) can result in serious patient injury or death, unexpected stimulation, or device malfunction or damage. Rupture or piercing of the neurostimulator many result in severe burns. 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, please call Nuvectra at 1.844.727.7897 and/or consult Nuvectra's website at www.nuvectramed.com. Rx Only. 2018.

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